

**Orlando Ophthalmology Surgery Center
Authorization for Surgical Procedure
Facial Oculoplastic Surgery**

Patient Name _____ Surgeon _____

Proposed Procedure: _____

Your doctor has discussed your condition with you (and/or your legal representative) and the two of you have agreed that you will undergo the surgical procedure listed above.

1. ALTERNATIVE TREATMENTS:

The available alternatives may include not having the procedure with possible worsening of my condition.

2. COMPLICATIONS OF SURGERY:

Your physician has discussed the most common complications that may occur with your procedure. All operative procedures have an element of risk. The exact nature of the risk depends on the details of the procedure, the medical condition of the patient, adherence to post-operative care instructions and many other factors. I/we understand the risks which may be involved in the patient's surgical procedure may include, but are not necessarily limited to:

- **Scar Tissue:** Any procedure that cuts the skin will leave a scar. This scar can be cosmetically unsightly, larger or thicker than desired, or may heal in an unsatisfactory manner. Irregularities in contour or pigmentation (skin coloring) may occur. Additional treatment may be necessary.
- **Bleeding:** This may occur in any surgical procedure and may result in bruising, pain, need for returning to the operating room, wound breakdown, failure of a skin graft or a flap to survive, death of overlying tissue and injury to adjacent structures. Additional treatment may be necessary. In cases of severe bleeding, surgical shock may occur. Blood transfusions may be necessary.
- **Infection:** Wound infection at the operative site or tissue donor site may occur. This may result in a failure of wound healing and/or failure of surgically transferred flaps or grafts. If your operation involves the use of an artificial material or implant and an infection occurs, the implant may need to be removed in order to clear the infection. Other infections distant from the operative site, such as pneumonia or urinary tract infections can also occur. Hospitalization or further surgery may be required.
- **Uneven Appearance:** The procedure may fail to correct pre-existing differences from one side to the other or may cause a greater degree of asymmetry. Further treatment may be required.
- **Unsatisfactory Result:** You may be unhappy with the results of your surgery. This may be due to scarring, asymmetry, contour irregularity, failure of the surgery to resolve the initial condition, return to the initial condition, or other complications. Additional treatment or surgery may be necessary.
- **Tissue Loss:** In any operation using a surgical flap or graft technique, part or all of the tissue moved may not survive. This can include the skin, the fat and any muscle transferred. Tissue loss in any area may result in the need for further medical treatment, further operations and/or an unsatisfactory result.
- **Chronic pain or swelling** may occur after surgery.
- **Numbness** at or near the surgical site or adjacent areas may occur. This may be permanent.
- **Loss of Function:** The operation may impair the function of the body part upon which it is performed. The operation may fail to restore optimal function of the body part upon which it is performed. Additional treatment or surgery may be necessary.
- **Donor Site Complications:** If tissue is taken from another part of the body (donor site), the possibility of unsatisfactory healing, pain, scarring, infection, hernia formation, and other complications occurring at the donor site exist. Injury to tissues adjacent or deep to the donor site may occur.
- **Drug Reactions:** You may have an adverse reaction to medications administered before, during or after surgery.
- **Implants:** Implants may fail or break and may require replacement. Implants may shift. Implants may require removal for exposure, extrusion or infection. Implants may cause changes such as thinning, in nearby tissues. Implants may interfere with radiographic images (x-rays) of the body part in which they are located. Implants

may become surrounded by scar tissue – a process called capsule formation. In some people, this capsule will contract, causing compression of the implant, abnormal shape or pain. Further treatment may be required if any of these complications occur.

- **Allografts or Xenografts:** These are FDA approved tissue grafts (i.e., Alloderm, Amniograft) harvested from human cadavers or animals such as cows or pigs. The tissue has been specially processed to reduce any risk of disease transmission. They are often used to rebuild or augment periocular tissues such as eyelids. Rejection or post-operative inflammation and scarring may occur in rare instances, requiring removal, replacement or other repairs. Although the risk of infectious disease transmission such as hepatitis or HIV is exceedingly rare, it remains a theoretical possibility.
 - **Loss of Vision** is a remote risk. Other risks include double vision, tearing, dry eyes and corneal ulceration or scarring. These complications are usually temporary, but may be permanent. Further treatment or surgery may be needed.
 - **Injury to Deeper Structures:** Deeper structures such as blood vessels, muscles, nerves or internal organs may be damaged during the course of surgery. The potential for this to occur varies with the type of procedure being performed. Injury to deeper structures may be temporary or permanent. Additional treatments or surgery may be required.
 - **Hair Loss** on facial or scalp operations may occur.
 - **Changes in Skin Coloration** may occur after certain procedures and may persist for long periods of time. Rarely, this can be permanent. The changes include both abnormal lightening and darkening of the skin.
 - **Delayed Healing:** Wound breakdown or delayed healing is possible. Areas of the skin may die. Frequent dressing changes and/or further surgery may be necessary.
 - **Surgical Anesthesia:** There is the possibility of complications, injury, permanent and even death from all forms of surgical anesthesia or sedation. A separate consent form that details anesthesia risks will be presented for any procedure involving a nurse anesthetist.
 - **Complications of Local Anesthesia Eye Injection:** Complications of local anesthesia injections around the eye include, but are not limited to perforation of the eyeball, bleeding, destruction of the optic nerve, interference with circulation of the retina, possible drooping of the eyelid, double vision, loss of vision, respiratory depression, or hypotension.
 - **Tumor Removal:** In cases where a cancer is being removed, the surgeon may depend on a test called a “frozen section” to determine whether all the cancer has been removed at the time of surgery. Rarely, this test may be incorrect, and further tissue removal may be required.
 - **Other Complications:** A variety of medical complications can occur during or following surgery. These include, but are not limited to blood clots in the extremities or lungs, surgical shock, cardiac arrhythmia (irregular heart beat), congestive heart failure, pulmonary edema, pneumothorax (collapsed lung), myocardial infarction (heart attack), stroke or paralysis, worsening of kidney or liver function and blindness as well as the transmission of infectious disease, including hepatitis and Acquired Immune Deficiency Syndrome (AIDS). You may require admission to the hospital or a return to the operating room. If you are having a surgical procedure around the eye area, you may experience difficulty or inability to wear a contact lens or lenses after surgery. Although rare, the possibility exists of other serious complications or even death directly or indirectly as a result of surgery. Equipment may malfunction, causing skin burns, lacerations or injury to deeper structures. Although rare, other unforeseen complications of surgery could occur.
 - **Financial Stress:** Should a complication occur, you may not be able to work in your usual occupation for a period of time. This may result in loss of income and financial hardship. Time off and loss of income may result due to hospitalization, additional treatments or further surgery.
3. The nature and purpose of the operation and anesthesia, possible alternative methods of treatment, the risk(s) involved, and the possibility of complications listed above have been fully explained to me by my physician. I acknowledge that no guarantee or assurance has been made as to the results that may be obtained.
 4. I hereby authorize the above named surgeon and whomever he/she may designate as his/her assistants, to perform upon me (the above named patient) the above specified operation or procedure and if any unforeseen condition arises in the course of the operation, which in the judgment of the attending physician or the surgeon in charge calls for procedure(s) or operation(s) in addition to or different from those now contemplated, I further request and authorize him or her to do whatever he/she deems advisable.

5. I consent to the administration of such anesthetics as indicated in the judgment of the Anesthetist, Physicians, and Surgeons in charge of me.
6. If any unforeseen medical condition should arise while I am at the Surgery Center, I hereby authorize treatment including, but not limited to evaluation, consultation and transfer to another level of care
7. I consent to the administration of blood or blood products, medications, and other substances and the use of x-ray and other procedures deemed appropriate by the physician(s) or surgeon(s) in charge of me in the exercise of his or her judgment.
8. I consent to the examination, use or disposal by my physician or surgeon or an appointed physician or surgeon of the Orlando Ophthalmology Surgery Center, of any organs, tissues, fluids, or parts removed from the body.
9. I consent to the taking and publication of any photographs or videotaping in the course of this operation for medical, scientific or educational purposes. Photographs may include appropriate portions of the body, provided no identity by the pictures or by descriptive text accompany them. Video tapes are property of the physician. Photographs will be incorporated in the medical record.
10. I consent to the admittance of observers in the operating room for the purpose of advancing medical education.
11. I authorize the release of any medical information necessary to process my insurance claim, if applicable.
12. I authorize payment of medical benefits to Orlando Ophthalmology Surgery Center for services described above.

I CERTIFY THAT I HAVE READ OR HAVE HAD READ TO ME AND FULLY UNDERSTAND THE ABOVE CONSENT FOR SURGICAL AND/OR DIAGNOSTIC PROCEDURES, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE, AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTION OR COMPLETION WERE FILLED IN AND INAPPLICABLE PARAGRAPHS, IF ANY, WERE STRICKEN BEFORE I SIGNED.

Signature of Patient _____ Date _____ Time _____

When Patient is a minor or incompetent to give consent:

Patient is a minor _____ years of age or is unable to sign because _____

Signature of person authorized to give consent for Patient: _____

Relationship to Patient _____ Date _____ Time _____

WITNESS: _____ Date _____ Time _____

Translator/Interpreter (Print Name, Address and Phone Number) _____

PHYSICIAN'S AFFIRMATION OF CONSENT

I certify that I have informed the patient or his/her representative of the nature of this procedure, alternative methods thereto, including non-treatment, and the risks associated therewith.

Physician's Signature _____ M.D. Date _____