INFORMED CONSENT FOR VITRECTOMY SURGERY

WHAT IS VITRECTOMY?

* Vitrectomy is the surgical removal of the vitreous gel from the middle of the eye.
* This procedure may be done for several reasons. To remove scar tissue membranes from the retinal surface to repair macular holes to repair retinal detachments, to remove vitreous haemorrhage, as well as other less frequent indications.
* Patients with diabetes are particularly prone to retina problems for which a vitrectomy may be recommended (to remove blood in the vitreous gel caused by abnormal vessel growth and vessel haemorrhage).
* During a vitrectomy, the surgeon inserts small instruments into the eye, cuts the vitreous gel, ad removes it by suction. After removing the vitreous gel, the surgeon may treat the retina with a laser (photocoagulation), cut or remove fibrous or scar tissue from the retina, flatten areas where the retina has become detached, or repair tears or holes in the retina or macular.
* At the end of the surgery, saline, air or a gas (perfluropropane), or silicone oil may be injected into the eye to replace the vitreous gel to restore normal pressure in the eye .

ALTERNATIVES TO THE SURGERY

* The available alternatives, some of which include pneumatic retinopexy or a scleral buckling procedure for those patients who have a retinal detachment. The potential benefits and risks of the proposed procedure, and the likely result without such treatment have been explained to me.

HOW WILL THE VITRECTOMY PROCEDURE AFFECT MY VISION AND/OR CONDITION

Vitrectomy has been shown to improve visual acuity in many people who have severe vitreous haemorrhage that has not cleared on its own. A vitrectomy can decrease the risk of severe bleeding complications in people who have begun to have bleeding into vitreous gel. It can also redce the risk of severe bleeding into the eye in people with growth of abnormal blood vessels in the iris. If the surgery is being done for a retinal detachment the visual result will depend on the extent of the detachment and absence of a secondary detachment later.

WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE ITS MAJOR RISKS?

* A vitrectomy is performed under local (injection) or anesthesia, with sedation. General anesthesia may be used instead in some cases a hospital stay overnight may be required.
* There are some risks associated with anesthesia, whether general or local. Complicatons of anesthesia injections around the eye may include; perforation of the eyeball, injury the optic nerve resulting in loss of vision, haemorrhage, retinal detachment, interference with retinal circulation resulting in possible vision loss, drooping of the upper eyelid, hypotension or lowering of the blood pressure, and respiratory depression. General anesthesia can result in heart and breathing problems, and in a very unusual and rare instances, death or diminished bran function can occur.

WHAT AR ETHE MAJOR RISKS OF VITRECTOMY SURGERY?

There is no guarantee that the surgery will improve your condition. Sometimes it doesn’t work. In addition, surgery is risky. Sometimes it can make the problem worse, cause an injury, or create a new problem; if it does, this is called a complication. Complications can happen right away or until days, months, or years later. You may need more treatment or surgery to complete the complications.

This document lists the major risks of vitrectomy surgery to help you decide whether you are ready to accept the risks. After vitrectomy surgery you may have vision loss, blindness, or loss of the eye, as well as bleeding, infections, and injury to the eye or nearby body parts. Other major risks can include:

* Retinal detachments that may require additional surgery or may be inoperable.
* Elevated eye pressure (glaucoma).
* Poorly healing or non-healing corneal defects.
* Corneal clouding and scarring
* Cataract, which might require eventual or immediate removal of the lens
* Double vision
* Eyelid droop
* Loss of circulation to vital tissues in the eye, resulting in decrease or loss of vision
* Phthisis (disfigurement and shrinkage of eyeball).

PATIENT’S ACCEPTANCE OF RISKS

I have read the above information (or it was read to me) and have discussed it with Dr. M D Saloojee.

I understand that that it is impossible for the physician to inform me of every possible complication that may occur. Dr M D Saloojee has told me that results cannot be guaranteed and that moe treatment or surgery may be necessary. By signing below, I agree that Dr M D Saloojee has answered all of my questions and that I understand and accept the risks, benefits, and alternatives of vitrectomy surgery. I have been offered a copy of this document.

I wish to have a operation on my

(state ‘’right’’ or ‘’left’’ eye).

Patient (or person authorized to sign for patient) Date:

Dr Mohamed Dawood Saloojee

Specialist Ophthalmologist

MBBCH FCS(SA)Ophthalmologist