

**INFORMED CONSENT FOR STRABISMUS SURGERY**  
**\*PLEASE BRING THIS TO YOUR CHILD'S**  
**PRE-OP APPOINTMENT\***

**The Procedure.** Surgery to straighten the eyes is elective. However, infants with crossed eyes need to have surgery within 4 months of the onset of crossing. Earlier surgery is recommended to attempt to achieve binocular fusion and normal depth perception. Surgery is performed for the amount of misalignment that remains with appropriate glasses, if needed. Eye muscle surgery will not change your child's visual acuity. If your child wears glasses, there may be a change in the prescription and they will likely continue to wear glasses after the surgery. 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 lasting about 1 – 2 hours with general anesthesia. Children generally have a minimal amount of pain that is treated with over the counter Tylenol or Motrin. 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). The eyes stay red for 2-4 weeks but usually there is no permanent scar. There are no eye patches associated with the surgery.

**Limitations.** The only limitation following your child's surgery is no swimming for two weeks. We also prefer the child not swim the day before surgery as this irritates the eyes and makes the surgery more difficult. They may bath and shower as they normally would, both before and after surgery, avoiding water and soap in the eyes.

**Eye Drops.** Depending upon your child's specific procedure, you may be given eye drops to use for two weeks following surgery. The drops are a combination steroid and antibiotic. One drop is placed in the operative eye four times a day.

**Risks.** While every effort is made to correct the misalignment with one surgery, this is not always possible. Over corrections and under corrections may occur, and further surgery is possible if an unsatisfactory outcome is experienced. The major risks of surgery include but are not limited to: blindness from infection or other causes, loss of vision, retinal detachment, hemorrhage, or change in the blood supply to the eye, death, or a 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 I HAVE READ AND FULLY UNDERSTAND THE RISKS AND BENEFITS OF THE SURGERY AND WISH TO PROCEED.**

\_\_\_\_\_  
Patient Printed Name Date \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardians Printed Name & Signature Date \_\_\_\_\_

\_\_\_\_\_  
Witness Signature Date \_\_\_\_\_

\_\_\_\_\_  
Deborah S. Lenahan, M.D. Date \_\_\_\_\_