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Informed Consent for Glaucoma Filtering Surgery

INDICATIONS, BENEFITS, AND ALTERNATIVES

Without treatment, glaucoma can cause progressive vision loss and blindness. However, glaucoma can sometimes be treated successfully with medications to lower the pressure in the eye. If medications are not effective, laser and other surgical procedures may be of value in controlling the pressure and preventing further vision loss. My doctor has informed me that an operation is necessary to help control the pressure in my eye(s). If the pressure remains too high it may result in blindness in my eye. **The purpose of the operation is to preserve my vision; any vision lost to glaucoma cannot be restored.** There is no assurance that the operation will control the pressure and other procedures, including more operations, may be essential.

COMPLICATIONS

Not every conceivable complication can be covered in this form but the following are examples of risk encountered with glaucoma surgery. These complications can occur days, weeks, months, or years after later. They can result in loss of vision or blindness.

- **Complications of anesthesia injections around the eye**
 - Perforation of eyeball
 - Needle damage to the optic nerve, which could destroy vision
 - Interference with circulation of the retina
 - Possible drooping of eyelid
 - Systemic effects that have the potential for life-threatening complications and death
- **Complications of the surgery**
 - Vision could be made worse or, in rare cases, totally lost
 - Early or late increase of pressure in eye (glaucoma)
 - Infection, early or much later
 - Abnormal collection of fluid in eye, necessitating a second operation
 - Bleeding in the eye
 - Chronic inflammation
 - Cataract in those cases where the cataract has been removed
 - Irritation or discomfort in the eye that may persist
 - Failure to achieve intent of surgery, necessitating a re-operation
 - In spite of surgery, vision could become worse from continuing degenerative changes in the eye

PATIENT CONSENT

In spite of the risks noted above, I understand that there is more risk to my vision if I do not have the operation than if I do. I have read and understand the consent form, I have had my questions answered, and I authorize my surgeon to proceed with the operation on my _____ (indicate “right” or “left” eye).

Patient (or person authorized to sign for the patient)

Date