

CONSENT FORM FOR PTERYGIUM EXCISION

WHAT IS A PTERYGIUM?

A pterygium is a growth on the cornea (the clear front window of the eye) and the conjunctiva - the thin, filmy membrane that covers the white part of your eye (sclera). These growths are believed to be caused by dry eye, exposure to wind and dust and UV (ultra-violet) exposure. When large, these growths may block vision or cause blurry vision. Some, even if quite small, can cause redness, irritation and burning in an eye.

WHAT ARE TREATMENT ALTERNATIVES?

In many cases no treatment is needed. Sometimes eyedrops and ointments may be used to reduce inflammation (swelling). If the growth threatens sight or causes persistent discomfort, it can be removed. You should understand that despite proper surgical removal, the pterygium may return. If a pterygium returns, additional surgery may be necessary, particularly if there is persistent inflammation or progression of the new growth towards the center of vision.

HOW WILL REMOVING THE PTERYGIUM AFFECT MY VISION?

The goal of pterygium excision (removal) is to decrease irritation/inflammation, achieve a normal, smooth ocular surface, improve the decreased vision caused by the pterygium, and prevent regrowth, if possible. If the pterygium has affected vision, the surgery may reverse some of the vision loss. Often, your doctor will recommend removal of a pterygium if it is a threat to your vision. In such cases, the surgery may not improve the vision, but would be performed to prevent loss of impending vision that would occur from further growth.

WHAT IS MITOMYCIN-C?

Mitomycin-C (MMC) may be used during excision (removal) to minimize the recurrence of pterygium. MMC was first used as anti-cancer drug. Ophthalmologists use MMC for other purposes "off-label" as part of the practice of medicine. MMC was approved by the Food and Drug Administration (FDA) for the treatment of various types of cancer. Upon approval, the drug manufacturer produces a "label" that explains its use. Once a drug is approved by the FDA, physicians can use it for other purposes "off-label" as part of the practice of medicine if they are well-informed about the product, base its use on firm scientific method and sound medical evidence, and maintain records of its use and effects. The decision to use MMC is based on the evaluation of the advantages and potential disadvantages in each individual case.

WHAT IS AMNIOTIC MEMBRANE GRAFTING"?

When a pterygium is large, inflamed, recurrent, or for other indications, amniotic membrane grafts can be used to aid healing of the wound and reduce inflammation that can lead to recurrence. The amniotic membrane is the innermost layer of the placenta and enwraps the fetus during pregnancy. This membrane provides a foundation for cells to grow over for a smooth ocular surface. It may be used in selected cases for the management of both primary and recurrent pterygium to aid in rapid healing with reduced inflammation, scarring and

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unwanted blood vessel formation.

WHAT IS CONJUNCTIVAL TRANSPLANTATION?

Conjunctival transplantation moves a piece of your own conjunctiva (filmy white part of the eye) to the area where the pterygium is excised (removed). This technique may be used for the management of both primary and recurrent pterygium.

WHAT ARE THE RISKS OF PTERYGIUM EXCISION?

All operations and procedures are risky and can result in unsuccessful results, complications, and injury from both known and unknown causes. Complications that may occur days, weeks, or even months later include but are not limited to: poor vision; loss of corneal clarity; bleeding; infection; double vision and injury to parts of the eye and nearby structures from the procedure or anesthesia. In some cases (6-50%), the pterygium may grow back. You may need additional treatment or surgery to treat these complications.

In addition to the usual complications of pterygium excision, Mitomycin-C may cause blurred vision, worsened or loss of vision, ocular pain, ocular surface irritation, sensitivity to light, delayed healing, scleral or corneal melt with perforation, scarring of the conjunctiva or cornea, iritis, glaucoma, cataract, and possible need for further eye surgery.

PREGNANCY WARNING:

Pregnant patients should NOT undergo elective pterygium surgery. It is possible that the medications used during anesthesia and the eye medications used after the surgery could have adverse effects on a fetus. Women of child bearing potential should be certain they are not pregnant prior to corneal transplant surgery. For women at risk for pregnancy, a blood or urine pregnancy test must be obtained prior to the surgery.

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PATIENT NAME: _____

STATEMENT OF CONSENT AND VOLUNTARY PARTICIPATION:

By signing below, I agree that pterygium surgery, its advantages and disadvantages, risks and possible complications, as well as the treatment alternatives have been explained to me by my doctor. I recognize that it is impossible for my doctor to inform me of all complications and that no guarantee of the final result can be given. I have read this informed consent. My questions have been answered to my satisfaction. I understand and accept the risks and benefits of this surgery. I understand that the outcome of the surgery is not guaranteed.

I understand that post-operative follow-up appointments for ninety (90) days after surgery are included in the original surgery billing. After ninety (90) days, or if an office visit during that 90 day period is unrelated to the surgery, I and/or my insurance company will be billed and responsible for all charges.

**I willingly give my consent to undergo Pterygium surgery on my _____ (right/left) eye
_____ with/without Conjunctival Autograft and _____ with/without MMC and
_____ with/without Amniotic Membrane Grafting**

PATIENT'S SIGNATURE _____

LEGAL GUARDIAN'S SIGNATURE _____

WITNESS' SIGNATURE _____

DOCTOR'S SIGNATURE _____

DATE _____