

SELECTIVE LASER TRABECULOPLASTY (SLT)

Purpose and Indications: This treatment is for patients with open-angle glaucoma. The SLT procedure targets the trabecular meshwork, the eye's natural drainage system, to improve fluid outflow. The effectiveness of this laser surgery varies, depending on your specific type of glaucoma and the unique structures of your eye's drainage system. The results of this procedure cannot be predicted in advance.

Procedure: The SLT procedure is performed at the West Coast Glaucoma Centre and may require one or two visits. The laser, attached to an examination microscope, is quiet and emits a light flash milder than a camera flash. The procedure is typically painless and takes about 5 minutes. Please refer to the Info Pamphlet you received during the consultation for a more detailed outline of the procedure, potential complications, and what to expect.

Medications given during the procedure:

- **Pre-treatment:** An anti-glaucoma drop to prevent pressure spikes and a topical anesthetic drop will be administered before the procedure.
- **Post-treatment:** A steroidal anti-inflammatory drop will be prescribed, usually taken 4x/day for 3 days (though dosage may vary).
- **Ongoing Medication:** You are expected to continue your other glaucoma medications post-treatment unless your doctor advises otherwise.

Risks and Complications: While complications from SLT are rare, they can occur. Common immediate effects include temporary blurring of vision due to the gel used on the lens and light sensitivity for 24-48 hours. Determining the full impact on eye pressure (procedure effectiveness) may take several weeks, and additional laser sessions may be necessary if the initial response does not sufficiently control the pressure. The risk of permanent vision impairment, significant swelling or irritation from this procedure is extremely low.

In Case of a Complication: After the SLT procedure, it is normal to experience some light sensitivity, blurry vision, and soreness for 3-4 days. These are typical responses and should gradually improve without requiring special treatment.

However, if you experience significant pain, discharge from the eye, or swelling, these may be signs of a more serious complication. In such cases, please call our office immediately for advice and further instructions. If you cannot reach us outside office hours, go to the emergency room to ensure you receive prompt care.

Patient Consent: This form does not list every possible complication, and no guarantees have been made about the results of this surgery. By signing this form, I acknowledge that I have read and understood this information, my questions have been addressed, and I authorize my surgeon to proceed with the operation on my _____ (state "right" or "left") eye.

Patient (or person authorized to sign for patient)

Date