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Dr. _____ has discussed with me this procedure as briefly summarized here:

Glaucoma is a chronic disease causing optic nerve damage as a result of a fluid imbalance (intraocular pressure) in the eye as well as possible alterations in blood flow to the optic nerve. It is slowly progressive and nerve damage is irreversible. Left untreated, glaucoma usually causes a painless loss of eyesight. It is well established that lowering the intraocular pressure can slow the process of optic nerve damage. The degree of pressure lowering necessary to prevent optic nerve damage is different for each person and each eye. The greater the optic nerve damage, the lower the intraocular pressure must be to achieve stability and prevent further damage and vision loss.

The **purpose** of the proposed procedure is to improve the outflow of fluid from your eyes and therefore reduce the risk of future vision loss to glaucoma. After Goniotomy, many patients are able to better control their eye pressure with fewer medications.

The **nature** of the procedure involves incising through a portion of the drainage area of your eye, known as the trabecular meshwork to improve aqueous outflow. This surgery is usually performed in conjunction with cataract surgery.

Risks and possible consequences of the proposed procedure:

- Treatment may not accomplish the desired objective(s).
- Despite successful surgery, the eye may continue to be damaged by glaucoma.
- Treatment may result in an increase in intraocular pressure, or excessive lowering of intraocular pressure, infection, abnormal collection of fluid in the eye necessitating further surgery, bleeding in the eye, chronic inflammation, cataract or secondary cataract, retinal detachment, droopy eyelid, irritation or discomfort in the eye that may resolve or persist, and vision could be worsened by treatment..

I am aware that, in addition to the risks specifically described above, there are **other risks related to the performance of any surgical procedure**, such as infection, cardiopulmonary arrest, respiratory difficulties, injury to adjacent organs or structures, unanticipated allergic reaction to substances and pressure/position related injuries.

I have been advised of all reasonable **alternatives** to this treatment, including risks, probable effectiveness of each and the likely consequences of not having this proposed treatment. Alternatives to this treatment are: using eyedrops to control pressure, laser treatment(s), trabeculectomy or doing nothing.

I acknowledge that **no guarantees** have been made to me as to the results of the procedure(s) and I am also aware that complications and risks may occur despite precautions.

If, in the course of the above-noted procedure Dr. _____ deems it necessary or advisable to proceed differently than planned, I consent to the performance of unplanned procedure(s) in addition to or different from those described herein.

I consent to the administration of such anesthetics as Dr. _____ may consider appropriate. I understand that all types of anesthesia involve some risk.

I certify that I have read or have had the above information read to me and that I understand it. All of my questions have been answered to my satisfaction. I hereby give my informed and voluntary consent for Dr. _____ to perform Goniotomy surgery on my _____.

Patient Signature: _____ Witness Signature: _____

Date: _____