

## **INFORMED CONSENT FOR ORBITAL SURGERY**

### **("Eye socket surgery")**

#### **WHY MIGHT I NEED SURGERY OF MY EYE SOCKET?**

The eye socket is a relatively small space with many important structures in it. Surgery of the orbit (eye socket) may be necessary to remove foreign bodies (wood, metal, etc.) or tumors. In some cases, if the foreign body or tumor is not pressing on the eye structures, it may be safely left alone. In other cases, it is important to the safety of the eye to remove it. This is best done by a specialist in eye socket surgery.

#### **HOW IS THE EYE SOCKET SURGERY DONE?**

Surgery of the eye socket is usually done in an operating room with the patient under general anesthesia (completely asleep). Dr. Fountain will **NOT** remove the eyeball!! Small incisions are used to get to the tumor or foreign body and delicate instruments are used to move the eye to one side and allow your doctor to see the mass. Dr. Fountain may need to patch the eye after surgery but often does not.

#### **HOW WILL EYE SOCKET SURGERY AFFECT MY VISION OR APPEARANCE?**

The results of orbital (eye socket) surgery depend upon each patient's severity and location of the mass, symptoms, unique anatomy and appearance goals. Eye socket surgery is not considered cosmetic surgery but most patients feel that they look better after they have healed. Orbital surgery does not improve blurred vision caused by problems inside the eyeball, or by visual loss caused by neurological trauma behind the eye. This surgery cannot repair all problems associated with trauma to the face.

It is important to note that some patients have unrealistic expectations about how orbital surgery will impact their lives. Carefully evaluate your goals and your ability to deal with changes to your appearance before agreeing to this surgery. Understand the risks and ask questions of your doctor.

#### **WHAT ARE THE MAJOR RISKS?**

Risks of orbital surgery 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, numbness and/or tingling near the eye or on the face, and, in rare cases, loss of vision. 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.

### **WHAT ARE THE ALTERNATIVES?**

You may be willing to live with the symptoms associated with the foreign body or tumor (pain, visual loss, double vision, etc.) and decide not to have surgery on your eye socket at this time. In some cases, double vision may be improved with glasses or eye muscle surgery.

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

Most orbital surgeries are done with general anesthesia with the patient completely asleep. 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 understand that it is impossible for Dr. Fountain to inform me of every possible complication that may occur.
- I have been informed that results cannot be guaranteed, that adjustments and more surgery may be necessary, and that there may be additional costs associated with more treatment.
- By signing below, I agree that Dr. Fountain has answered all of my questions, that I understand and accept the risks, benefits, and alternatives of orbital 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.

I have been offered a copy of this document

I consent to orbital surgery on: \_\_\_\_\_

Right\_\_\_\_\_ Left\_\_\_\_\_ Both sides: \_\_\_\_\_

Other: \_\_\_\_\_

Patient: \_\_\_\_\_

\_\_\_\_\_  
Patient (or person authorized to sign for patient)

\_\_\_\_\_  
Date