CENTRAL VALLEY EYE MEDICAL GROUP, INC.
GENERAL OPHTHALMOLOGY/SUBSPECIALTY CARE

Patient Name: _____DOB: _____

Surgical Procedure: _____
☐Right Eye ☐Left Eye ☐Both Eyes

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☐Right Eye ☐Left Eye ☐Both Eyes

INFORMED CONSENT FOR REMOVAL OR BIOPSY OF ORBITAL MASS

WHAT IS THE ORBIT?
The orbit is the bony case around the eyeball, lacrimal gland, eye muscles, nerves, blood vessels and fat. It is not unusual that eyelid problems expand behind the eye to involve the orbit.

WHAT CAUSES THE NEED FOR ORBITAL SURGERY?
There are a variety of conditions which require orbital surgery. These include, but are not limited to, mass/tumors (benign or malignant), foreign bodies, inflammation and infection.

WHAT IS DONE DURING SURGERY?
In orbital surgery, an incision is made in or near the eyelid and various surgical techniques may be employed to remove a small amount of tissue for diagnosis or, if possible, the entire mass.

- Your upper lid incision may be hidden in the natural lid crease and/or the undersurface (conjunctiva) and your lower lid incision is made through the skin just beneath the lashes, and/or through the internal surface of the eyelid (conjunctiva).
- There are internal sutures that hold the deeper tissues in position.
- The eyelid is sometimes sutured closed to optimize healing.

WHAT ARE THE ALTERNATIVES?
You may decide to live with your condition and its associated symptoms. However, if you have had an infection, have a known or suspected tumor or are at risk of vision loss your doctor will recommend you proceed with surgery maintain your visual function, prevent spread or even death.

Please initial each of the following to document you have read this carefully.

WHAT YOU SHOULD EXPECT AFTER SURGERY:
___ Itching for at least one week
___ Bruising for at least two weeks
___ Swelling for 2-3 months
___ Tearing and irritation for at least one month
___ Inability to wear contact lenses for at least two weeks
___ Numbness of your eyelashes and eyelids for 3-6 months
___ Visible scar for 3-6 months

WHAT ARE THE RISKS OF SURGERY?

___ Bleeding
___ Infection
___ Opening of the incision due to broken suture or rubbing
___ Asymmetric or unbalanced appearance
___ Scarring requiring injections or revision
___ Difficulty closing the eyes
___ Worsening of dry eye problems

WHAT ARE THE MOST SERIOUS RISKS (RARE BUT POSSIBLE)?

___ Corneal damage
___ Double vision
___ Loss of vision(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.
- For some patients, changes in appearance may lead to anger, anxiety, depression, or other emotional reactions.

I have:

____ Received a copy of this consent
____ Had all my questions answered

By signing below, I am confirming that □ **Dr. Kimberly Cockerham** □ **Dr. Ethan Tittler** has answered all of my questions and that I understand and accept the risks and the costs associated with this surgery and future treatments.

Date _____ Patient Signature _____

Witness Signature _____

Time _____ AM/PM Surgeon Signature _____
□ **Dr. Kimberly Cockerham** □ **Dr. Ethan Tittler**