

## CHALAZION REMOVAL - INFORMED CONSENT

A Chalazion 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 wet compresses, lid scrubs and lid massage. When there is no improvement, the Chalazion may be incised and drained.

### PROCEDURE

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.

### MEDICATIONS

Topical antibiotics and anti-inflammatories are often used.

### ALTERNATIVES

Prior to incising a Chalazion, patients often change their lid hygiene routines to include warm compresses, lid massage and scrubs; however, if the Chalazion is deep, there may not be any signs of improvement. Another alternative is a steroid injection. With this alternative, more than one injection may be required and the 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. Finally, patients can choose no treatment and tolerate the Chalazion.

### RISKS AND COMPLICATIONS

No procedure is entirely risk free. Upon occasion, patients may experience bleeding which is normally controlled with gentle pressure or heat cautery at the incision site, a minimal amount of pain that resolves with healing of incision, or an infection which can be treated with topical or oral antibiotics. Risks include recurrence of the Chalazion, loss of lashes, eyelid notching in the area of the inflammation, damage to the globe from the scalpel, needle used to inject the anesthetic, or cautery instrument, and potential vision loss, including blindness.

### 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 the procedure.
- 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 the Chalazion removal procedure.

I consent to have a Chalazion removed from my                      **RIGHT eye**                      **LEFT eye**                      **BOTH eyes.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_