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

Pterygium (pronounced tur-IJ-ee-um) is a growth on the cornea (the clear front window of the eye) and the conjunctiva - the thin, filmy membrane that covers the white part of your eye (sclera). These growths are believed to be caused by dry eye, exposure to wind and dust and UV (ultra-violet) exposure.

The **purpose** of the proposed procedure is to remove the abnormal tissue when it is causing discomfort and/or impairment of vision and to prevent regrowth, if possible.

The **nature** of the procedure is to surgically separate the abnormal tissue from the normal tissue and remove the abnormality. If the pterygium is large, a tissue graft (amniotic membrane or conjunctival graft) may be placed to facilitate healing. The graft that will be used for reconstruction is: **amniotic membrane** **conjunctiva**.

Mitomycin-C (MMC) is approved by the FDA for treatment of cancer. Once a drug is approved, manufacturers produce a "label" explaining its use. Ophthalmologists are permitted to use MMC for other purposes. This is called an "off-label" use. Dr. _____ will determine whether use of MMC is likely to be beneficial in your case to minimize the regrowth of pterygium. The plan for my procedure is to **use** **not use** MMC.

Risks and possible consequences of the proposed procedure:

- Treatment may not accomplish the desired objective(s).
- Despite successful surgery, the pterygium may regrow and may necessitate additional surgery.
- 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, irritation or discomfort in the eye that may resolve or persist, and vision could be worsened by treatment or could continue to degenerate despite the treatment.
- Risks specific to the use of MMC are worsening or loss of vision, eye irritation or pain, light sensitivity, delayed healing, scleral or corneal melt with perforation, scarring, glaucoma, and cataract.

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 and ointments for swelling and discomfort, or doing nothing.

I acknowledge that **no guarantees** have been made to me as to the results of the procedure(s) and 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. The plan for my procedure is to use **retrobulbar** **topical** anesthesia.

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 Pterygium removal on my _____.

Patient Signature: _____ Witness Signature: _____

Date: _____

Patient Signature: _____ Witness Signature: _____

Date: _____