



Patient Name: _____ DOB: _____

Surgical Procedure: _____
 Right Eye Left Eye Both Eyes

NEUROSURGERY
Sanjay Ghosh, MD
Scott P. Leary, MD
Alois Zauner, MD
Amanda Gumbert, PA-C
Felix Regala, PA-C
Cassie Petit, PA-C
Deb Frantz, PA-C

INFORMED CONSENT FOR ENUCLEATION AND EVISCERATION WHAT IS AN ENUCLEATION?

An enucleation is a procedure to remove the eyeball from the eye socket. Evisceration is where all of the eye except for the white part (the sclera) is removed. These procedures are done for a variety of conditions, the most common being malignancy and a blind, painful eye. In most cases a temporary prosthetic shell will be placed in the eye socket at the time of surgery. Your prosthetic eye will be prepared by an ocularist and fitted approximately six weeks after surgery. You will have bruising for at least two weeks and swelling of your eyelids and face for a month or more.

OTOLARYNGOLOGY/
HEAD & NECK SURGERY
Perry T. Mansfield, MD
Michael J. O'Leary, MD
Brian H. Weeks, MD
Brianna Harris, MD
Seerat Poonia, MD
Kimberly Cockerham, MD
R. Stuart Weeks, MD
Emeritus
Annette Kiviat, PA-C
Jeannine Shively, PA-C

WHAT ARE THE MAJOR RISKS OF AN ENUCLEATION?

(please read carefully and initial)

- ___ Bleeding
 - ___ Infection
 - ___ An asymmetric or unbalanced appearance
 - ___ Scarring
 - ___ Difficulty closing the eye
 - ___ Drooping of the eyelid
 - ___ Ongoing pain
 - ___ Numbness and/or tingling in the operated eyelid, near the eye or on the face
- Additionally, the implant itself may cause complications such as:

- ___ Infection
- ___ Scarring
- ___ Allergic reaction
- ___ Foreign body reaction
- ___ Exposure or extrusion of the implant

OPHTHALMOLOGY/
NEURO-ORBIT-PLASTICS
Kimberly Cockerham, MD
Cindy Ocran, MD

WHAT ARE THE ALTERNATIVES TO ENUCLEATION?

- If you have a painful, blind eye this procedure is elective. You can choose to continue oral pain medications and topical drops instead.
- o If you have a cancer inside your eye and radiation is not an option, you need to proceed with this surgery to try to prevent spread of the cancer and/or death.

NEUROLOGY
Ian M. Purcell, MD, PhD
Monali Patel, MD

By signing below, I am confirming that **Dr. Kimberly Cockerham** has answered all of my questions and that I understand and accept the risks of ENUCLEATION with placement of an implant.

LOCATIONS

MESA COLEGE
7625 Mesa College Drive
Suite 305A
San Diego, CA 92111

Date _____ Patient Signature _____

Witness Signature _____

CORPORATE &
MAILING ADDRESS

MISSION VALLEY
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Time _____ AM/PM Surgeon Signature _____

Dr. Kimberly Cockerham