

Dr. A. Crichton  
102, 49 Richard Way S.W.  
Calgary, Alberta T3E 7M8  
403-245-3730, fax 403-245-1058

## **GLAUCOMA SURGERY**

### **PLEASE READ CAREFULLY BEFORE SURGERY**

#### **Before Surgery**

##### **Medical:**

-A medical must be done by your family doctor **about 1 month or as soon as possible before surgery; medicals are valid for 3 months assuming no health changes.**

-Please bring the enclosed medical form to your doctor to complete at your appointment

-If you **fail** to have your medical done, your surgery will be postponed.

##### **Drops:**

-Continue your drops as usual until you arrive at surgery.

-Instructions for additional surgery drops are enclosed.

#### **Surgery:**

##### **Date:**

##### **Arrival time:**

\_\_\_\_\_ am/pm (walk in door time)

**-Total length of time there is approximately 2 hours, from** start to finish. You are not allowed to drive yourself home (taxi is acceptable provided no sedation is given)

##### **Location:**

**Holy Cross Surgical Services**

Suite 315, 2210 2 Street SW, Calgary, AB T2S 3C1

**Location may change, to be confirmed 1 week prior**

##### **Parking:**

**Free 3 hour** parking available in upper parking lot. You cannot drive yourself home from surgery (taxi is acceptable provided no sedation is given)

# **IMPORTANT GLAUCOMA SURGERY INSTRUCTIONS**

## **BEFORE SURGERY**

- If you are on Coumadin, please ensure you have your INR checked approximately 5 - 7 business days prior to surgery.
- **Do not have any solid food or milk products after midnight before surgery, this includes gum or candy. Do not drink any alcoholic beverages for 24 hrs before surgery.**
- **You may drink up to 1 cup clear fluids 4 hours before surgery (e.g. tea or coffee with NO dairy/sugar added, apple juice, water, clear broth, jello).**
- Your operation may be cancelled due to acute medical conditions (e.g. severe cold). If in doubt, contact your surgeon's office prior to surgery.
- Take all your medications as normal before surgery with sips of water -take any medications that should be taken with food after surgery
- If you use glaucoma drops in the surgery eye, take them the morning of surgery. After surgery, Dr. Crichton will instruct you on the use of your eye drops. A prescription is enclosed with instructions regarding additional drops required for surgery.

## **THE DAY OF SURGERY**

- It is recommended to have someone accompany you to and from surgery. Please make your own arrangements. Mild sedation is an option at the surgery center provided someone will be with you the entire day of surgery
- Please bring your **Alberta Health Card and Identification**
- Wear loose comfortable clothing. Nothing tight or constricting.
- Please do not wear jewelry or makeup. If you wear contact lenses, please remove them before surgery.
- You will check in at Holy Cross Surgical Services reception area. There is a waiting room if your driver needs to wait.
- They may have you sign a consent form and then take you to the back to see the anesthetist. He/she will administer either the anesthetic drops or the local anesthetic, which will freeze the whole side of your face.
- Once the anesthetic has taken effect, you will walk to the surgical suite where Dr. Crichton will do your surgery.
- You will lie on a surgical bed while covered with a sterile surgical drape. The surgery itself takes about 20-45 minutes and you will be awake for the whole procedure.
- Dr. Crichton will put bandages and a shield over your eye after surgery

## **AFTER SURGERY**

- Leave your eye patch on overnight and the next day until your appointment with Dr. Crichton. Do not remove the patch to take any eye drops.
- Go home & rest. Resting quietly the day of surgery is recommended
- **You will have a 1 day follow-up appointment at Dr. Crichton's office (#102, 49 Richard Way SW).** Further appointments will depend on healing but will likely be quite frequent for several weeks
- You may experience numbness of your face, eye and head for up to 6 hours after surgery.
- If you experience discomfort, you may take Tylenol as recommended (do not take aspirin as this will increase the risk of bleeding)
- If you experience severe pain, call the office at 403-245-3730 during daytime hours. After hours, to receive telephone advice, call Calgary Health Link at 811. For an emergency, go to the hospital emergency department (Rockyview Hospital in Calgary).
- You may eat regular meals following surgery.
- **DISCONTINUE GLAUCOMA DROPS/PILLS FOR YOUR SURGERY EYE ONLY AND USE YOUR POST-OPERATIVE DROPS UNLESS OTHERWISE ADVISED.** Continue any drops you take for your non-surgery eye as normal.

## **POST-OPERATIVE ADVICE FOLLOWING SURGERY**

- If you have any questions about your eyes, please call the office.
- Wear eye shield at night for 2 weeks. Tape the shield to face with medical tape or fix the eye shield with elastic (e.g. like a pirate patch).
- Your wound is healing and it will not be firm enough to stand too much pressure for about six weeks.
- Avoid all dirty/dusty environments, stooping, straining, lifting and vigorous activities for at least two weeks. It is impossible to list all the activities you should avoid. Try and sleep propped up for 5 days after surgery.
- Avoid closing the eyes tightly. Never rub or touch the eye. Take care when washing face, avoid getting water or soap in the eye.
- If there is a lot of discharge from the eye upon waking, wipe off the lids with moist cotton, but avoid exerting pressure on the eye, particularly the upper lid. If there is any sticky, colored discharge continuing during day, call the office.
- Wash your hands thoroughly before and after putting in eye drops.
- You may have the feeling of something in the eye due to the incision, but do not close the eye tightly. This feeling may persist for a few weeks, artificial tears may help provide some relief.

## PRE-SURGERY MEDICAL FORM

**PLEASE RETURN WITHIN 3 WEEKS BEFORE SURGERY**

**(Form is valid for 3 months provided no changes)**

Dear Dr. \_\_\_\_\_,

Your patient has been scheduled to have surgery at: Holy Cross Surgical Services

Please provide a complete history and physical examination on this form and **fax as soon as possible**  
to: **DR. CRICHTON** **Fax 403-245-1058**

Patient's Name \_\_\_\_\_ Date of Surgery \_\_\_\_\_

Diagnosis: GLAUCOMA Procedure \_\_\_\_\_

---

### HISTORY OF PRESENT ILLNESS

---

Past Medical Hx -

**Medication List:**

Recent Steroid use-

Drug Allergies-

Previous Surgery-

Anesthetic Problems-

-  
-  
-  
-  
-

---

Functional Inquiries (Systems Inventory)	No	Yes
--	----	-----

Cardiovascular	___	___
----------------	-----	-----

Respiratory/Smoking	___	___
---------------------	-----	-----

Hepatic	___	___
---------	-----	-----

Renal	___	___
-------	-----	-----

Nervous System	___	___
----------------	-----	-----

Endocrine	___	___
-----------	-----	-----

Musculoskeletal System	___	___
------------------------	-----	-----

Blood or Coagulation Disorders	___	___
--------------------------------	-----	-----

---

Pulse	BP	Weight	Height (approx.)
-------	----	--------	------------------

	Normal	Abnormal	If Abnormal give details:
--	--------	----------	---------------------------

EENT	_____	_____	
------	-------	-------	--

Cardiovascular	_____	_____	
----------------	-------	-------	--

Respiratory	_____	_____	
-------------	-------	-------	--

Abdominal	_____	_____	
-----------	-------	-------	--

Nervous System	_____	_____	
----------------	-------	-------	--

Musculoskeletal	_____	_____	
-----------------	-------	-------	--

Other (Specify) \_\_\_\_\_

FIT FOR SURGERY? YES \_\_\_\_\_ NO \_\_\_\_\_

Date \_\_\_\_\_ Dr. Name \_\_\_\_\_ Office Fax # \_\_\_\_\_

<p>Dr. Andrew Crichton, M.D. F.R.C.S. Eye Physician and Surgeon Dr. Bryce Ford, M.D. F.R.C.S. Eye Physician and Surgeon Phone: 403-245-3730 Fax: 403-245-1058</p>
---

## **Informed Consent for Glaucoma Surgery (Trabeculectomy/Glaucoma Drainage Device/GATT) and Use of Anti-Metabolites**

### **INDICATIONS, BENEFITS, AND ALTERNATIVES**

Your doctor has diagnosed you with glaucoma and informed you that if it is left untreated, it is very likely that you will experience vision loss and possible blindness. Glaucoma can sometimes be treated successfully with medications to lower the pressure in the eye. If medications are not effective, laser and other surgical procedures may be of value in controlling the pressure and preventing further vision loss. Both medications and surgery are designed to lower the intraocular pressure (IOP) in your eye(s).

Your doctor has informed you that a glaucoma operation (trabeculectomy, Ahmed or Baerveldt tube or a Gonio Assisted Transluminal Trabeculotomy) is necessary to help control the pressure in your eye. If this pressure remains too high, your optic nerve can become damaged, leading to vision loss and eventual blindness. These procedures allow your ophthalmologist to create a new and/or improved drainage channel for the eye. When successful, these procedures will lower the pressure in your eye, minimizing the risk of further vision loss from glaucoma. The purpose of these operations is to control the pressure and preserve vision; any vision lost to glaucoma cannot be restored.

The Trabeculectomy involves making an incision in the white part of the eye in such a way that it allows fluid from the eye to flow into a filtering area called a bleb. The bleb appears like a bubble or blister and is mostly hidden under the eyelid. An anti-metabolite medication, generally Mitomycin or 5-Fluorouracil, is applied with this procedure to decrease the risk of scarring, which could result in surgery failure.

Glaucoma drainage devices (Ahmed or Baerveldt) are tubes attached to very small plates containing a valve system that are implanted into the eye. A small piece of donor eye tissue is used to cover the part of the device that would otherwise be left exposed.

A Gonioscopy Assisted Trans Luminal Trabeculotomy, or GATT, involves running a suture completely through the naturally existing drainage canal to improve outflow.

### **USE OF ANTI-METABOLITE MEDICATIONS**

These agents, applied during or after the surgery, reduce the growth of scar tissue, a common cause of failure in glaucoma surgery. Mitomycin-C and 5-Fluorouracil were originally approved for the treatment of various types of cancer. Upon approval, the drug manufacturer produces a "label" that explains its use. Once a drug is approved, physicians can use it for other purposes "off-label" as part of the practice of medicine if they are well-informed about the product, base its use on firm scientific method and sound medical evidence, and maintain records of its use and effects.

## **COMPLICATIONS**

As with any surgical procedure, there are risks associated with glaucoma surgery. For instance, there is always the possibility that the surgery will not help to control your eye pressure. Eye drops or more procedures may be needed. Not every conceivable complication can be covered in this form but the following are examples of risks encountered with glaucoma filtering surgery. These complications can occur days, weeks, months, or years after. They can result in loss of vision or blindness. Careful follow-up is required after surgery. After your eye heals you will still need regular eye exams to monitor your pressure and to watch for other eye problems.

### **Risks of the surgery and use of anti-metabolites (either early or late in healing)**

- Failure to control eye pressure, with the need for another operation
- Vision could be made worse or, in rare cases, totally lost
- Early or late increase of pressure in eye (glaucoma)
- Pressure that is too low (hypotony)
- Unintended corneal and/or scleral damage, ie. thinning, perforation
- Infection, early or much later
- Abnormal collection of fluid in eye requiring a second operation
- Bleeding in the eye
- Chronic inflammation
- Cataract except in those cases where the cataract has been removed
- Irritation or discomfort in the eye that may persist
- In spite of surgery, vision could become worse from continuing degenerative changes in the eye

### **Risks specific to anesthesia injections around the eye**

- Perforation of eyeball
- Needle damage to the optic nerve, which could destroy vision
- Interference with circulation of the retina
- Possible drooping of eyelid
- Systemic effects causing life-threatening complications and death

## **PATIENT'S ACCEPTANCE OF RISKS**

I understand that it is impossible for the doctor to inform me of every possible complication that may occur. By signing below, I agree that my doctor has answered all of my questions, and that I understand and accept the risks, benefits, and alternatives of glaucoma surgery. I authorize my surgeon to use anti-metabolite medication if needed.

I authorize Dr. Crichton/Dr. Ford to proceed with the Trabeculectomy/Glaucoma Drainage Device/GATT procedure on my RIGHT/LEFT eye. (circle which doctor, procedure and eye)

---

Patient (or representative) Print name and Signature

---

Date