

SELECTIVE LASER TRABECULOPLASTY (SLT) - INFORMED CONSENT

SLT is used to lower eye pressure. The laser is utilized to treat the drainage system of the eye known as the trabecular meshwork. Treating this natural internal draining system is designed to improve the outflow of fluid from the eye. SLT will be effective in some patients but not others. Your response is determined by the type of glaucoma you have and the specific structures found in your drainage system. Dr. Harvey cannot predict how well the laser will work beforehand.

PROCEDURE

SLT may be performed in one or two sessions, and generally takes less than 5 minutes. The laser makes little noise and flashes a light about as bright as the flash on a camera. Nearly all patients find the procedure comfortable and pain free.

MEDICATIONS

You may need to use drops both before and after treatment. Pressure in the eye may temporarily go up after treatment. If the pressure does elevate, you may need additional medicines to lower the pressure, which will be administered in the office. Rarely, the pressure in the eye could elevate to a level that may require surgery in the operating room to relieve the glaucoma. You may need to use drops afterwards to help the eye heal correctly. The doctor will monitor and advise you on continuing use of your previous medications after SLT.

RISKS AND COMPLICATIONS

Any laser procedure has risks and the potential for complications. Most patients notice some blurring of their vision after laser surgery. This generally clears within a few hours. The chance of your vision being permanently affected by this laser is very, very small. Although rare and unusual, there may be bleeding within the eye, inflammation, cataract and increase in the pressure in the eye requiring different and more extensive treatment. It will take several weeks to determine how much your eye pressure will be lowered with treatment. You may require additional laser surgery to lower the pressure further if you have a response but it is insufficient to control the eye pressure.

CONSENT

By signing below, you agree that:

- You read this informed consent, or someone read it to you.
- You understand the information, including the risks, benefits and alternatives to surgery.
- Dr. Harvey and/or his staff offered you a copy of this informed consent form.
- Dr. Harvey and/or his staff answered your questions about SLT surgery.

I consent to have SLT surgery in my

RIGHT eye

LEFT eye

BOTH eyes.

Signature _____ Date _____ Witness _____