



EYE PHYSICIANS OF NORTHAMPTON, P.C.
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INFORMED CONSENT FOR LASER IRIDOTOMY

Patient Name: _____ DOB: _____

You have narrow angles. The angle is the space between the clear cornea and colored iris in the front of the eye. The angle contains an internal drain that controls eye pressure. Eye pressure goes up if the angle is so narrow or crowded that it closes up. The rise in pressure can damage the optic nerve, which connects the eye to the brain. It can cause glaucoma and permanent loss of vision.

Your ophthalmologist recommends a laser iridotomy. The ophthalmologist uses a laser to create a small hole in your iris. This hole will release fluid from behind your iris which allows the angle to open. The goal of laser iridotomy is to lower your eye pressure and help you keep the vision you have now. It will not bring back vision you have already lost from glaucoma. You may need to keep taking your glaucoma medications. If you have narrow angles but don't have glaucoma yet, the surgery may prevent you from getting glaucoma. The alternative to a laser iridotomy is having no treatment for your narrow angles. If you don't get treatment, the eye pressure can rise and damage your optic nerve. You could lose all vision. You could also have severe pain.

Risks. Like all surgeries, there are risks with laser iridotomy. Your ophthalmologist cannot tell you all the risks. Here are some of the most common and serious ones:

- Occasionally, there is inflammation (redness and light sensitivity) that occurs during the first several days after the procedure. This is treated with additional eye drops to be used for several days after the laser treatment.
- On rare occasions, the pressure will rise in the operative eye for a short time after the laser treatment. The pressure will be measured during the early post-operative period and additional medication will be used if needed.
- The opening made in the iris may close over time, requiring additional or repeat treatment.
- Glare, halos, ghost images, blurry vision, light sensitivity, or other visual disturbances which may be permanent.
- Other possible risks, include a change in pupil size or shape, which may be permanent, loss of vision, bleeding in the eye, need for additional surgery, pain, irritation, or discomfort in or around the eye that may last, or problems during surgery that need immediate treatment.

By signing below I authorize **my physician** to perform LASER IRIDOTOMY on my **RIGHT / LEFT (circle)** eye. I understand the information in this consent form and that regular follow-up is required after surgery.

Signature of Patient (or authorized person) Date/Time

Signature of Witness Date/Time

Signature of Surgeon Date/Time