



Pediatric Eyecare
of Western Colorado, P.C.

Deborah S. Lenahan, M.D.

INFORMED CONSENT FOR STRABISMUS SURGERY

PLEASE BRING THIS TO YOUR PRE-OP APPOINTMENT

The Procedure. Surgery to straighten the eyes is elective. The surgery is performed by taking the muscles which are on the outside of the eye off and re-sewing them to a new location, or shortening them. No laser surgery is used, and the eyes are NOT removed from the socket. Surgery is performed as an outpatient procedure usually about 1 – 2 hours with general anesthesia. You will have pain after surgery, generally requiring narcotic pain medications. You probably will not feel like returning to work for 3 days or possibly a week following the surgery. The sutures placed on the eye dissolve on their own. There is no cutting of the lids or skin of the face. All incisions are made on the white part of the eye(s).

Adjustable Suture. To help the surgeon fine tune the alignment of your eyes, an adjustable suture technique is sometimes used. Instead of tying a permanent knot in the suture, a bow tie knot is used at the time of surgery. After giving you time to recover from the anesthesia, you are seen in the afternoon at the clinic. The eye is patched during this time to protect the suture placement. Once in the clinic, the patch is removed and the surgeon re-measures any continued misalignment. If a slight adjustment is needed, the knot is untied and the suture is let out or taken up. Anesthetic eye drops are used to make you comfortable during this procedure. In many cases, no adjustment is needed and the suture knot is converted to a standard surgeon’s knot. No further patching is necessary after the adjustment. This process can take approximately 1 – 2 hours.

Double Vision. After eye muscle surgery you may have double vision. If you had double vision before your surgery, it may be different than it was before your surgery. This double vision may interfere with your ability to return to work. In most cases the double vision is gone after a few days or possibly a few weeks but can last longer in a small percentage of people. Surgery does not always get rid of the double vision in all directions of gaze. The primary goal of surgery is to give you single vision straight ahead for driving and in down gaze for reading. It is important to communicate your specific visual needs to the surgeon. If left with a small amount of misalignment and double vision after surgery, you may need glasses with a small amount of prism.

Limitations. The only limitation following your surgery is no swimming for two weeks. You may bath and shower as you normally would; avoid getting water and soap in your eyes.

Eye Drops. Eye drops are used for two weeks following surgery. The drops are a combination steroid and antibiotic. One drop is place in the operative eye four times a day. Often times lubricating eye drops help keep the eye comfortable if used in-between doses of the prescribed combination drop.

Risks. While every effort is made to correct the misalignment with one surgery, this is not always possible. You may not have a perfect outcome. Over corrections and under corrections may occur, and further surgery is possible if you experience an unsatisfactory outcome. The major risks of surgery include but are not limited to: blindness from infection or other causes, loss of vision, double vision, retinal detachment, hemorrhage, change in the blood supply to the eye, death or reaction to the anesthesia medications. Minor risks include: inflammation of the surface membrane, reaction to the sutures, pain, scar tissue, blurred vision, altered eyelid position, or the need for a different glasses prescription.

Occasionally a different, unsuspected condition may be found at the time of surgery requiring immediate attention, and you authorize the surgeon to do what she deems necessary. This is one reason we ask you to consent to surgery of both eyes. By signing below, I indicate that I have read and understand this consent form including potential risks of the surgery, and all my questions have been answered. I authorize my surgeon to proceed with surgery.

I CERTIFY THAT IF HAVE READ AND FULLY UNDERSTAND THE RISKS AND BENEFITS OF THE SURGERY AND WISH TO PROCEED.

Patient Signature and Printed Name

Date

Witness Signature

Date

Deborah S. Lenahan, M.D.

Date