

# Dr B JUGADOE

MBChB [Natal] MMed [Wits] FC Ophth (SA)

Ophthalmic Surgeon

Practice Number 0440809



## Consent Form for Incision and Drainage of Chalazion

### Condition and Proposed Treatment

A chalazion, also known as a meibomian cyst, 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 compresses, lid scrubs, and lid massage. When there is no improvement, the chalazion may be incised and drained. 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.

### Alternatives to Surgery

1. Lid Hygiene – Warm compresses, lid massage and scrubs; may not improve chalazion if deep.
2. Steroid Injection – May require more than one 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
3. No Treatment – You may choose no treatment and tolerate the chalazion.

### Risks and Complications

No procedure is entirely risk free. Adverse effects from incision and drainage of chalazion may include:

1. Infection – Infections can be treated with topical or oral antibiotics
2. Bleeding – Normally controlled with gentle pressure or heat cautery at the incision site.
3. Pain – Minimal and resolves with healing of incision.
4. Recurrence – Chalazion may recur if incomplete excision.
5. Loss of lashes in the involved area
6. Eyelid notching in the area of the inflammation

### F: ANAESTHETIC

This procedure may require an anaesthetic.

### Different forms of anaesthesia

The choice of anaesthesia used depends on the nature of surgery, age, your general health status and your own personal preference. Your anaesthesiologist will discuss the best type of anaesthesia for your specific case.

- Sedation:** You will feel drowsy and relaxed and may even go to sleep.
- Local Anaesthesia:** The small operative surface area of the body is made insensitive to pain.
- General Anaesthesia:** The patient will be totally unconscious, feel nothing during the operation and remember nothing thereafter.

---

T | 031 581 2546 F | 086 231 3581 E | bjugadoe@mweb.co.za

Suite 06, 4th Floor Ethekwini Hospital 11 Riverhorse Road Riverhorse Valley Business Estate Durban

## PATIENT CONSENT

I acknowledge that the doctor has explained:

- my medical condition and the proposed procedure, including additional treatment if the doctor finds something unexpected. I understand the risks, including the risks that are specific to me.
- other relevant procedure/ treatment options and their associated risks.
- my prognosis and the risks of not having the procedure.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- the procedure may include a blood transfusion.
- tissues and blood may be removed and could be used for diagnosis or management of my condition, stored and disposed of sensitively by the hospital.

I was able to ask questions and raise concerns with the doctor about my condition, the proposed procedure and its risks, and my treatment options. My questions and concerns have been discussed and answered to my satisfaction.

I understand and have the right to change my mind at any time, including after I have signed this form but, preferably following a discussion with my doctor.

On basis of the above statements,

### I request to have the procedure

Name of Patient: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Doctor Statement

I have explained to the patient all the above points under the Patient Consent section and I am of the opinion that the patient/ substitute decision-maker has understood the information.

Name of doctor: **Dr Bhavna Jugadoe**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Patients who lack capacity to provide consent

Consent obtained from Parent /Guardian.

Name : \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_