

INFORMED CONSENT FOR ECTROPION (“Lower lid repair”)

WHAT CAN CAUSE THE NEED FOR LOWER EYELID SURGERY?

With age, the skin, muscles and tendons of the lower eyelid can sag and droop. In addition, the fat that surrounds and cushions the eyeball can bulge forward through the skin of the lower lids. As the tendons of the lower lid sag, the lower lid can evert and turn inside out. This can lead to tearing, mucous discharge, crusting of the eyelashes and skin irritation. Excess skin and fat also create what many feel is an unattractive, aged appearance in the lower lids (“bags under the eyes”).

WHAT IS A LOWER LID ECTROPION REPAIR?

The tendons of the eyelid in the corners of the eye are usually tightened with sutures through small incisions. The specifics are tailored to each patient’s needs. Also, some patients may choose to have cosmetic “add-on” procedures performed at the same time as functional (insurance) surgery. For example, they may choose to have their lower lid fat bags removed knowing that this is NOT covered by insurance.

HOW WILL EYELID SURGERY AFFECT MY VISION OR APPEARANCE?

The results of ectropion repair depend upon each patient’s symptoms, unique anatomy, appearance goals, and ability to adapt to changes. Ectropion repair only corrects the droopiness and sagging but is not considered a cosmetic procedure. By correcting this droopiness of the lower lid, the surgery typically improves tearing and mucous discharge. Ectropion repair does not improve blurred vision caused by problems inside the eye, or by visual loss caused by neurological disease behind the eye.

Because saggy inside-out eyelids are typically consequences of aging, most patients feel that ectropion repair improves their appearance and makes them look better. Some patients, however, have unrealistic expectations about how changes in appearance will impact their lives. Carefully evaluate your goals before agreeing to this surgery.

WHAT ARE THE MAJOR RISKS?

Risks of ectropion repair 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, tearing or dry eye problems, inability to wear contact lenses, 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 and appearance of droopy saggy lower lids and decide not to have surgery on your lids at this time.

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

Most lid surgeries are done with “local” anesthesia (lidocaine or novocaine), that is, injections around the eye to numb the area. Some patients may be candidates to do this in the office procedure room setting. Otherwise, you may undergo outpatient surgery at Highland Park Hospital where you can also receive light sedation from a needle placed into a vein in your arm. Patients undergoing sedation must have a clearance physical and any appropriate blood testing done by their own primary doctor not more than 30 days before the procedure. 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 entropion repair, 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 ectropion repair surgery on:

Both lower lids: _____

Right or left lower lids: _____

Other: _____

Patient (or person authorized to sign for patient)

Date