

**Orlando Ophthalmology Surgery Center  
Authorization for Surgical Procedure  
Implantation of Glaucoma Drainage Valve**

Patient Name \_\_\_\_\_ Surgeon \_\_\_\_\_

Proposed Procedure: **Implantation of Glaucoma Drainage Device -** \_\_\_\_\_ **eye**

Your doctor has suggested that you have a surgical procedure to implant a device in the front chamber of your eye to help control your glaucoma.

Implantation of a drainage device is a surgical procedure that involves attaching a small silicone plate to the outer wall of the eye and implanting the attached microscopic drainage tube in the front chamber of the eye. This slowly drains the aqueous fluid to help decrease the pressure inside the eye as well as reducing dependence on anti-glaucoma medications. As with all available glaucoma surgeries, the drainage device is designed to help prevent further optic nerve damage by lowering the pressure inside the eye.

No current surgery technique, including implantation of the drainage device, will restore a damaged optic nerve to health. The purpose of glaucoma surgery is to try to prevent further optic nerve damage. It will **not** improve central vision or restore visual field loss. There is no guarantee that lowering the eye pressure will prevent further nerve damage or loss of vision.

**Alternative Treatments:**

Current treatments for glaucoma include eye drops, laser therapy and surgery to lower the eye pressure. Eye drops are frequently used as a first line of treatment. Laser and surgical treatments are usually reserved for patients on more than one type of eye drop, or for those who cannot tolerate the side effects of the medications. If effective, laser procedures used to treat glaucoma may only have a temporary pressure lowering effect, and re-treatment is often necessary. Other surgical treatments include trabeculectomy and endocyclophotocoagulation. The particular benefit of drainage implants over other types of glaucoma surgery is their low failure rate and their long-term ability to control eye pressure.

During the procedure, your doctor may use a chemical called Mitomycin-C or 5-Fluorouracil to prevent scar tissue formation or re-growth of tissue following the procedure.

The risks of using Mitomycin-C and 5-Fluorouracil include: corneal staining and superficial surface changes on the cornea, conjunctival thinning with leaks that may require further surgery and increased risk of infection. These are nearly always reversible.

**Risks and Potential Complications:**

As a result of the surgery or from glaucoma, I understand that my final vision could be worse than before the procedure. Occasionally, complications may occur weeks, months, or even years later. Complications may include bleeding, inflammation, loss of corneal clarity, infection, retinal swelling or detachment, double vision, worsening of glaucoma, drooping upper eyelid, pupillary abnormalities, and malfunction of the drainage tube in the eye requiring a possible second surgery. Rarely, a patient may develop total loss of vision or loss of the eye after surgery. Medications to lower eye pressure may still be necessary post-operatively, either shortly after surgery or several years later.

**Anesthesia and Possible Complications:**

The drainage device implantation is usually performed under local anesthesia with intravenous sedation under “monitored anesthesia care”. Other types of anesthesia may be used at the discretion of the surgeon or the anesthesia provider, as he/she deems advisable. As with all types of surgery, there is a possibility of other complications due to anesthesia, drug reactions, or other factors, which may involve other parts of the body, including the possibility of brain damage or even death. Complications of local anesthesia injections around the eye include 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 low blood pressure.

**Additional Unforeseen Conditions of Surgery in General:**

Just as there are benefits to the procedure(s), I also understand that medical and surgical procedures involve risks. These risks include, but are not limited to allergic reactions, bleeding, blood clots, infections, adverse side effects of drugs, or even loss of bodily function or life as well as the transmission of infectious disease, including hepatitis and Acquired Immune Deficiency Syndrome (AIDS).

1. 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.
2. I consent to the administration of such anesthetics as indicated in the judgment of the Anesthetist, Physicians and Surgeons in charge of me.
3. 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.
4. 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.
5. I consent to the administration of blood and 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.
6. 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.
7. 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.
8. I consent to the admittance of observers in the operating room for the purpose of advancing medical education.

9. I authorize the release of any medical information necessary to process the insurance claim.
10. I authorize the 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 \_\_\_\_\_