

Consent for Surgery

Introduction

This information is given to you so that you can make an informed decision about having an eye operation, before you sign the **INFORMED CONSENT DOCUMENT**. You have the right to ask any questions you might have about the operation before agreeing to undergo the surgery.

The Condition

Strabismus is a condition where the eyes are not straight (i.e. misaligned or squint). Surgery can be done on the eye muscles to straighten the eyes within certain defined limits.

The Procedure

1. A strabismus operation is a procedure where the eye muscles are repositioned to straighten the eyes. The muscles can be strengthened (or tightened), weakened or transposed to restore normality.
2. There are 6 muscles, which are attached to the outside of the eye, and they are responsible for eye movement. These muscles are reached by making an opening in the superficial membrane on the white of the eye.
3. The type of squint or misalignment will determine which of the muscles will be operated on.
4. The patient requiring such operation, or his/her guardian, shall further be informed of which muscle will be operated on as well as the implications of the operations, where such are not stated herein.

Anaesthesia and Operation

- The operation can be done on one or both eyes, as each specific case should warrant.
- The aim of treatment is to obtain the best visual field overlap of the two eyes to create the best opportunity of developing the optimum depth perception and maintain visual acuity.
- In adults, surgery is (will be / can be) aimed at correcting double vision.
- The eyes are never removed from the eye sockets to do the surgery.
- Absorbable sutures (i.e. stitches) will be used.



PLEASE NOTE: Strabismus surgery will not change amblyopia (lazy eye) and does not change the need for glasses.

After the Operation

- Your doctor will examine your/your child's eyes a few days after the operation and at specific intervals thereafter; the frequency of which will be determined by your doctor.
- You will be given eye drops and an ointment to be used in the operated eye(s) as well as a post-operative care instruction sheet, which will be fully explained. It will be your / the parent's or guardian's responsibility (in the case of a minor) to ensure that the post-operative care instructions are fully complied with in order to ensure proper healing and/or functioning of the eye(s).
- A certain amount of swelling, bleeding, pain, discomfort and mucus discharge is to be expected after surgery.
- Eye movements and eye position can take a few days or weeks to stabilize after the operation.
- If you are concerned about any signs or symptoms being experienced please email Dr Cullen at info@kidseyes.co.za or present yourself or your child to your nearest hospital casualty.

Risks and Possible Complications

Over and under corrections: Although the utmost care is taken to align the eyes as best as possible, a certain percentage of patients may need additional surgery. This will be determined on a case by case basis, where necessary.

Double vision: This can be found in adults and certain outwards deviations in children. It is usually temporary and may disappear in a week or two. In the event of persistent double vision, please email Dr Cullen at info@kidseyes.co.za

Eyelid swelling, redness and inflammation are to be expected.

Some blurriness of vision immediately after surgery is normal due to mucus on the surface of the eye. Should the described condition persist for longer than a couple of days please email Dr Cullen at info@kidseyes.co.za

Vision loss due to internal haemorrhage, retinal detachment, infection or change in blood supply can occur within the first 2 weeks, but this is extremely rare. (1 in 30 000)



Patients must note that each person is different, and may react differently to procedures. Therefore, it is not possible to list all possible complications. Should you be concerned with any occurring possible complication, please email Dr Cullen at info@kidseyes.co.za or present yourself or your child to your nearest hospital casualty.

Patient Consent

By signing this informed consent form as patient/parent/guardian, I declare that:

- I understand what the procedure entails.
- The doctor:
 - has explained to me what my/my child's eye condition is, and
 - has provided me with available treatment options.
- I have agreed to this particular procedure as outlined and explained.
- I was informed of my right to refuse treatment and the implications thereof.
- I have been informed of, and understand the benefits and risks of the procedure and accept that there are complications that exist with this surgical procedure as with any other surgical procedure.
- I have informed the doctor and personnel of all known allergies and previous eye and medical conditions.
- I have informed the doctor and personnel of all medications currently being taken.
- I am aware and accept that no guarantee about the results of the procedure have been made.
- I give the surgeon permission to do what he/she deems necessary in the case of a medical emergency or ocular emergency.
- I understand that the doctor may need to be assisted by a second doctor or trained staff member.
- I understand and agree that I have to ensure that the procedure is paid for in full, and that I am legally liable to pay for the full amount irrespective of whether my medical scheme pays for the procedure in full or in part.



- I have been given an estimation of the cost involved with regards to the procedure, which cost estimation I have accepted as such.
- I understand that I have responsibilities in relation to my/my child's healthcare and eye care. I understand what I/my child should and should not be doing before and after the procedure. I have received instructions and agree to follow them.
- I was given the opportunity by the doctor involved to ask any questions regarding the procedure, which questions have been answered to my satisfaction.
- I give this consent with a sober mind and judgement.
- I agree that the terms of this consent are fair, just and reasonable.

I exempt Dr Claire Cullen from liability arising from the negligence of any trained staff member or third party Doctor appointed to assist in the procedure.

- I understand that the exemption from liability shall not hamper with the Doctor's, trained staff's and third party Doctor's standard of professionalism and quality of the performance of the procedure.
- I was given sufficient time to read and consider the terms of this consent form.

I, _____
_____ (name and relation), hereby authorize Dr Claire Cullen to perform strabismus surgery on right/left /both eyes on myself/my child _____
(name).

Ophthalmologist	Date
Patient/Parent/Guardian	Date
Witness	Date

