| Consent Form For Excision Of Chalazion |             |               |   |                     |             |                    |            |  |
|--|-------------|---------------|---|---------------------|-------------|--------------------|------------|--|
| Patient Name                           | Reshma Siya |               |   | Emirates ID         |             | 784-6478-3648736-8 |            |  |
| File No                                | : 4         | DOB           |   | 1995-05-21          | Nationality |                    | Other      |  |
| Gender                                 | : Female    | Doctor's Name | : | Opthalmology Doctor | Date        |                    | 2024-02-16 |  |

NAME : Reshma Siya MR NUMBER : 4

## **EXCISION OF MULTIPLE CHALAZION**

## CONDITION AND PROPOSED TREATMENT

My ophthalmologist has evaluated me and diagnosed with a chalazion, which is a localized inflammatory response involving sebaceous glands of the eyelid that occurs when the gland duct is obstructed. A chalazion may resolve spontaneously or with warm compresses, lid scrubs, and lid massage. When there is no improvement, the chalazion may be incised and drained. After local anesthesia, a chalazion instrument is put in place and an incision is made in the inner aspect of the eyelid. The contents of the chalazion are then carefully drained with a curette followed by gentle pressure or heat to control any bleeding.

## **RISKS AND COPMLICATIONS:**

No procedure is entirely risk free. Adverse effects from incision and drainage of chalazion may include:

- 1. Infection Infections can be treated with topical or oral antibiotics
- 2. Bleeding Normally controlled with gentle pressure or heat cautery at the incision site.
- 3. Pain Minimal and resolves with healing of incision.
- 4. Recurrence Chalazion may recur if incomplete excision.
- 5. Loss of lashes in the involved area
- 6. Eyelid notching in the area of the inflammation .
- 7. Damage to the globe from the scalpel, needle used to inject the anesthetic, or cautery instrument.
- 8. Vision loss, including blindness.

## CONSENT FOR TREATMENT:

By signing below I acknowledge that I have read and understand the above and have had my questions answered by the surgeon to my satisfaction. I consent to the incision and drainage of the chalazion.

| Sign here, only if all of your questions have been answered to your satisfaction |  |  |  |  |  |
|--|--|--|--|--|--|
| Patient  | Doctor   |  |  |  |  |
|  |  |  |  |  |  |
| Patient Name<br>Reshma Siya  | Doctor Name<br>Opthalmology Doctor - Ophthalmology (Oph45) |  |  |  |  |
| Date<br>2024-02-16   | Date<br>2024-02-16   |  |  |  |  |

