



INFORMED CONSENT DOCUMENT FOR SURGERY TO TREAT LOWER EYELID RETRACTION

Mr/Mrs:.....age.....
(Name and surname)
residing at..... with the following National
Identification Number.....,
acting as
(Legal representative, relative or close person) (Name and surname of the patient)

DO HEREBY DECLARE:

That Doctor..... has explained to me that, in my situation, surgical treatment of lower eyelid retraction is recommended.

1.-This procedure aims to solve the clinical picture of eyelid retraction.

2.-The doctor warned me that the procedure requires anesthesia, whether local with or without sedation, or general.

3. - GENERAL DISPOSITIONS. Eyelid retraction may affect the upper or lower eyelid and have several causes, the most common of which are the following: hyperthyroidism, facial paralysis and skin aging with maxillary hypoplasia. It can lead to keratitis through and increased area of exposure, epiphora by irritation and / or alteration in evacuation pathway of the lacrimal drainage and cosmetic problems. Surgery is necessary to correct this problem.

Lower eyelid retraction is almost always corrected by interposing a graft between the eyelid retractor and the tarsus. This graft can be obtained from the patient, usually from the palate or using biocompatible synthetic material (Medpor, PTF) or biological material either from the patient (fascia lata), or a tissue bank (lyophilised sclera.)

Mild cases can be corrected with lateral canthoplasty.

I am also aware that there is a possibility that during surgery modifications may have to be made due to the operative findings, in order to give me the best treatment.

4. - RISKS/COMPLICATIONS. I understand that despite the proper choice of technique and its adequate performance, undesirable effects may occur, both the common ones deriving from any operation and that might affect all organs and systems, and others specific to the process: palpebral hematoma and / or facial lasting up to 2-3 weeks, wound infection that often requires taking antibiotics, unattractive and hypertrophic scarring, overcorrection or undercorrection, eyelid margin abnormalities, which may appear as irregularities or indentations, lagophthalmos (inability to close the eyelid), dry eye. The doctor has explained to me that these complications may require additional surgery in order to be corrected.

In case of using the patient's own tissue there is a risk of complications in the donor site: scars leading to poor cosmetic results, hematoma, infection.

When using tissues from a bank there is a possibility of transmission of infectious diseases (caused by viruses, bacteria or prions).

When using non-biological material there are risks of intolerance or foreign material infections, which may require removal.

There are other rare complications that may not be described or included in this text, which can be commented on by your ophthalmologist if you wish.

Other risks or complications arising from anesthesia, whether local or general, are important though rare, can occur such as an allergic reaction to the anesthetic, irreversible coma, central nervous system depression and even death from cardio-respiratory failure (statistically these complications occur in the proportion of one in 25,000 to 1 in 100,000 operations)

5. - The doctor has instructed me to carry out this technique prior preparation may be necessary,

sometimes with peculiarities such as

I also have noted the need to warn my doctor of any potential allergies to medications, coagulation problems, cardiopulmonary diseases, existence of prosthesis, pacemakers, current medicines or any other circumstances.

I am aware that my current health situation (diabetes, obesity, hypertension, anemia, old age) may increase the frequency or severity of risks and complications

By the very nature of my condition, prior ophthalmologic status, and related to the quality of my skin, evolution, due process or other diseases or previous surgery or intercurrent may increase the frequency of risks such as

6 – ALTERNATIVES. The doctor has explained to me that sometimes the use of botulinum toxin may be considered in order to weaken the levator muscle in the upper eyelid and cause a temporary descent of it. This effect is not always present and is in most cases transient (approximately three months).

7 - I HEREBY DECLARE that I have understood the information, which has been explained to me in clear and simple terms, and that I have been allowed to ask any questions that I considered appropriate to my case. The aforementioned surgery is one of the guidelines established in Ophthalmology for solving my problem and no known contraindications are present at this time. I am aware that there are no absolute guarantees that the result of surgery will be the most satisfactory, and that there is a possibility of failure to achieve the desired results.

At any time, without giving any explanation, I can revoke this consent.

I have been offered a copy of this document.

So clear that I am satisfied with the information received and to understand the scope and risks of treatment.

8 – I HEREBY AUTHORISE any filming or photography of the surgery for teaching purposes or scientific purposes, not identifying in any case the name of the patient or his family.

The participation in the surgery, as observers, of doctors in training or authorised personnel.

The tissues or samples obtained in my speech or my illness data can be used in scientific papers or research projects or teaching.

And in such conditions

I CONSENT

TO UNDERGO SURGICAL TREATMENT OF EYELID RETRACTION as well as the maneuvers or operations as needed during surgery

Given in Madrid on.....

Signed.: The / The Doctor Signed.: Signed Patient.: The legal representative, relative or close

REVOCATION

.....age.....

(Name and surname of the patient)

residing at with National Identification Number

.....

As patient/legal representative, relative or close person

I hereby revoke the consent granted on the date, and do not wish to continue the treatment, I give this date terminated.

In a of 2

Signed: The / The Doctor Signed: Signed Patient: The legal rte, relative or close