

CONSENT FOR LASER RETINOPEXY OD/ OS

Your eye has a condition that Dr. Sedgewick has determined will benefit from a laser procedure called laser retinopexy. In this procedure, your eye will be numbed with a drop and a large contact lens will be placed on your eye. The argon laser will then be used to make tiny burn marks around the effected area of the peripheral retina. The laser will be used for about 5-8 minutes. The laser will attempt to seal the retina around the hole in order to avoid the hole turning into a detached retina.

What happens if we do not do the retinopexy?:

-A detached retina can develop which often results in complete blindness unless surgery, often in an operating room, is performed.

What are the side effects of the laser retinopexy?:

-An inflammatory membrane can rarely form over your retina's vision area resulting in reduced visual acuity.

-The large contact lens placed on your eye can result in temporary irritation to the cornea. Some people can return to work within 2 hours of a retinopexy while others can be irritated enough to require 24 to 48 hours to return to normal activities. You should have someone drive you on the day of the procedure. Most of the discomfort due to laser retinopexy is due to the fluid used to keep the contact lens on the eye. Minor "pinching" discomfort can be experienced while the laser is being used.

-If you suddenly move during the procedure, you may move your eye enough so that the laser may burn your central vision area of the retina resulting in permanent vision loss. This has not happened to Dr. Sedgewick in over 300 retinal laser procedures that he has performed since 1997.

- The retinopexy may not seal the retina down enough and you may still get a detached retina.

Are there any alternatives?:

- We can watch your retina closely rather than performing the Laser Retinopexy. There is a chance that between visits to my office, your retina may become detached and require surgery in an operating room. Permanent vision loss is a very real possibility in this case.

I agree to have the Laser Retinopexy performed.

I do not agree to have the Laser Retinopexy performed.

Patient or guardian

Date

Witness

Date