

EYE MUSCLE SURGERY

Your doctor has determined that you, or a child for whom you are legally responsible, have an eye muscle disorder which requires surgical correction. This eye disorder may be the same as, or similar to, having crossed eyes. The operation consists of altering the length and position of the eye muscles.

Benefits of Surgery: Surgical correction is usually done for one or more of the following reasons: To restore the normal position of the eyes, to allow both eyes to work together as a team, to correct double vision, to relieve an abnormal head position, or to restore more normal movement of the eye.

Risks of Surgery: In most cases (80%) the results desired of the operation are obtained with one operation. In 20% of cases, the patient may not respond as expected to the surgery, so that after surgery the eye may cross in, out, or up or down. In these cases, additional eye muscle surgery may be beneficial. Possible frequent complications of surgery include infection, excessive bleeding inside or around the eye, scarring, double vision, a change in eyelid position, a cyst on the eye, persistent eye pain, or even possibly loss of vision. Rarely, some of these complications are permanent. At other times, additional treatment or surgery may be needed. Complications from anesthesia include nausea, vomiting, and very rarely, stroke, heart attack or death.

Alternative treatments: Some types of eye muscle disorders may be treated with eye exercises, eyeglasses, prism glasses, or injection of medicine into the eye muscles. Ask your eye doctor if these alternative treatments are appropriate for you.

Almost always, eye muscle surgery is considered elective, reconstructive surgery. If you choose not to have the surgery, most likely your eye muscle disorder will continue without much change over time.

If you have any questions or concerns about eye muscle surgery, please feel free to discuss these issues with your doctor.

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I CERTIFY: I have read or have had read to me the contents of this form. I understand the risks involved in the operation. All questions have been answered, and all blanks or statements requiring insertion or completion were filled in or crossed out before I signed.

DATE: _____ **SIGNED:** _____

(By patient or person legally authorized
to consent for patient)

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