



Deer Eye Clinic
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Strabismus Surgery

Strabismus is when eyes look in two directions. While one eye is focused straight ahead, your other eye is misaligned---meaning that this eye turns in, out, up, or down. Strabismus can be constant or intermittent (comes and goes).

Here are common and medical names for some types of strabismus:

- Crossed eyes, or esotropia
- Out-turned eyes, or exotropia
- One eye is higher than the other, vertical misalignment or hypertropia
- One eye is lower than the other, vertical misalignment or hypotropia

Strabismus can affect people of all ages. Some children are born with crossed eyes. Other children get strabismus later on. Adults may have had strabismus since they were young or get strabismus later in life because of an illness or injury.

Strabismus may be treated, no matter why it happened or how old you are. Without treatment, strabismus can lead to vision problems such as:

- Loss of binocular vision or stereopsis. This is when your two eyes do not work well enough together to provide depth perception (seeing how far away things are).
- Loss of central vision (ability to see clearly), also known as lazy eye or amblyopia. This occurs in young children.
- Limits in peripheral vision (trouble seeing objects at the side).
- Double vision (seeing two of the same image).

There are 3 common treatments for strabismus: 1) eyeglasses, 2) eyeglasses with a prism (that helps line up how you see images), and 3) surgery. Your doctor will recommend one or more of these treatments based on your type of strabismus. For all treatments, the goals are to:

- Correct problems leading to decreased vision. For children, it is best to start treatment early. This helps prevent amblyopia (lost or decreased central vision).
- Straighten or realign the eyes. This is done by surgery. The surgeon will tighten or loosen eye muscles outside your eye. The surgeon will not work inside your eye or remove the eye from its socket.

The goal of strabismus surgery is to straighten or align both eyes so that they can work better together. Strabismus surgery can also help in other ways:

- Some people are more comfortable with their appearance when their eyes look in the same direction.
- For adults and children, strabismus surgery may improve depth perception and increase field of vision (seeing straight ahead and to the sides)

- After surgery, many patients report that they feel good about themselves, can communicate better with others, have more work options, and are better able to read and drive.

As with all surgery, there are risks (problems that can happen) with strabismus surgery. While the eye surgeon cannot tell you about every risk, here are some of the most common or serious:

- **Surgery may not help strabismus.** Some patients still have some strabismus even after surgery. For instance, your eye may be misaligned the same way or now look in a different direction. You may need prism glasses to help with these problems even after surgery. How much strabismus remains depends on how long you have had strabismus, if you have had strabismus surgery before, how well your body heals, whether you have eye disease, if you take other medicines, and if you have other health problems.
- **Need for more surgery.** Each person's brain needs time to adjust to seeing with the eyes in a new position. It takes at least 2 months to know whether strabismus surgery helped align your eyes. Some people need more than one surgery to correct misalignment.
- **Allergic reaction.** You might be allergic to a medicine or item used during the surgery.
- **Problems from local or general anesthesia.** While anesthesia problems are rare, they can happen. Local anesthesia can cause vision loss, bleeding, or a detached retina (when the retina at the back of your eye pulls away from where was attached). General anesthesia can cause heart or breathing problems, brain damage, and death.

Strabismus surgery can also cause vision and eye problems. These include:

- **Vision loss.** After surgery you can have vision loss from bleeding, a detached retina (when the retina at the back of your eye pulls away from where was attached), or an infection.
- **Double vision** (seeing 2 of the same image). Many people have double vision for at least a while after strabismus surgery. This happens because the brain needs time to adapt to seeing with your eyes in a new position. For young children, double vision often goes away in a few days. For young adults, double vision may last 4 or more weeks. For older adults, it can take weeks or months for double vision to go away. Some people find that their double vision lasts even longer, goes away and comes back, or is always a problem. Many people learn to ignore this second image. Others find it helps to wear prism glasses.
- **Continued misalignment.** Your eyes might not be straight even after surgery.
- **Altered eyelid position.** The upper or lower eyelid of one eye may be at a different height than the other eye.
- **Limited eye movements.** It might hard to move your eye.
- **Scar tissue.** This may make it hard for your eye to fully move in some directions. If you need another strabismus surgery, scar tissue might make it harder for the ophthalmologist to line up your eyes. Your eye could stay red. You might not like how your eye looks.
- **Infection.** Some people get an infection in or around the eye after surgery. Most infections are mild and can be treated with antibiotics. A severe infection could cause vision loss or even loss of the eye.
- **Hemorrhage or bleeding.** While rare, you may have severe bleeding in and around your eye. This could injure your eye or cause vision loss.
- **Temporary eye problems** that last for up to 4 weeks. These can include corneal abrasion (a scratch on the eye's surface) and conjunctivitis (redness on the eye's surface).
- **Eye ache and pain.** Most pain from surgery goes away in 1 or 2 days. Call your eye surgeon right away if you have severe pain or if your pain lasts for 3 or more days.

Consent. By signing below, you consent (agree) that:

- You read this informed consent form, or someone read it to you.
- You understand the information in this informed consent form.
- The eye surgeon or staff offered you a copy of this informed consent form.
- You are aware that you may need more than one surgery to treat strabismus.
- The eye surgeon or staff answered all your questions about strabismus surgery.

I consent to have strabismus surgery on:

_____ **my right eye**

_____ **my left eye**

_____ **both eyes**

Patient (or person authorized to sign for patient)

Date

Witness

Date

Patient's Rights

You have the right to:

- Ask to see and get a copy of your health records.
- Have corrections added to your health information.
- Receive a notice that tells you how your health information may be used and shared.
- Decide if you want to give your permission before your health information can be used or shared for certain purposes, such as marketing.
- Get a report on when and why your health information was shared for certain purposes.
- If you believe your rights are being denied or your health information isn't being protected you can: File a complaint with your provider or health insurer, or file a complaint with the U.S. Government. You also have the right to ask your provider or health insurer questions about your rights. You can also learn more about your rights, including how to file a complaint from the website at www.hhs.gov/ocr/hipaa or by calling 1-866-627-7748

A patient's **Statement of Rights** is established with the expectation that the observance of these rights will contribute to more effective patient care and greater satisfaction of the patient, his family, his physician, and the facility caring for the patient. These written policies shall be established and made available to the patient, his family, and the public. Such policies shall have the following rights without regards to age, race, sex, national origin, religion, or physical handicap.

That the patient will receive the care necessary to help regain or maintain his maximum state of health and if necessary cope with death. The Facility personnel who care for the patient are qualified through education and experience to perform the services for which they are responsible. The patient will be treated with consideration, respect and full recognition of individuality, including privacy in treatment and in care. The patient is provided to the extent know by the physician, complete information regarding diagnosis, treatment, and the progress. If medically inadvisable to disclose the patient such information, the information is given to a person designated by the patient or to a legally authorized individual. Within the limits of the facility service policy, the patient and family will be instructed in appropriate care techniques.

That the patient or responsible person will be fully informed of services available in the facility, provisions for after-hours and emergency care and related fees for services rendered. Information will be given to the patient on a timely basis. Financial incentive will be made available to patients upon request. That the patient will be a participant in decisions regarding his/her care plant. That the patient will have the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal. The patient will be requested to sign a release of responsibility form and if refused a registered letter will be sent. When the patient is not legally responsible, the surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on the patient's behalf. That plans will be made with the patient and family so that continuing services will be available to the patient throughout the period of need. The plans should be timely and involve the use of all appropriate personnel and community resources. The facility personnel will keep adequate records and will treat with confidence all personal matters that relate to the patient. The patient has the right to be notified, and approve and/or refuse the release of protected health information (PHI) to any individual outside the facility, except when this information is used to facilitate health care procedures for their treatment, as required by law or a third party payment contract. That the patient has the right to be informed of any human experimentation or other research/educational projects affecting his/her care or treatment and to refuse participation in such experimentation or research. Ethical principles guide the business practices of the center. The center will provide for and welcome the expression of grievances/complaints and suggestion by the patient or the patient's family at all times. The patient has a right to have an advance directive, such as a living will or healthcare proxy. These documents express the patient's choices about future care or name someone to decide if the patient cannot speak for him or herself. The patient who has an advance care directive should provide a copy to the center and to their physician for their wishes to be made known and honored. Upon request, the organization helps patients formulate medical advance directives or refers them for assistance. The patient has a right to be fully informed before any transfer to another facility or organization. The patient has a responsibility to observe prescribed rules of the center for their stay and treatment and that the patient forfeits the right to care at the center if printed instructions are not followed. The patient is responsible for promptly fulfilling his or her

financial obligations to the center, and the right to request information on billing practices. Every attempt will be made to contact the patient prior to their scheduled procedure to advise them of the financial responsibility. The patient has a responsibility for being considerate of other patients and personnel and for assisting in the control of noise, smoking, and the number of visitors. The patient has the right to accept medical care or to refuse treatment, to the extent permitted by law, and to be informed of the medical consequences of such refusal. The patient also has the responsibility for his/her action should he/she refuse treatment or does not follow the physician or center instructions. The patient is responsible for reporting whether he/she clearly understands the planned course of treatment and what is expected of him/her. Impairments may include but are not limited to vision, speech, hearing, or cognitive impairments. If interpretive services are required, those necessary will be provided to assure an understanding of the planned course of treatment. The patient is responsible for keeping appointments and when unable to do so for any reason, must notify the center and physician.

The patient care rendered reflects consideration of the patient as an individual with personal value and belief systems that affect his/her attitude toward and response for the care provided by the center. Patients are allowed to express those spiritual beliefs and cultural practices that do not harm others or interfere with the planned course of medical therapy for the patient. The patient of the patient's designated representative to participate in the consideration of ethical issues that arise in the care of the patient. The patient has the right to be free from mental, physical, sexual, and verbal abuse, neglect, and exploitation.

The patient has the right to pain management. The patient will be provided the name of the physician or other practitioner primarily responsible for their care, treatment, and services and the name of the physician or other practitioner primarily responsible for their care, treatment, and services. Decisions regarding the provision of ongoing care, treatment, services, discharge, or transfer are based on the assessed needs of the patient, regardless of the recommendations of any internal or external review. The organization will inform the patient or surrogate decision maker about the unanticipated outcomes of care, treatment, or services that relate to sentinel events considered reviewable to accrediting organizations. The patient has a right to report complaints to the Arkansas Department of Health, www.healthyarkansas.com, 501-661-2201, 5800 West 10th, Suite 400, Little Rock, AR 72204 and/or to Medicare www.cms.hhs.gov/center/ombudsman.asp or 1-800-Medicare, Office of Inspector General, PO Box 23489, Washington, DC 20026, without regard to retaliatory retribution.

Introduction to Your Arkansas Advance Directive

It is the policy of the Surgery Center that advanced directives will not be honored as all scheduled procedures are elective in nature. Therefore every effort will be made to sustain life. However, and Advanced Directive form will be provided if requested, as required by law.

1. The **Arkansas Declaration** is your state's living will. It allows you to state your wishes about medical care in the event that you either: (1) develop a terminal condition and are unable to make your own medical decision; or (2) you are in a permanently unconscious state. The Declaration becomes effective when you are in either of these states, your doctor and one other doctor has determined you are in such a state, and the Declaration has been communicated to your Doctor. The Declaration lets you name a Health Care Proxy to make decisions about your medical care- including decisions about life support- if you become terminally ill or permanently unconscious.
2. The **Arkansas Durable Power of Attorney for Healthcare** lets you name someone to make decisions about your medical care any time you lose the ability to make medical decisions for yourself. Note: These documents will be legally binding only if the person completing them is a competent adult (at least 18 years old).

Physician Interest- Your physician may have a financial interest in the center. Information will be provided at your request.

Patient's Signature

Date