

Request for Treatment Non-Dissolvable Silicone Punctal Plugs

I _____(print name) was evaluated by the doctor and have been previously informed that I have Ocular Surface Disease due to Dry Eye Syndrome. As a result, the doctor has recommended canalicular occlusion with non-dissolvable silicone punctal plugs.

Risks and Complications:

Non-dissolvable silicone plugs may cause tearing or watery eyes and while uncommon, irritation, infection, or allergic reaction may occur. If any of these complications arise, the plug may be removed using forceps to remove the plug from the punctum.

Possibility of Success:

Having responded favorably to testing, I realize that I probably will benefit from placement of non-dissolvable silicone punctal plugs. However, I realize that neither my response to the test, the doctor, nor the staff can guarantee the success of this treatment. It is not recommended to rub the eyes or lids after the silicone plugs have been inserted. They may become dislodged or fall out of the lid and be lost. The office is not responsible for replacing plugs that are displaced or lost.

Alternatives:

I may choose to use eye drops and decongestants to temporarily relieve the symptoms I am experiencing. However, these methods fail to treat the cause of the problem and require repeated use.

I may choose to do nothing for my condition. If left untreated, I understand that my symptoms probably will continue and might even get worse (tear production is reduced with age). Mild Dry Eye Syndrome may result in irritation of the eye. Severe Dry Eye syndrome can result in the loss of vision or the entire eye.

Argon laser and electrocautery are surgical procedures that may cause damage to tissue. These may be difficult to reverse should complications arise (irritation, infection, or watery or tearing eyes).

Informed Consent:

I have discussed and been encouraged to discuss my condition with the doctor. I have had all my questions answered. I understand my condition and the benefits and drawbacks of punctal occlusion using non-dissolvable silicone punctal plugs. I hereby request silicone plugs be placed in my tear drainage ducts to treat my dry eye condition. I will document my response to this treatment and, upon any eventual change in my condition, notify my doctor for evaluation and corrective action.

Patient _____

Date _____

Doctor _____

Date _____