



**89 Sylvania Drive  
 Southern Ohio Medical Park  
 Dayton, Ohio 45440  
 (937) 320-2020**

Patient Acct.#

**INFORMATION AND CONSENT FOR SURGICAL CORRECTION  
 OF STRABISMUS (Misaligned Eyes)**

Our goal is to improve your strabismus and double vision as much as possible, especially for looking straight ahead, but also in down gaze, for reading and in side gaze. We are successful in the large majority of cases. Although we will provide our best skill and judgment, we cannot guarantee that this will be successful. The surgery required to align the eyes in straight ahead position may restrict the movement of the eye with double vision in looking to the side, up or down. If your strabismus and double vision are not sufficiently improved after surgery, further treatment may be necessary, including patching, prisms, glasses and/or further surgery.

Complication of strabismus surgery may include hemorrhage, infection, retinal damage, and inflammation of the cornea or iris. Such problems may need urgent treatment to prevent loss of vision, and it is for this reason that you agree to remain under medical supervision and to immediately call if pain, redness, or discharge increase postoperatively or if any reduction in vision occurs. Partial or total loss of vision has been reported from surgery for strabismus on rare occasions. A change in the size of the pupil or in the position of the eyelids may occur following some types of strabismus surgery. These improve with time, but occasionally may be lasting. Nausea, pain discomfort and redness usually subside within a week, but on rare occasions can continue. Although great care will be taken to avoid scarring, some patients may have some noticeable scar tissue after the eyes have healed.

Alternative treatments for some types of strabismus include prism glasses, exercises, and eye muscle injections. You do not risk loss of vision or risk a worse outcome by deferring treatment and continuing with the present condition. If you are uncertain about the diagnosis and treatment proposed, we encourage you to discuss this further with us or seek a second opinion.

I have read, understand and agree with the above information and discussed all my questions with Dr. \_\_\_\_\_. Then I consent to the surgery.

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Witness

\_\_\_\_\_  
 Date