

INFORMED CONSENT FOR ORBITAL FRACTURE REPAIR **(“Eye socket bone repair”)**

WHY MIGHT I NEED REPAIR OF THE BROKEN BONES IN MY EYE SOCKET?

The bones of the eye socket are some of the thinnest bones in the body – even thinner than an eggshell in places. If the bones are broken and displaced (moved from their normal position), problems can arise. Some patients will develop permanent double vision after a fracture that is not repaired. If the fracture is large enough, some will develop a sunken eye appearance with the broken eye looking smaller. Many patients will get numbness in the lower lid and cheek after a fracture but this usually gets better even without surgery.

HOW IS THE SOCKET REPAIR DONE?

Repair of broken bones in 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 (usually inside the eyelid) are used to get to the fractures and delicate instruments are used to move the eye to one side and allow your doctor to see and repair the fracture. Often, a thin flat implant is placed over the fracture in the bone to cover the hole. This may be permanent or it may be dissolvable. Some implants have titanium in them, some are plastic and some are made of other material. Dr. Fountain will choose the type that she feels is best for your type of fracture.

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 trauma, 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 eye, 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. Your surgery may not achieve the desired result. 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 double vision or sunken eye and decide not to have surgery on your eye socket at this time. In some cases the 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 eye socket bone 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 orbital fracture repair surgery on: _____

Right Left side: _____

Other: _____

Patient _____

Patient (or person authorized to sign for patient)

Date