



INFORMED CONSENT FOR ORBITAL FRACTURE REPAIR (EYE SOCKET SURGERY)

WHAT CAN CAUSE THE NEED FOR ORBITAL FRACTURE REPAIR SURGERY?

With trauma, the bones that surround the eye can sometimes be damaged. As these bones break they can cause problems for patients in many ways. The broken bones can sometimes trap the muscles of the eye, creating double vision and damage to the eyeball muscles. If there is a large fracture the eye can sink into the eye socket creating a “sunken” appearance to the eye.

WHAT IS ORBITAL FRACTURE SURGERY?

When Dr Thiagarajah does orbital fracture surgery, he attempts to correct the defect caused by the broken bones of the eye socket. This is usually done by placing a synthetic sheet of material to cover the broken holes. Other times a metal plate has to be placed and screwed into the bones. The incision for the surgery, is through the inside of the eyelid and in the corner of the eyelid. After surgery one or two sutures are placed to close the stitches.

HOW WILL ORBITAL FRACTURE SURGERY AFFECT MY VISION OR APPEARANCE?

Orbital fracture surgery does NOTHING for the clarity of vision of the eyeball. No surgery is being done on the eyeball itself. There is bruising and swelling after surgery. If the eyeball was sunken before surgery it may appear sunken, normal or bulging after surgery. Usually the bulging resolves with time. The visible incisions for surgery are in the corner of the eyelid. If a patient is having double vision, the patient may continue to have double vision or worse double vision after surgery. Patients who don't have double vision may develop double vision after surgery as healing and scarring occurs. The lower eyelid can sometimes hang low after surgery as well.

WHAT ARE THE MAJOR RISKS?

Risks of orbital fracture 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

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the face, and, in rare cases, loss of vision including blindness. There are inherent risks to the implant that are being placed. The implant can move in the eye socket, become infected, come out on its own or need to be removed. 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. There are times that double vision may resolve without surgery as swelling goes down. There are alternatives to using synthetic implant such as metal implants, bone from the rib or skull. These implants also have their own set of risks.

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

Most orbital fracture 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 orbital fracture 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

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