

Informed Consent for Incision and Drainage for Chalazion

This information is given to you so that you can make an informed decision about having chalazion surgery. Take as much time as you wish to make your decision about signing this informed consent. You have the right to ask questions about any procedure before agreeing to have it.

A chalazion 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 clamp 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 to control any bleeding.

Alternatives to Surgery:

1. Lid Hygiene: Warm compresses, lid massage and scrubs may help.
2. Steroid Injection: May require more than one injection. Can result in depigmentation of the eyelid, steroid deposits at the injection site.
3. No treatment: I may choose no treatment and tolerate the chalazion.

Risks and Complications:

1. Bleeding: Normally controlled with gentle pressure or heat cautery.
2. Infection: Infection can occur if the site is not kept clean and antibiotic ointment not used daily. An infected area becomes reddened and sore to the touch. It may have purulent material on the incision site. It is treated with antibiotic ointment and possibly oral antibiotics.
3. Pain: Pain is usually minimal and controlled with oral pain meds.
4. Recurrence: May occur if the lesion is not completely removed.
5. Loss of eyelashes. This is rare and may occur if the lesion is at the lid margin.
6. Eyelid notching: This is rare and may occur if the lesion is at the lid margin.
7. Damage to the globe and vision loss from the scalpel, needle used to inject the anesthetic or cautery instrument: This is very rare and is prevented by placing the scleral shell in the eye prior to surgery.
8. Corneal Abrasion from the scleral shell: Usually heals in 24-48 hours. Treated with antibiotic ointment and oral pain meds if needed.
9. Wound dehiscence: Lid may heal well with no treatment. Sometimes another suture may be needed to close the wound.

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 also understand that these are the most common complications and not all the complications that can occur.

Signature of Patient

Date