



INFORMED CONSENT FOR ORBITAL DECOMPRESSION

WHAT CAN CAUSE THE NEED FOR ORBITAL DECOMPRESSION SURGERY?

Patients with bulging of the eye can have pressure put on their optic nerve. Also, they can have dry eyes or asymmetric appearance of the eyes causing one or more of those eyes to “bulge”. When that happens the bones of the eye socket can be broken and fat removed to create more space for the optic nerve and bring the eyes back into the eye socket. This can help the eyes close better and also improve the appearance. Usually this surgery is done to improve vision though sometimes it is done to improve the cosmetic appearance.

WHAT IS ORBITAL DECOMPRESSION SURGERY?

When Dr Thiagarajah does Orbital Decompression surgery he breaks the bones in the eye socket to make more space for the contents of the eye socket to sit. The different walls of the eye socket that are broken are the medial wall (near the nose), the floor of the eye socket and the lateral wall (wall near the temple).

HOW WILL ORBITAL DECOMPRESSION SURGERY AFFECT MY VISION OR APPEARANCE?

Orbital Decompression surgery can improve the vision if a patient has compression of the optic nerve and the surgery relieves the pressure. The decompression surgery can bring the eyes back into the eye socket so they do not look so bulgy.

WHAT ARE THE MAJOR RISKS?

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Risks of Orbital Decompression 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.

WHAT ARE THE ALTERNATIVES?

You may decide to wait and not do surgery. It is possible to treat the pressure on the eye socket with steroids alone. Also, it is possible to treat the bulging of the eye socket with radiation in combination with steroids.

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

Most Orbital Decompression 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 necessary, and that there are additional costs associated with more

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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 Decompression 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

DR CHRIS THIAGARAJAH MD FACS