

## **Consent for Ectropion Repair**

This information is given to you so that you can make an informed decision about having an Ectropion 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.

An Ectropion is a condition where the lid is lax and has rotated outward. The lid turns away from the globe causing irritation by not holding the tears against the eye. The lid becomes red as well as the eye.

The lid is injected with a local anesthetic. A scleral shell is placed into the eye for protection from sharp objects used in surgery. The lid is either shortened by detaching the lid from the orbital rim laterally and re-attaching OR by cutting a section out of the lid and sewing it back together. Bleeding is controlled with cautery. The lid is sewn together with absorbable sutures and non-absorbable sutures. The lid edge may be sewn with sutures that need to come out in 2 weeks. The scleral shell is removed and antibiotic ointment is placed in the eye.

### **Alternatives:**

1. Do nothing
2. Tape the lid up with surgical tape so it is in better position
3. Use lots of lubrication such as artificial tears and ointment

### **Risks and Complications:**

1. Bleeding: Normally controlled with gentle pressure or heat cautery.
2. Infection: Can occur if the site is not kept clean and antibiotic ointment not used daily. An infection 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 for the first 24 hours and can be controlled with oral pain medications.
4. Loss of eyelashes. This is rare.
5. Eyelid notching: This is rare and may occur if the lesion is at the lid margin.
6. 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.
7. Corneal Abrasion from the scleral shell: Usually heals in 24-48 hours. Treated with antibiotic ointment and oral pain meds.
8. Wound dehiscence: Lid may heal well with no treatment. Sometimes another suture may be needed to close the wound.

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10. Tearing: Many times the eye will tear as it is healing. It usually resolves with time.

**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. I consent to the above surgery.

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Signature of Patient

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Date