

## **Consent for Entropion**

This information is given to you so that you can make an informed decision about having an Entropion 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 Entropion is a condition where the lid becomes lax and turns in towards the eye. The lashes of the lid rub on the eye and cause redness, irritation and tearing. The condition is repaired by shortening the lid horizontally if needed and re-attachment of the muscles that hold the lid out.

The lid is injected with a local anesthetic. This is placed beneath the skin and between the lid and the globe in the inferior fornix. A scleral shell is placed in the eye for protection of sharp objects used during surgery. An incision is made below the lashes from the medial to lateral part of the eyelid. Cautery controls bleeding. The lid is shortened by removing a wedge of lid and the lid is sewn together again. The muscles that hold the lid out are then sewn to the lower border of the tarsus. Any excess skin is removed and the skin edges sewn together again. Some of the stitches are dissolvable and some are not. The non-dissolvable stitches are removed in 2 weeks. The scleral shell is removed and antibiotic ointment is placed in the eye and on the eyelid. The eye is not patched.

### **Alternatives:**

1. Do nothing
2. Use tape on the skin to keep the lid turned out ( usually not successful)
3. Use lot of lubrication such as artificial tears and ointment.

### **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 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 for the scleral shell: Usually heals in 24-48 hours. Treated with antibiotic ointment and Tylenol.

8. Wound dehiscence: Lid may heal well with no treatment. Sometimes another suture may be needed to close the wound.
9. Tearing: Many times the eye will tear as it is healing. It usually resolves with time.
10. Suture reaction: As the deep dissolvable sutures regress, sometimes the skin becomes irritated and sore. Warm compresses and time help to resolve this. It is not an infection.
11. Recurrence: Sometimes over years this problem has a tendency to recur. It usually requires another operation to resolve it.

**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