



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

Temporal Artery Biopsy Surgical Consent Form

I, _____ hereby give my consent for Dr Kimberly Cockerham and associates, to perform a Temporal Artery Biopsy upon me. This has been recommended to me by my physician in order to help diagnose temporal arteritis.

What is Temporal Arteritis (also known as Giant Cell Arteritis)?

Temporal arteritis is a systemic, autoimmune, rheumatic condition in which the temporal arteries, which supply blood to the head and brain, become inflamed or damaged. Temporal arteritis is a form of vasculitis (inflammation of the blood vessels). One of the most concerning complications is irreversible sudden vision loss due to lack of blood flow to the optic nerve. Although it usually occurs in the temporal arteries and other blood vessels in the head, it can also affect other medium and large blood vessels such as the aorta and its branches, which can lead to serious health complications such as stroke or aneurysm.

What are the symptoms of Temporal Arteritis?

The most common symptom of temporal arteritis is a throbbing, continuous headache on one or both sides of the forehead. Other symptoms may include:

- Vision problems, such as double vision, blurry vision, or transient (brief) vision loss; if this is not treated, it could be followed by permanent, irreversible vision loss
- Jaw pain that may become worse after chewing
- Tenderness at the scalp or temples
- Fatigue/weakness
- Fever
- Muscle aches in the upper arms or shoulders, hips, upper thighs, lower back, and buttocks
- Loss of appetite or unintentional weight loss



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What causes Temporal Arteritis?

The causes of temporal arteritis are poorly understood. There is no well-established trigger or risk factors. One cause may be a faulty immune response; i.e., the body's immune system may “attack” the body. Temporal arteritis often occurs in people who have polymyalgia rheumatica.

How is Temporal Arteritis Diagnosed?

Diagnosis includes taking a good history and doing a physical exam along with blood tests for markers of inflammation (Erythrocyte sedimentation rate (ESR), C-reactive protein (CRP), and complete blood count (CBC)). A biopsy of the temporal artery is an important diagnostic tool. Other tests that are sometimes necessary are imaging of the head including MRI and Ultrasound.

What is a Temporal Artery Biopsy?

A small sample of the temporal artery is removed from above or in front of your ear. The sample is examined under a microscope to look for characteristic signs of inflammation.

How is Temporal Arteritis Treated?

The mainstay of treatment is high dose glucocorticoids, such as oral prednisone. You may need to take glucocorticoids for up to a year or longer. The dosage is gradually reduced over this time. There are many side effects of steroid therapy, including osteoporosis (bone thinning) and increased risk of fractures, infections (since steroids suppress the immune response), and high blood sugar. To reduce these side effects, other drugs may be used to treat Temporal Arteritis. So-called steroid-sparing agents including immunosuppressants such as Tocilizumab (Actemra).

What is the prognosis for people with Temporal Arteritis?

The overall outlook for those with temporal arteritis is very good if they are diagnosed promptly and started on the right therapy. If the person has had a loss of vision, the damage generally cannot be reversed. Most complications associated with temporal arteritis are from the use of steroid drugs, not from the disease itself.

Anesthesia:

This procedure may require general or local anesthesia which will be administered by a qualified anesthesiologist. Your anesthesiologist will be available to discuss this further with you on the day of your surgery.

Benefits of the procedure include:

Diagnosis of Temporal Arteritis



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Risk of the procedure include:

These could include but may not be limited to the following:

- Bruising
- Bleeding
- Infection
- Nerve Damage
- Visible Scar
- Hair Loss
- Need for additional surgery

Although these risks, complications and side effects may occur only very rarely, they do sometimes occur and cannot be predicted or prevented by the physician performing the procedure.

Alternatives to this procedure may include, but are not limited to:

Continued treatment with medication. These alternative forms of treatment have their own potential risks, benefits and possible complications.

TISSUE DISPOSAL/PATHOLOGY

Any tissue or specimen may be disposed of in accordance with accustomed practice; or by your physician.

MY CONSENT

Although most procedures have good results, I understand that no guarantee has been made to me about the results of this procedure or the occurrence of any risks, complications and side effects.

I recognize that during the course of treatment, unforeseeable conditions may require additional treatment or procedures.

I request and authorize my physician and other qualified medical personnel to perform such treatment or procedures as required.

I have chosen to undergo this procedure after considering the alternative forms of diagnosis and/or treatment for my condition including no treatment or other procedures or tests.

I certify that I have read or had read to me the contents of this form and will follow any patient instructions related to this procedure.



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I understand the potential risks, complications and side effects involved with the proposed Temporal Artery Biopsy and have decided to proceed after considering the possibility of both known and unknown risks, complications, side effects and alternatives.

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I consent to the above procedures as deemed necessary or appropriate by my physician.

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

Patient Signature: _____ Date: _____ Time: _____

Patient unable to consent due to _____. I therefore consent for the patient.

Authorized Consenter's Signature: _____

Printed Name: _____

Relationship to Patient: _____ Date: _____ Time: _____

Witness Signature: _____

Physician Signature: _____ Date: _____