



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

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INFORMED CONSENT FOR INCISION/DRAINAGE OF CHALAZION OR ABSCESS OR EXCISION OF EYELID LESION AND/OR RECONSTRUCTION

WHAT CAUSES THE NEED FOR EXCISION OF LESION AND/OR RECONSTRUCTION?

There are a variety of conditions that require lesion removal. These include, but are not limited to:

- Mass/Tumors (benign or malignant)
- Foreign Bodies
- Inflammation
- Infection

Your eyelid may then require a reconstruction optimize structure and function.

WHAT IS DONE DURING SURGERY?

An incision is made in or near the eyelid and tissue is removed. In case of a chalazion or abscess, a culture may be sent. In the case of an eyelid lesion, the specimen is sent to the lab to look at the cellular pattern to determine if it is benign or a cancer.

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 malignant tumor or are at risk of vision loss, surgery is recommended to maintain your visual function and structure.

WHAT YOU SHOULD EXPECT AFTER SURGERY:

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

- ___ 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



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- 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 result.

I have:

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

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

Patient Signature: _____ Date: _____

Witness Signature: _____ Time: _____

Physician Signature: _____ Date: _____