| Consent Form For Blephrotomy And Draiange Of Abscess | | | | | | | | |
|--|-------------|---------------|---|---------------------|-------------|--------------------|------------|--|
| 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

CONSENT FORM FOR BLEPHROTOMY AND DRAIANGE OF ABSCESS

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 blepharotomy and drainage of the abscess.

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

