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Informed consent for Glaucoma Implant Surgery

- **Ahmed Glaucoma Valve**
- **Baerveldt Drainage Implant**
- **Ex-Press Mini Shunt**

Glaucoma is a disease defined by optic nerve damage. The optic nerve connects the eye to the brain. Fluid imbalance or eye pressure problems damage the optic nerve. Glaucoma slowly gets worse over time and cannot be reversed. If it is not treated, it causes a painless loss of eyesight. In some cases, it can lead to blindness.

Alternatives (choices and options). The best choices for glaucoma treatment are those that lower the eye pressure with the fewest risks to the patient's eyesight and overall health.

- Usually, eye drop medications or laser therapy are used first. Often, multiple medications are needed to get the desired pressure level.
- If medications and laser treatment do not work well enough, or if patients have trouble using eye drops because of cost, side effects, and other difficulties, then glaucoma surgery is required. There are many types of glaucoma surgery.
- You can decide to have no treatment. Without treatment, your glaucoma will get worse and you will lose more vision. You may even go blind.

Glaucoma Implant Surgery is incisional surgery on the eye with glaucoma in which a device is placed in the eye permanently to help drain the aqueous humor out of the eye in order to lower the intraocular pressure.

Benefits (how this surgery might help). The purpose of the surgery is to lower your eye pressure and help you keep the vision that you have now. It will not bring back the vision you have already lost from glaucoma.

(Anti-scarring medication is sometimes used at the time of surgery to keep scar tissue from forming. Scar tissue can also block the stent after surgery. Mitomycin-C (MMC) is the most commonly used anti-scarring medication for glaucoma surgery. MMC is approved by the Food

and Drug Administration (FDA) for use in eye surgery. This medication should not be used in women who are pregnant, planning to become pregnant or nursing.)

Risks (problems glaucoma surgery can cause). As with all surgery, there are risks with glaucoma surgery. While the ophthalmologist cannot tell you about every risk, here are some of the most common and serious ones:

- Failure to control eye pressure, with the need for eye drops, laser treatment, or additional surgery
- Abnormal collection of fluid in the eye, with the need for another operation.
- Scar tissue that blocks the channel.
- Worse or lost vision
- Pressure that is too low
- Damage to the eyeball from the surgery
- Damage to the eyeball from the anesthesia
- Erosion of the implant material
- Infection, soon after surgery or months or years later
- Bleeding in the eye
- Inflammation
- Mechanical problem with an implant requiring removal or repositioning
- Cataract or clouding of the lens (except if you have already had cataract surgery or if you are having cataract surgery at the same time as the glaucoma surgery)
- Pain, irritation, or discomfort in the eye or surrounding tissues that may last
- Drooping of the eyelid
- Clouding of the cornea
- Double vision
- Problems during surgery that need immediate treatment. Your surgeon may need to do more surgery right away or change your surgery to treat this new problem.
- Other risks. There is no guarantee that the surgery will improve your vision. The surgery or anesthesia might make your vision worse, cause blindness, or even loss of an eye. These problems can appear weeks, months, or even years after surgery.
- Careful follow-up is required after surgery. After your eye heals, you will still need regular eye exams to monitor your glaucoma and watch for other problems.