



## INFORMED CONSENT FOR TRABECULECTOMY

You have glaucoma. Glaucoma is a disease defined by optic nerve damage. The optic nerve connects the eye to the brain. The damage to the optic nerve in glaucoma is caused by fluid imbalance or pressure in the eye. Glaucoma slowly gets worse over time and cannot be reversed. If it is not treated, it causes a painless loss of eyesight. In some cases, it can lead to blindness.

**Alternatives (choices and options).** The best choices for glaucoma treatment are those that lower the eye pressure with the fewest risks to the patient's eyesight and overall health.

- Usually, eye drop medications or laser therapy are used first. Often, multiple medications are needed to get the desired pressure level.
- If medications and laser treatment do not work well enough, or if patients have trouble using eye drops because of cost, side effects, and other difficulties, then glaucoma surgery is required. There are many types of glaucoma surgery.
- You can decide to have no treatment. Without treatment, your glaucoma will get worse and you will lose more vision. You may even go blind.

**Your ophthalmologist recommends a trabeculectomy.** Your ophthalmologist will create a channel in the sclera (the white wall of the eye). This channel helps fluid leave the eye and lowers your eye pressure. The fluid collects in a structure called a bleb under your upper eyelid. The fluid in the bleb is then absorbed into your blood stream.

**Anti-scarring medication is used during the surgery to minimize scar formation.** In some patients, scar tissue can close the channel weeks or months after surgery. If that happens, the surgeon may recommend an injection of more anti-scarring medication, or a procedure called a bleb revision to restore the flow of fluid through the channel. Mitomycin-C (MMC), 5- Fluorouracil (SFU), and Avastin (bevacizumab) are the most commonly used anti-scarring medications. MMC is approved by the Food and Drug Administration (FDA) for use in eye surgery. SFU and Avastin were originally approved by the FDA for cancer treatment. However, physicians can use FDA-approved drugs for other purposes (this is called "off-label" use). These medications should not be used in women who are pregnant, planning to become pregnant, or nursing.

**Benefits (ways this surgery might help).** The goal of a trabeculectomy is to lower the pressure in your eye and help you keep the vision you have now. It will not bring back the vision you have already lost from glaucoma.

**Risks (problems this surgery can cause).** As with all surgery, there are risks with trabeculectomy. While the ophthalmologist cannot tell you about every risk, here are some of the most common or serious risks:

- Failure to control eye pressure, with the need for eye drops, laser treatment, or another surgery
- Abnormal collection of fluid in the eye, with the need for another surgery
- Worse or lost vision
- Pressure that is too low
- Damage to the eyeball
- Infection, soon after surgery or months or years later
- Bleeding in the eye
- Inflammation
- Cataract or clouding of the lens (except if you have already had cataract surgery or are having cataract surgery at the same time as this glaucoma surgery)
- Pain, irritation, or discomfort in the eye or surrounding tissue that may last
- Drooping of eyelid or double vision

- Problems during surgery that may need immediate treatment. Your surgeon may need to do more surgery right away or change your surgery to treat this problem.
- Other risks. There is no guarantee that the surgery will improve your vision. Surgery or anesthesia may make your vision worse, cause blindness, or even loss of an eye. These problems can appear weeks, months, or years after the surgery.
- Careful follow-up is required after surgery. After your eye heals, you will still need regular exams to monitor your glaucoma and watch for other eye problems.

**Trabeculectomy is performed under regional anesthesia.** Anesthetic medicine is injected around the eye to numb the eye and keep it from moving. The anesthesiologist, ophthalmologist, or nurse anesthetist may also give you intravenous sedation to help you relax.

- Risks of regional anesthesia include needle damage to the eyeball or optic nerve, which could cause vision loss; interference with circulation of the retina, which could cause vision loss; drooping of the eyelid; double vision; and bruising of the skin around the eyes.
- Sedation can cause heart and breathing problems. Very rarely, it can cause death.

**By signing below, you consent (agree) that:**

- You read this informed consent form or had it read to you.
- You were told you have glaucoma.
- Your questions about the procedure were answered.
- You consent to have the ophthalmologist perform a trabeculectomy on your RIGHT / LEFT / BOTH eye(s).

I understand the benefits and the additional risks of having trabeculectomy, and I wish to proceed with having the procedure. I also understand that this is a covered procedure and will be billed through my insurance company(ies), however, any remaining balance will be my responsibility.

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Patient name (printed)

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Patient Signature  
or Authorized Signature

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Date