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Consent Form for Incision and Drainage of Chalazion

Condition and Proposed Treatment

Your ophthalmologist has evaluated you and diagnosed you with a chalazion, which is a localized inflammatory response involving sebaceous glands of the eyelid that occurs when the gland duct is obstructed. A chalazion may resolve spontaneously or with warm compresses, lid scrubs, and lid massage. When there is no improvement, the chalazion may be incised and drained. After local anesthesia, a chalazion instrument is put in place and an incision is made in the inner aspect of the eyelid. The contents of the chalazion are then carefully drained with a curette followed by gentle pressure or heat to control any bleeding.

Alternatives to Surgery

1. Lid Hygiene – Warm compresses, lid massage and scrubs; may not improve chalazion if deep.
2. Steroid Injection – May require more than one injection. Can result in depigmentation of the eyelid, steroid deposits at the injection site, or in rare instances occlusion of retinal and choroidal blood vessels with possible loss of vision
3. No Treatment – I may choose no treatment and tolerate the chalazion.

Risks and Complications

No procedure is entirely risk free. Adverse effects from incision and drainage of chalazion 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 incision.
4. Recurrence – Chalazion may recur if incomplete excision.
5. Loss of lashes in the involved area
6. Eyelid notching in the area of the inflammation

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 incision and drainage of the chalazion on the _____(state "upper" or "lower") lid of my _____ (state "right" or "left") eye.

_____   _____   _____

Patient Name   Patient Signature   Date