

INFORMED CONSENT FOR ENTROPION SURGERY (“Lower eyelid 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 invert and turn inward with the lashes rubbing the eyeball. This can lead to tearing, mucous discharge (mattering), crusting of the eyelashes and scratching of the cornea.

HOW WILL EYELID SURGERY AFFECT MY VISION OR APPEARANCE?

The results of entropion repair depend upon each patient’s symptoms, unique anatomy, appearance goals, and ability to adapt to changes. Entropion 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 as well as the scratchy sensation that is caused by lashes rubbing the eye. Entropion repair does not improve blurry vision caused by problems of the eye itself.

Because saggy, in-turned eyelids are typically consequences of aging, most patients feel that entropion repair improves their appearance and makes them look better with eyes that are not red all the time. 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 entropion 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 appearance and symptoms like scratchiness, tearing, red eyes and mucous discharge. Most people are not willing to put up with these problems and furthermore, most doctors would advise treatment of this condition. The decision whether to pursue surgery is ultimately yours.

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 entropion repair surgery on:

Both lower lids: _____

Right or left lower lids: _____

Other: _____

Patient (or person authorized to sign for patient)

Date