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**Consent for Glaucoma Surgery**

I, (The Patient), hereby voluntarily give my consent to undergo the procedure of

Right / Left / Both Eye(s) Glaucoma Surgery

to be performed by Dr. under local anaesthesia.

**OR**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_ , the father/ mother/ relative/ guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (The Patient), hereby voluntarily give my consent for the patient to undergo the procedure of Right / Left / Both Eye(s) Glaucoma Surgery

to be performed by Dr. under local anaesthesia.

**Possible risks and complications of glaucoma surgery and local anaesthesia**

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Must be read in conjunction with Notification for Glaucoma Surgery

**Signature for confirmation of having received the Notification mentioned above:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks:** The list of complications and risks is not exhaustive. Other unforeseen complications may occasionally

occur. The actual risks may be different for different individuals, death may occur as a result.

I (the undersigned) have read and fully understand the contents of this consent and Notification for Glaucoma

Surgery (Trabeculectomy). **All of the information and my related questions, including but not limited to the nature, purpose, risk and possible complications of this operation, were being explained and answered, and I totally understood.** I also consent to further or alternative operative measures as may be found to be necessary or advisable during the course of such Procedure. I understand that by necessity, medical practitioners other than the Doctor may assist in performing this operation. I totally accept all the contents of this consent and notification.

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Patient’s Signature

ID/Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Relative/Guardian’s

Name & Signature

ID/Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness

Witness’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (if any) – Staff Rank /

Relationship with Patient

Date: \_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yy)

**DOCTOR’S DECLARATION:** I have explained the nature, risks and benefits of the operation to the patient/

individual signed above and have answered their questions. To the best of my knowledge, the patient/ individual

signed above has been adequately informed and has consented, and the details as such had been documented in

the patient’s clinical record.

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Doctor’s Signature Doctor’s Name Date (dd/mm/yy)

Please contact your ophthalmologist for any enquiries.



**Notification for Glaucoma Surgery**

Glaucoma is a disease of the optic nerve. Progressive damage of the optic nerve will lead to irreversible reduction in visual acuity, visual field loss and blindness. Currently the main treatment of glaucoma is the reduction of intraocular pressure, which may help to slow down the progressive damage of the optic nerve.

When the desirable intraocular pressure cannot be achieved by medication alone, glaucoma surgery may be needed. The level of intraocular pressure is a result of the balance of fluid secretion and outflow inside the eyeball. Glaucoma surgery can lower the level of intraocular pressure by either diminishing the production of fluid inside the eye or by increase the out flow of fluid away from the eye. Usually, the intraocular pressure can be lowered by the surgery.

The surgery is proven to slow down or stop the deterioration of the disease, but vision is unlikely to be improved. In some circumstances, if the intraocular pressure cannot be controlled after the operation, additional topical or oral anti-glaucoma drugs may be required. If the imbalance of intraocular fluid secretion and outflow is still significant after the operation, you may need another operation to prevent further deterioration.

**The Procedure**

The procedure is usually performed under local anaesthesia. The doctor gives medications to numb the procedure site and you will remain awake, general anaesthesia may be used in special circumstances.

The followings are common surgical procedures to increase the drainage of intraocular fluid in the management of glaucoma patients:

**Possible risks and complications of this operation**

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Gapping of wound - Bleeding in the eye

Infection and inflammation of the eye - Chronic inflammation

Long term eye discomfort - Total loss of vision

Induced cataract formation or worsening of pre-existing cataract

Trapping of fluid inside the eye, necessitating further operations

Under- or over-drainage of the eye in the early stage after operation leading to blurred vision

Button-hole formation in the conjunctiva causing leaking of aqueous

Uncontrolled eyeball tension, necessitating further operations

With underlying degeneration in the eye resulting in deterioration of vision after operation

**Possible complications of anti-metabolites (5FU, MMC)**

- Damage of corneal epithelial cells - Thinning of the conjunctival covering of the drainage site

- Thinning of cornea - Low eyeball tension leading to macular disease

- Keratitis - Prolonged low eyeball tension

- Cataract formation - Vision deterioration

**Risks of anaesthesia**

Anaphylactic drug reactions, redness, swelling, pain, bleeding or infection at areas under

anaesthesia or injection sites may occur.

**Remarks:** The list of complications and risks is not exhaustive. Other unforeseen complications may occasionally occur. The actual

risks may be different for different individuals, death may occur as a result.

Please contact your ophthalmologist for any enquiries.

**Source of Information: Hospital Authority**

**Hong Kong Ophthalmologic Society**

Patient’s Signature: