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INFORMED CONSENT FOR CONJUNCTIVO-DACRYOCYSTORHINOSTOMY (C-DCR) ("Tear drain bypass surgery")

WHAT CAUSES THE NEED FOR C-DCR SURGERY?

Because of age, injury, or inflammation (from certain eye drops or chemotherapeutic agents) the channels that move tears between the eye and nose becomes scarred. Tears may then back up and run down the cheeks and many patients also complain of a gooey discharge and eye irritation.

HOW IS C-DCR SURGERY PERFORMED?

In a conjunctivo-dacryocystorhinostomy (C-DCR), a clear glass tube (Jones tube) is inserted near the inside corner of the affected eye. The Jones tube maintains an open channel between the eye and nose. It is through the Jones tube that tears exit the eye and drain into the nose. The Jones tube is permanent but occasionally requires cleaning and/or repositioning. The goal of surgery is to eliminate tearing, discharge, and irritation, as well as reduce the risk of infection.

HOW WILL C-DCR SURGERY AFFECT MY VISION OR APPEARANCE?

A C-DCR will not directly affect your vision though many people see better after surgery because they no longer have tearing or discharge from the eye. If an incision has been made on your skin, a small scar will be created.

WHAT ARE THE MAJOR RISKS OF C-DCR SURGERY?

Risks of C-DCR include but are not limited to bleeding, infection, and scarring. In addition, the Jones tube may need repositioning or changing; this happens in less than 10% of all cases, and may require additional surgery to correct. There are additional costs if the surgery needs to be repeated or if revisions are required.

WHAT ARE THE ALTERNATIVES?

You may decide to live with the tearing, discharge, and irritation that a blocked tear duct can cause. However, if you have had an infection, your surgeon will likely advise surgery to prevent future infections, since these can, in rare circumstances, lead to vision loss. If your tear duct is completely blocked, there is no other surgery, injection, or medicine available to treat this condition. If your tear duct is partially blocked, a balloon can be inflated and/or tubes placed to enlarge the duct and keep it open.

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

C-DCRs can be performed under sedation with local anesthesia (injections around the nose and eye), or under general anesthesia. Risks of anesthesia include but are not limited to damage to the eye and surrounding tissues and structures, loss of vision, breathing problems, and, in extremely rare circumstances, stroke or death.

PATIENT'S ACCEPTANCE OF RISKS

I have read the above information and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed and that adjustments and more surgery may be necessary, which can result in additional costs. By signing below, I agree that my physician has answered all of my questions and that I understand and accept the risks, benefits, and alternatives of C-DCR surgery, and understand the costs involved.

I consent to C-DCR surgery on:

_____ Right eye _____ Left eye _____ Both eyes

Patient (or person authorized to sign for patient) Date

Printed Name of Patient (or person authorized to sign for patient)