



INFORMED CONSENT FOR ORBITAL TUMOR REMOVAL

WHAT CAN CAUSE THE NEED FOR ORBITAL TUMOR REMOVAL SURGERY?

Patients can develop tumors or growths in the eye socket. A tumor is a growth of unnatural tissue. These tumors can put pressure on the muscles or nerves in the eye socket. They can put pressure on the eyeball itself. The tumor can spread to the brain and other parts of the face and skull. Removing the tumor gets rid of it or at least determines what type of growth it is so it can be fully treated with radiation, chemotherapy or further surgery.

WHAT IS ORBITAL TUMOR REMOVAL SURGERY?

When Dr Thiagarajah performs orbital tumor removal, he makes a cut on the eyelid to enter the eye socket. He then carefully attempts to remove the tumor or part of the tumor (in certain cases). He then places a stitch on the skin to close the opening he has made. Sometimes he has to remove part of the bones of the eye socket to access the tumor and then reattach the bone back in place.

HOW WILL ORBITAL TUMOR REMOVAL SURGERY AFFECT MY VISION OR APPEARANCE?

Orbital Tumor Removal surgery can improve the vision if a patient has compression of the optic nerve and the surgery relieves the pressure. The tumor removal can make the eye look more sunken in if the tumor had been pushing the eye out. Even when not pushing it out, the eyeball can look sunken in after tumor removal. There can be scarring the area of the skin incision made to enter the eye socket.

WHAT ARE THE MAJOR RISKS?

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Risks of Orbital Tumor Removal repair include but are not limited to: bleeding, infection, an asymmetric or unbalanced appearance, scarring, difficulty closing the eyes (which may cause damage to the underlying corneal surface), double vision, tearing or dry eye problems, inability to wear contact lenses, numbness and/or tingling near the eye or on the face, and, in rare cases, loss of vision including blindness. You may need additional treatment or surgery to treat these complications; the cost of the additional treatment or surgery is NOT included in the fee for this surgery. Due to individual differences in anatomy, response to surgery, and wound healing, no guarantees can be made as to your final result. The tumor may not be completely removed and may need further surgeries to fully remove it.

WHAT ARE THE ALTERNATIVES?

You may decide to wait and not do surgery. Some tumors can be observed over time. Another option is to treat the tumor with radiation. Some tumors respond to radiation or chemotherapy.

WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE THE MAJOR RISKS?

Most Orbital Tumor Removal surgeries are done with “local” anesthesia, that is, injections around the eye to numb the area and general anesthesia. You may also receive sedation from a needle placed into a vein in your arm or pills taken before surgery. Risks of anesthesia include but are not limited to damage to the eye and surrounding tissue and structures, loss of vision, breathing problems, and, in extremely rare circumstances, stroke or death.

PATIENT’S ACCEPTANCE OF RISKS

I have read the above information and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed, that adjustments and more surgery may be

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necessary, and that there are additional costs associated with more treatment. By signing below, I agree that my physician has answered all of my questions, that I understand and accept the risks, benefits, and alternatives of Orbital Tumor Removal surgery, and the costs associated with this surgery and future treatment, and that I feel I will be able to accept changes in my appearance .

Patient (or person authorized to sign for patient) _____ Date _____