

The Center for Eye Care & Cosmetic Surgery, MC
Diseases and Surgery of the Eye, Lids, Orbit, and Lacrimal System
Facial Aesthetic Surgery
Raghunand C. Sastry, M.D.

175 Jackson Ave., Suite 205
San Jose, CA. 95116

Phone: (408) 272-2100 Fax: (408) 259-4946

Consent for Laser treatment for Glaucoma

I hereby authorize Dr. Sastry to perform an Argon laser trabeculoplasty on my _____ eye. I understand that the purpose of this procedure is to apply laser spots to the drainage angle of my eye to cause a decrease in my eye pressure. Most of the time, this treatment leads to a reduction in the pressure of the eye; however, I understand that in up to 1/3 of certain cases, this treatment does not help to lower the intraocular pressure (fluid pressure in the eye).

I understand that I will still need to use glaucoma medications and there is a small chance that I may need to increase my glaucoma medications. This treatment does not eliminate the possibility of future surgery for glaucoma. There is a chance that inflammation within my eye may require additional eye medications. There may be some discomfort with the treatment and following the treatment; however, this usually goes away as the eye heals. As with any operation, there is a chance that the beneficial effect of the laser may "wear off" with time, and it may need to be repeated.

I understand the nature of the procedure, alternatives, and the risks. All of my questions concerning this particular laser treatment for glaucoma have been answered to my satisfaction.

Patient name (print)

Patient Signature

Witness

Date of treatment