

Laser Procedure Note

Patient Name _____

Date _____

1. Pre procedure diagnosis

2. Procedure and Eye

_____ Eye: _____

3. Pre procedure topical medications administered (and time)

4. Vital signs

BP _____/_____ HR _____ Acuity – OD: _____ OS: _____

5. IOP: OD _____ OS _____ Method: _____ @ _____ AM/PM

6. Patient dilated

Yes / No (Tropicamide / Phenylephrine)

7. Miotic used

Yes / No (_____% Pilocarpine)

8. Summary of laser procedure

YAG	ARGON / GREEN	SLT
Energy (mJ):	Duration (sec):	Duration: 3nsec
Pulse Setting:	Spot Size (µm):	Spot Size: 400 µm
Applications (#):	Power (mW):	Energy (mJ):
Lens Used:	Applications (#):	Applications (#):
	Lens Used:	Lens Used:

9. Complications

10. Post-op medications instilled in office

11. Post-op IOP: OD _____ OS _____ Method: _____ @ _____ AM/PM

12. Post-op medications prescribed and follow up

REMOVE NOTE AND PUT ON LETTERHEAD

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Please review the form, modify it to fit your actual practice and **type of injection**, and place on your letterhead. Please offer the patient a copy of the form. The last page serves to verify that the surgeon has obtained informed consent from the patient; it can be copied and sent to the ambulatory surgery center if needed as verification of consent. This consent form is intended as a sample only and is provided as a risk management service. It is not intended to constitute a standard of care and should not be relied upon as a source for legal advice. If legal advice is desired or needed, an attorney should be consulted.

Version 4/6/2007

From www.omic.com

ARGON LASER TRABECULOPLASTY

SELECTIVE LASER TRABECULOPLASTY

Indications. The argon laser trabeculoplasty and selective laser trabeculoplasty surgeries are used for patients with open angle glaucoma. The laser is utilized to treat the drainage system of the eye known as the trabecular meshwork. Treating this area of the natural internal draining system is designed to improve the outflow of fluid from the eye. This type of laser surgery will be effective in some patients but not others. Your response is determined by the type of glaucoma you have and the specific structures found in your drainage system. Your doctor cannot predict how well the laser will work before the laser surgery.

Procedure. The procedure may be performed in one or two trips to the laser center. The laser machine is similar to the examination microscope that your doctor uses at each visit to look into your eyes. The laser itself makes little noise and flashes a light about as bright as the flash on a camera. Nearly all patients find the procedure comfortable and pain free. The procedure generally takes from 10 to 20 minutes.

Medications. You may need to use drops both before and after the laser treatment. As the pressure in the eye may temporarily go up after the laser treatment, you will likely need to have your pressure measured after one half to one hour following the laser surgery. If the pressure does elevate, you may need additional medicines to lower the pressure, which will be administered in the office. Rarely, the pressure in the eye could elevate to a level that might require surgery in the operating room to relieve the glaucoma. You will need to use drops after the laser to help the eye heal correctly. You will probably use the new drops for approximately one week. In most cases you will be asked to continue your other glaucoma medications after the laser surgery. The doctor will notify you if there are exceptions to continuing your medications.

Risks and complications. Glaucoma laser surgery may be followed by complications. Most patients notice some blurring of their vision after laser surgery. This generally clears within a few hours. The

chance of your vision being permanently affected by this laser is very, very small. Although rare and unusual, there may be bleeding within the eye, inflammation, cataract and increase in the pressure in the eye requiring different and more extensive treatment. It will take several weeks to determine how much of your eye pressure will be lowered with this treatment. You may require additional laser surgery to lower the pressure if you have a response but one that is insufficient to control the pressure.

Patient consent. Not every conceivable complication could be covered in this form and I understand that no warranty or guarantee has been made to me regarding the result of the proposed laser surgery. I have read and understand the consent form, my questions have been answered 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

PLACE LETTERHEAD HERE AND REMOVE NOTE ARGON LASER TRABECULOPLASTY

Note: This form is intended as a sample form of the information that you as the surgeon should personally discuss with the patient. Please review and modify to fit your actual practice. Give the patient a copy and send this form to the hospital or surgery center as verification that you have obtained informed consent.

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. Both medications and surgery are designed to do one of two things: 1) decrease the amount of fluid production in the eye from the cells that make the fluid, or 2) help the fluid flow out of the eye.

This is a laser surgery used for people with open-angle glaucoma. The laser is used to make a small burn on the drainage tissue of the eye. Hopefully, the laser burn will cause the drain to open and let more fluid leak out.

There are some individuals who respond well to this and others who do not respond at all to the therapy. Your response is determined by the type of glaucoma you have and the basic makeup of your eye. We usually cannot predict how well the laser will work.

The procedure can be done in one or two trips to the laser area. The laser machine looks similar to the examination microscope that the doctor uses at each visit to look at your eyes. The laser itself makes little noise and flashes a light about as bright as a flash on a camera. Almost everybody find the procedure comfortable and without pain. The procedure takes about ten to twenty minutes.

You may need drops before and after the laser. Most people need to have their pressure checked one hour after the laser. This is because the pressure in the eye can go up after the laser treatment. This is the greatest risk from this procedure. If the pressure does go up, you may require medications to lower the pressure, which will be administered in the office. Rarely, the pressure in the eye elevates to a very high pressure and does not come down. If this happens, you may require surgery in the operating room to lower the pressure. This is a most unusual event.

Most people notice some blurring in their vision after the laser. This clears within a few hours in most individuals. The chance of your vision being permanently affected from this laser is very, very small.

You will need to use drops after the laser to help the eye heal correctly. You will probably use the new drops for about one week. In most cases, you are asked to continue your other glaucoma medications after the laser procedure. The doctors will notify you if there is any exception to continuing your medications. How much your pressure drops requires several weeks to determine. You may require additional laser surgery to lower the pressure if it is not sufficiently lower after the first laser treatment.

Patient Signature (or Person Authorized to Sign for Patient)

Date

PLACE LETTERHEAD HERE AND REMOVE NOTE.

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NOTE: THIS FORM IS INTENDED AS A SAMPLE FORM. IT CONTAINS THE INFORMATION OMIC RECOMMENDS YOU AS THE SURGEON PERSONALLY DISCUSS WITH THE PATIENT. PLEASE REVIEW IT AND MODIFY TO FIT YOUR ACTUAL PRACTICE. GIVE THE PATIENT A COPY AND SEND THIS FORM TO THE HOSPITAL OR SURGERY CENTER AS VERIFICATION THAT YOU HAVE OBTAINED INFORMED CONSENT.

Version 12/1/2002

FROM www.omic.com

[ADDENDUM TO GENERAL CONSENT FORM FOR GLAUCOMA SURGERY]

LASER IRIDOTOMY

This is a laser surgery used for people with narrow-angle glaucoma. The laser is used to make a small hole in the iris (colored part of the eye). The laser burn should let more fluid leak out through the drain in the eye. Furthermore, it will hopefully prevent scar formation between the iris and cornea which can lead to progression of the glaucoma.

There are some individuals who respond well to this and others who do not respond at all to the surgery. Your response is determined by the type of narrow-angle glaucoma you have and the basic make-up of your eye.

The procedure can be done in one or two trips to the laser area. The laser machine looks similar to the examination microscope that the doctor uses to look at your eyes at each visit. The laser itself makes little noise and flashes a light about as bright as a flash on a camera. Almost everybody finds the procedure comfortable and without pain. Some individuals feel a little pressure during the laser. The procedure usually takes about ten to twenty minutes.

You may need drops before and after the laser. Most people will need to have their pressure checked one hour after the laser. This is because the pressure in the eye can go up after the laser treatment. This is the greatest risk for this procedure. If it does occur, you may require medications to lower the pressure, which will be administered in the office. Rarely, the pressure in the eye elevates to a very high pressure and does not come down. If this happens, you may require surgery in the operating room to lower the pressure. This is a most unusual event.

Most people notice some blurring in their vision after the laser. This clears within a few hours in most individuals. The chance of your vision being permanently affected from this laser procedure is very, very small.

You will need to use drops after the laser to help the eye heal correctly. You will probably use the new drops for about one week. In most cases, *you are asked to continue your other glaucoma medications after the laser procedure*. The doctors will notify you if there is any exception to continuing your medications.

Other risks from this procedure include inflammation in the eye, cataract formation, bleeding (usually a small amount but can be a large amount), double vision, scar formation between the iris and lens of the eye (synechia) that prevents the pupil from moving correctly, late closure of the iridotomy that requires repeat laser surgery to open the hole again, and (rarely) damage to the cornea or retina from the laser light. Most of these risks are somewhat decreased by having a skilled surgeon, but cannot always be prevented.

Patient (or person authorized to sign for patient)

Date

Witness

Date

PLACE LETTERHEAD HERE AND REMOVE NOTE. Version 5/6/06

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From www.omic.com

Consent Form for Incision and Drainage of Chalazion

Condition and Proposed Treatment

Your eye care provider has evaluated you and diagnosed you 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.

Alternatives to Surgery

1. Lid Hygiene – Warm compresses, lid massage and scrubs; may not improve chalazion if deep.
2. Steroid Injection – May require more than one injection. Can result in depigmentation of the eyelid, steroid deposits at the injection site, or in rare instances occlusion of retinal and choroidal blood vessels with possible loss of vision
3. No Treatment – I may choose no treatment and tolerate the chalazion.

Risks and Complications

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 on the _____ (state “upper” or “lower”) lid of my _____ (state “right” or “left”) eye.

Patient Name

Patient Signature

Date