**THIS IS A SAMPLE FORM: REVIEW AND REVISE AS NEEDED.**

**Keep each section together on the same page: move as needed.**

**Remove the section in red.**

**Add your letterhead to the first page of the consent form.**

**Change font size for large print.**

**Version 9/30/21**

# **Consent for laser surgery to treat ROP (retinopathy of prematurity)**

Your baby has a condition of the retina (the back of the eye) called ROP. When a baby is born prematurely (too early), the retina has not had time to finish forming. After the premature birth, the blood vessels at the back of the eye stop growing. Soon the eye starts to make a chemical called VEGF (vascular endothelial growth factor). This chemical makes the blood vessels start growing again.

These are not normal blood vessels. These abnormal blood vessels can bleed. They can also pull (detach) the retina away from its normal position. This is called an RD (retinal detachment), and it can cause blindness.

This document gives information about the types of treatment for ROP. It also explains what happens if the baby does not get treatment.

**Ophthalmologists (eye surgeons) can treat ROP.**

Ophthalmologists have been treating ROP with laser surgery for many years. This type of laser surgery is called PRP (pan-retinal photocoagulation). The laser stops the eye from making more of the VEGF chemical. The abnormal blood vessels usually stop growing, the retina stays attached, and the central vision is good. Laser works for most babies.

The goal of laser surgery is to keep the retina attached and save the baby’s vision.Central vision may be good, but the baby will lose some side vision. The laser surgery does not work on every baby. Some babies need more than one laser surgery. Some babies lose vision or go blind even if they have laser surgery. Sometimes, the abnormal vessels keep growing after laser surgery. These abnormal blood vessels pull the retina out of its normal position and cause an RD. The baby will need other types of surgery to treat the RD.

Your baby could have very poor vision or go blind if the ROP is not treated. Your baby cannot choose whether to have treatment. You need to decide if your baby will get treatment for ROP. You have the legal right to choose for your baby.

Your ophthalmologist has a legal duty to treat the baby. If you decide not to treat the ROP, your ophthalmologist must talk to other doctors and child protective services about your choice.

**This laser surgery has risks and can cause problems.**

There are risks with every surgery. These risks can cause vision loss or blindness. Here are some common or serious ones:

* The laser surgery might not stop the ROP.
* The ROP can come back. The baby may need another laser surgery to treat the ROP.
* Your baby could lose vision or go blind.
* Anesthesia can cause heart or breathing problems, or death.
* The laser surgery could cause other eye problems:
  + Loss of side (peripheral) vision
  + Damage to the retina: RD, fold in the retina, dragging or scarring of the macula (center of the retina)
  + Bleeding in the eye (vitreous hemorrhage)
  + High eye pressure (glaucoma)
  + Low eye pressure (hypotony)
  + Burns to the cornea (clear covering of the front of the eye)
  + Clouding or scarring of the cornea
  + Damage to the iris (colored part of the eye)
  + Eyes that look in different directions (strabismus)
  + Need for very thick glasses
  + Bigger eye (enlargement)
  + Smaller eye (shrinkage)
  + Eye irritation, inflammation and lots of tears

**Consent**. By signing below, you consent (agree) that:

* You read this informed consent form, or someone read it to you.
* You understand the information in this form.
* The ophthalmologist or staff offered you a copy of this form.
* You are aware that the baby may lose vision or go blind after surgery.
* You are aware that the baby may need another surgery.
* The ophthalmologist or staff answered your questions about laser surgery for ROP.
* You understand that it is your right to refuse this treatment for your baby. You also understand that if you do refuse the treatment, the ophthalmologist must ask other doctors or child protective services to talk to you about your decision.
* You agree to the laser surgery.

**I want the ophthalmologist to treat my baby with laser surgery on:**

* **\_\_\_\_\_\_\_ the right eye**
* **\_\_\_\_\_\_\_ the left eye**
* **\_\_\_\_\_\_\_ both eyes.**

Parent (or person authorized to sign for patient) Date