

Informed Consent for Ptosis Surgery Levator Resection

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

Ptosis is a condition where the lid is droopy and obstructing the vision. It can be congenital or acquired. Congenital Ptosis is the condition where the muscle never develops fully. Acquired is the condition where the muscle gets infiltrated with fat or becomes loose. Both conditions require the shortening of the muscle that holds up the lid.

The lid is marked. If any excess skin needs to be removed this is also marked. The skin is injected with local anesthetic. A scleral shell is placed in the eye for protection from sharp objects used in surgery. The incision is made in the skin. The muscle that holds up the lid is isolated from its attachments and advanced. Absorbable sutures are used to attach it to the tarsal plate. The excess is removed. The skin is then closed with an absorbable suture. The eyes are not patched shut after surgery. Antibiotic ointment is placed in the eye and on the incision site.

Alternatives:

Do nothing

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. Over-correction: The lid is too high and it is difficult to close. Usually with massage and time this corrects itself.
5. Under-correction: The lid is still too low and another procedure needs to be done to raise the lid further. Sometimes this can be done in the office, usually in the first two weeks.
6. Loss of eyelashes. This is rare.
7. Wound dehiscence: Lid may heal well with no treatment. Sometimes another suture may be needed to close the wound.

8. Suture reaction: Sometimes as a stitch dissolves the soft tissue around it becomes inflamed. The skin will become red and sore. This is not an infection. Warm compresses and time will resolve the issue.
9. Corneal Abrasion for the scleral shell: Usually heals in 24-48 hours. Treated with antibiotic ointment and Tylenol.
10. 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.

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.

Signature of Patient

Date