

INFORMED CONSENT FOR EVISCERATION or ENUCLEATION (Removal of the Eye)

WHY MIGHT I NEED MY EYE REMOVED?

Most eyes are removed when they no longer see well AND they have become painful. Most eyes that see poorly do not need to be removed if they are not painful. Trauma from injury or past surgery as well as diseases like stroke, glaucoma and diabetes can result in a painful, poorly-seeing or blind eye. If cancer like retinoblastoma or melanoma is found in the eye, removal may be recommended.

HOW WILL I DECIDE IF I NEED AN ENUCLEATION VS. AN EVISCERATION?

There are two primary surgical procedures to “remove” an eye. People with suspected or proven cancer inside the eye must undergo enucleation in which the eye is removed completely and intact. Most other patients also have the option of an evisceration in which the white coat of the eye or sclera is left in place while the rest of the inside parts of the eye are removed. An evisceration usually takes less time and has been found to result in less trauma to the surrounding eye socket. In both procedures, a buried round implant is placed to keep the socket from looking sunken. Dr. Fountain will advise you on the pros and cons of both procedures as well as the choice of implant to use.

HOW IS THE SURGERY PERFORMED?

During an enucleation, the patient is typically placed under general anesthesia (completely asleep) and the entire eyeball (the globe) is removed. Usually, an implant that looks like a large round marble is placed in the socket under the soft tissues to fill up the space left from the removed eye. An evisceration is also usually performed under general anesthesia. In this procedure, the white part of the eye (sclera), with its attached muscles is left alone--only the inside, degenerated parts are removed. During evisceration, the same large round implant used in enucleation is also placed inside the sclera and closed up under the soft tissue.

HOW WILL THIS SURGERY AFFECT MY ACTIVITIES?

You will wear a patch for a week or so after surgery. You may take Tylenol as needed for any pain. While you may resume normal activities when you are ready, heavy exercise and strenuous activity should be avoided for one week. Because most patients having this surgery see poorly if at all from the eye to be removed, their daily activities change little after the eye is removed. Patients who lose a seeing eye will go through an adjustment period as they adapt to possible loss of peripheral vision and depth perception. In Illinois, it is legal to drive with one eye if that eye sees better than 20/40 and the car has a passenger side mirror. It is recommended that you wear protective goggles or glasses fit polycarbonate or shatter-resistant lenses to shield the remaining eye from injury. Eye protection is advised for everyone during sports or other activities that may cause eye injuries but it is especially important if you have only one good eye.

HOW WILL THIS SURGERY AFFECT MY APPEARANCE?

In most cases, the removal of a damaged and scarred eye will ultimately improve the cosmetic appearance. For the first few weeks after surgery, the space between the lids where the eye used to be will look like the healthy pink tissue inside your mouth. Many times, the lids are naturally closed and this pink tissue will not be readily visible. People who feel self-conscious during this initial stage may choose to cover the eye during the day with a soft eye pad or a black (pirate's) patch though this is not required.

After about 6 weeks, Dr. Fountain will examine the socket to make sure it has healed properly and then refer you to a local ocularist who will begin the process of making your custom prosthetic or "false eye." Making the eye may take several weeks and multiple visits to the ocularist. Dr. Fountain will normally want to see you one more time to admire the way you look and feel with your new prosthesis. Ongoing care and follow up for the prosthesis will be determined by your ocularist.

WHAT ARE THE MAJOR RISKS OF THIS SURGERY?

Risks of eye removal include (but are not limited to) bleeding, infection and scarring. In addition, there can be problems with the implant that may rarely require additional surgery to correct. There may be additional costs if more surgery is needed or if revisions are required but this is extremely uncommon.

WHAT ARE THE ALTERNATIVES?

You may simply decide to live with the pain and associated problems that a blind and painful eye can cause. However, if you have a tumor in the eye, you may require other procedures such as chemotherapy or radiation to deal with the malignancy.

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

Eye removal can be performed under sedation with local anesthesia (injections around the eye), but is usually done under general anesthesia. Risks of anesthesia include but are not limited to damage to the surrounding tissues and structures, 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 eye removal surgery, and the costs associated with this surgery and future treatment. I feel that I am able to accept the risks involved.

I have been offered a copy of this document

I consent to (circle one) EVISCERATION ENUCLEATION

on the (circle one) Right Eye Left Eye

Patient: _____

Signature

Date