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Informed Consent for Enucleation surgery

EYE REMOVAL

What can cause the need for eye removal surgery (enucleation)?

After trauma or severe eye disease, patients can lose vision in the eye and complete blindness. Also, they can develop a great deal of pain. When a patient has a blind, painful eye, they may elect for it to be removed. Alternatively, if there is a tumor in the eyeball such as a melanoma, the eye may need to be removed to prevent the tumor from spreading to the rest of the body and killing the patient.

What is an enucleation surgery?

When a surgeon performs an ENUCLEATION surgery, the eyeball is removed completely. Usually part of the nerve that connects the eyeball to the brain is cut as well. An orbital implant made of synthetic material is placed in the resulting hole where the eye was removed and the tissue is closed around it. A round plastic disc is placed over the eye and the eyelids are temporarily closed.

How will enucleation surgery affect my vision or appearance?

A patient who is being enucleated generally has no vision in the eye. As a result, there should be no change in vision after the surgery because there is no vision beforehand. Sometimes when an eye that can see but has a tumor is being removed, there will be no vision after surgery if the eye is removed. The appearance of the eyesocket after surgery will be different than before surgery. The patient will have to get a prosthetic eye which is a disc that is painted to look like an eye to be placed in the eye socket usually 6-8 weeks after surgery. The prosthetic eye will not move the same way a natural eye moves.

What are the major risks?

Risks of ENUCLEATION surgery include risk of bleeding, scarring, infection. Additionally, the implant can become infected and have to be removed. The implant can become rejected and have to be removed. There can be scar tissue in the eviscerated eye resulting in scar formation. Occasionally, the pain before surgery does not improve after surgery. 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. Sometimes the pain in the “dead” eye can go down over time. Alternatively, only part of the eyeball can be completely removed (evisceration) leaving some contents of the eye intact. This can give better movement of the prosthetic eye to match the real eye. The contents of the eyeball could also be removed without placing an orbital implant. This would give the eye socket a shrunken appearance but eliminates the risk of the implant being rejected.

What type of anesthesia is used? what are the major risks?

Most ENUCLEATION 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 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 ENUCLEATION, 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