

**ARLEO EYE ASSOCIATES**  
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**STATEMENT OF CONSENT FOR EXCISION OF CHALAZION**

**Condition and Proposed Treatment**

Doctor Robert J. Arleo has evaluated you and diagnosed you with a chalazion, which 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 excised. 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 cautery to control any bleeding.

**Alternatives to Surgery**

1. **Lid Hygiene** Warm compresses, lid massage and scrubs; may not improve chalazion if deep.
2. **No Treatment** I may choose no treatment and tolerate the chalazion.

**Risks and Complications**

No procedure is entirely risk free. Adverse effects from excision 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 excision 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
7. Damage to the globe from the scalpel, needle used to inject the anesthetic, or cautery instrument.
8. Vision loss, including blindness.

**PATIENT'S STATEMENT OF ACCEPTANCE AND UNDERSTANDING**

Not every conceivable complication could be covered in this form, and I understand that no guarantee has been made to me regarding the result of the proposed treatment.

THE ALTERNATE TREATMENTS AND THEIR RISKS AND BENEFITS HAVE BEEN EXPLAINED TO MY SATISFACTION.

I HEREBY GIVE MY INFORMED CONSENT FOR MY PHYSICIAN TO PERFORM EXCISION OF CHALAZION/CHALAZIA OF MY

Patient or Legal Representative Signature

Witness Signature

I declare that I have personally explained the nature of the patient's condition, the need for treatment, the procedure to be performed, and the risks and alternatives. I have given the patient or the person named above an opportunity to ask questions, which I have answered as fully as possible

Physician :