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INFORMED CONSENT FOR SELECTIVE LASER TRABECULOPLASTY (SLT)

INDICATIONS

Selective laser trabeculoplasty treatment is used for patients with open angle glaucoma. The laser is utilized to treat the drainage system of the eye known as the trabecular meshwork. Treating this area of the natural internal draining system is designed to improve the outflow of fluid from the eye. This type of laser surgery 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. Chu cannot predict how well the laser will work before the laser surgery.

PROCEDURE

The procedure may be performed in one or two trips to the office. The laser machine is similar to the examination microscope that the ophthalmologist uses at each visit to look into your eyes. The laser itself 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. The procedure generally takes about 5 minutes.

MEDICATIONS

You may need to use drops both before and after the laser treatment. Drops will be applied before the procedure to both numb the eye and to keep the pressure normal immediately after the treatment. You will need to use drops after the laser to help the eye heal correctly. You will probably use the new drops for approximately one week. If you use glaucoma medication(s) now, you will continue these after the laser procedure in the same way as before. Dr. Chu will notify you if there are exceptions to continuing your medications.

RISKS AND COMPLICATIONS

Glaucoma laser treatment may be followed by 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 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 of your eye pressure will be lowered with this treatment. You may require additional laser treatment to lower the pressure if you have a response but one that is insufficient to control the pressure.

PATIENT CONSENT

Not every conceivable complication could be covered in this form and I understand that no warranty or guarantee has been made to me regarding the result of the proposed laser treatment. I have read and understand the consent form, my questions have been answered and I authorize Dr. Chu to proceed with the operation on my eye.

Right or Left eye

Patient Signature(or person authorized to sign for patient)

Date