

Kevin C. Leonard BSc, MSc, MD, FRCSC

Eye Physician and Surgeon
Professional Corporation

Phone 613.342.9756 | Fax 613.342.1119
309 Park St, Suite 108 | Brockville, ON K6V 6E5

INFORMED CONSENT FOR YAG PERIPHERAL IRIDOTOMY

This is a laser surgery used for people with, or at risk for, narrow-angle glaucoma. The laser is used to make a small hole in the iris (colored part of the eye). This hole should let more fluid flow out through the drainage part of the eye which helps to maintain a normal pressure in the eye. Furthermore, it will help to prevent scar formation between the iris and cornea which can lead to progression of the glaucoma.

Most individuals respond well to this, while others may require additional interventions to help manage their problem. Your response is determined by the type of narrow-angle glaucoma you have and the basic make-up of your eye. Even in cases where more work is required this is an important first step.

Topical freezing drops are used for the procedure and a contact lens is placed on the eye to focus the laser beam. There is no pain and it takes less than 3 minutes. Most people notice some blurring in their vision after the laser which usually clears within a few hours. The eye may be slightly red, irritated or light sensitive for a short time after the procedure. You will need to use drops for a few days to help minimize inflammation. There is no restriction on physical activity or use of the eye after the procedure, and no eye patch is required.

Risks from this procedure include increased eye pressure, inflammation in the eye, cataract formation, bleeding, double vision, scar formation between the iris and lens of the eye (synechia) that prevents the pupil from moving correctly, late closure of the iridotomy that requires repeat laser surgery to open the hole again, and (rarely) damage to the cornea or retina from the laser light. These risks are rare (< 1%).

THE ALTERNATE TREATMENTS AND THEIR RISKS AND BENEFITS
HAVE BEEN EXPLAINED TO MY SATISFACTION. I HEREBY GIVE MY
INFORMED CONSENT FOR A PERIPHERAL IRIDOTOMY.

Patient (or person authorized to sign for patient)

Date

Surgeon (Dr. K Leonard)