



Kimberly Cockerham, MD, FACS  
Oculofacial Plastic Surgery  
Eyelid & Orbital Oncology  
Thyroid Eye Disease  
Neuro-Ophthalmology

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

Right Eye     Left Eye     Both Eyes

Surgical Procedure: \_\_\_\_\_

Right Eye     Left Eye     Both Eyes

## **INFORMED CONSENT FOR ENUCLEATION AND EVISCERATION**

### **WHAT IS AN ENUCLEATION?**

An enucleation is a procedure to remove the eyeball from the eye socket. Evisceration is where all of the eye except for the white part (the sclera) is removed. These procedures are done for a variety of conditions, the most common being malignancy and a blind, painful eye. In most cases a temporary prosthetic shell will be placed in the eye socket at the time of surgery. Your prosthetic eye will be prepared by an ocularist and fitted approximately six weeks after surgery. You will have bruising for at least two weeks and swelling of your eyelids and face for a month or more.

### **WHAT ARE THE MAJOR RISKS OF AN ENUCLEATION?**

(Please read carefully and initial)

- \_\_\_ Bleeding
- \_\_\_ Infection
- \_\_\_ An asymmetric or unbalanced appearance
- \_\_\_ Scarring
- \_\_\_ Difficulty closing the eye
- \_\_\_ Drooping of the eyelid
- \_\_\_ Ongoing pain
- \_\_\_ Numbness and/or tingling in the operated eyelid, near the eye or on the face

**Additionally**, the implant itself may cause complications such as:

- \_\_\_ Infection
- \_\_\_ Scarring
- \_\_\_ Allergic reaction
- \_\_\_ Foreign body reaction
- \_\_\_ Exposure or extrusion of the implant



Kimberly Cockerham, MD, FACS  
Oculofacial Plastic Surgery  
Eyelid & Orbital Oncology  
Thyroid Eye Disease  
Neuro-Ophthalmology

**WHAT ARE THE ALTERNATIVES TO ENUCLEATION?**

- If you have a painful, blind eye this procedure is elective. You can choose to continue oral pain medications and topical drops instead.
- If you have a cancer inside your eye and radiation is not an option, you need to proceed with this surgery to try to prevent spread of the cancer and/or death.

By signing below, I am confirming that **Dr. Kimberly Cockerham** has answered all of my questions and that I understand and accept the risks of ENUCLEATION with placement of an implant.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_