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## Consent Form for Excision of Eyelid Lesion(s)

### *WHAT CAUSES THE NEED FOR BENIGN EYELID LESION EXCISION?*

Benign means harmless or non-cancerous. There are many types of bumps that grow on the eyelids. These bumps may cause concern because they are unsightly, irritating, growing/changing, or interfering with vision. Rarely, a harmless appearing lesion can be, or become, a cancer.

### *HOW IS BENIGN EYELID LESION EXCISION PERFORMED?*

After local anesthesia (injection of numbing medicine), the visible portion of the eyelid lesion will be carefully removed. Unless the eyelid lesion is large, stitches are generally not necessary. Occasionally a pressure patch may be applied and worn for short period of time.

If a lesion has suspicious features during examination or removal, the lesion may be sent to a pathologist to determine the type of lesion and whether further treatment is necessary.

### *WHAT ARE THE MAJOR RISKS OF EYELID LESION EXCISION?*

No procedure is entirely risk free. Adverse effects from eyelid lesion excision may include:

1. Infection - Infections can be treated with topical or oral antibiotics
2. Bleeding - Normally controlled with gentle pressure or heat cautery at the incision site
3. Pain - Minimal and resolves with healing of the incision
4. Recurrence - Eyelid lesions can recur
5. Loss of eyelashes in the involved area
6. Eyelid notching in the area of eyelid lesion removal
7. Damage to the globe from the needle used to inject the anesthetic or instruments used during lesion removal
8. Vision loss, including blindness

### *WHAT ARE THE ALTERNATIVES?*

It is possible to do nothing and live with the eyelid lesion(s).

### *CONSENT FOR TREATMENT*

By signing below I acknowledge that I have read and understand the above, and have had my questions answered by the surgeon to my satisfaction. I consent to the benign eyelid lesion excision on the \_\_\_\_\_ (state "upper," "lower" or "both") eyelid of my \_\_\_\_\_ (state "right," "left" or "both") eye.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date