

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

OTOLARYNGOLOGY/ HEAD & NECK SURGERY

Perry T. Mansfield, MD Michael J. O'Leary, MD

Brian H. Weeks, MD

Brianna Harris, MD

Seerat Poonia, MD

R. Stuart Weeks, MD

Annette Kiviat, PA-C

OPTHALMOLOGY/

Cindy Ocran, MD

NEUROLOGY

LOCATIONS

Monali Patel, MD

NEURO-ORBIT-PLASTICS

Kimberly Cockerham, MD

Ian M. Purcell, MD. PhD

Jeannine Shively, PA-C

Emeritus

Kimberly Cockerham, MD

Kimberly Cockerham, MD, FACS
Neuro-Ophthalmology
Eyelid/Orbital Oncology
Oculofacial Restoration

Patient Name:			DOB:	
Surgical Procedure:				
	☐ Right Eye	☐ Left Eye	☐ Both Eyes	
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Surgical Procedure:				
C	☐ Right Eye	☐ Left Eye	☐ Both Eyes	

THYROID EYE DISEASE RECONSTRUCTIVE SURGERY WHY ARE MY EYES BOTHERING ME?

Thyroid eye disease causes premature aging of the skin and expansion of the fat and muscles behind the eye. The eyelids also become scarred and do not close as they should, causing tearing, irritation, fatigue and eyestrain. The overall process causes the eyes to bulge and can dramatically change the appearance of the face. In severe cases, thyroid eye disease can result in damage to the cornea, compression of the optic nerve, and decreased vision.

WHAT IS DONE DURING SURGERY?

The eyelid excess muscle and scar tissue is surgically removed, steroid injections are performed to prevent recurrent scarring and the fat behind the eye is removed. To achieve symmetry and/or the desired result, theorbital bones may need to be sculpted or removed to make more room for the expanded muscles and fat behindthe eye.

- Your upper lid incision is mostly hidden in the natural lid crease and/or the undersurface (conjunctiva) andyour lower lid incision is made through the skin just beneath the lashes, and/or through the internal surface of the eyelid (conjunctiva).
- Some cases require an incision in the skin near the eye brow.
- There are internal sutures that hold the deeper tissues in position.
- The eyelid is sutured closed to optimize healing.

HOW WILL SURGERY AFFECT MY VISION OR APPEARANCE?

- The results depend on your symptoms, unique anatomy, appearance goals, and ability to adapt to changes.
- The primary goal is to improve eye comfort and function to help minimize tearing and irritation. In severe cases, the primary goal may be to try to preserve vision. 100% improvement is not possible; your eyes will always feel different than they did prior to your Thyroid Eye Disease (TED).
- The secondary goal is to restore the appearance of your eyes to more similar to how they looked prior to Thyroid Eye Disease 100% restoration is NOT possible; your eyes and face will always look different than they did prior to TED.
- Please fully evaluate your own personal goals and your ability to deal with changes to your appearance before agreeing to this surgery. Your doctor is committed to answering your questions and helping you achieve improved comfort, function and appearance.

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WHAT YOU SHOULD EXPECT AFTER SURGERY:

- Itching and bruising for at least two weeks
- Inability to wear contact lenses for at least two weeks
- Swelling, tearing and irritation for 2 -3 months
- Numbness of your eyelashes and eyelids for 3-6 months
- Facial numbness if the bone needs decompression for at least 6 months
- Visible scar for 3-6 months



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Suite 305A

Date _____

Kimberly Cockerham, MD, FACS
Neuro-Ophthalmology
Eyelid/Orbital Oncology
Oculofacial Restoration

NEUROSURGERY	WHAT ARE THE DISUS OF EVELIR SURGERY
Sanjay Ghosh, MD	WHAT ARE THE RISKS OF EYELID SURGERY Bleeding
Scott P. Leary, MD	Infection
Alois Zauner, MD	Opening of the incision due to broken suture or rubbing
Amanda Gumbert, PA-C	
Felix Regala, PA-C	Asymmetric or unbalanced appearance requiring injections or revision
Cassie Petit, PA-C	Scarring requiring injections or revision
Deb Frantz, PA-C	Overcorrection (drooping) or undercorrection (retraction)
	Continued difficulty closing the eyes
	Worsening of dry eye problems
OTOLARYNGOLOGY/ HEAD & NECK SURGERY	
Perry T. Mansfield, MD	WHAT ARE THE MOST SERIOUS RISKS (RARE BUT POSSIBLE)?
Michael J. O'Leary, MD	Reactivation of thyroid eye disease
Brian H. Weeks, MD	Corneal damage
Brianna Harris, MD	Double vision
Seerat Poonia, MD	Loss of vision (blindness)
Kimberly Cockerham, MD	 You may need additional treatment or surgery to treat these complications; the cost of the
R. Stuart Weeks, MD	additional treatment or surgery is NOT included in the fee for this surgery.
Emeritus	• Due to individual differences in anatomy, response to surgery, and wound healing, no
Annette Kiviat, PA-C	guarantees can be made as to your final result.
Jeannine Shively, PA-C	• For some patients, suboptimal healing or asymmetry may lead to anger, anxiety,
	depression, or other emotional reactions. Please try to be patient as you heal.
OPTHALMOLOGY/	I have:
NEURO-ORBIT-PLASTICS	Received a copy of this consent
Kimberly Cockerham, MD	Had all my questions answered
Cindy Ocran, MD	
	This is an elective procedure — you do not have to proceed with surgery unless you feelcomfortable
	with the healing process and the possible risks.
NEUROLOGY	with the healing process and the possible risks.
Ian M. Purcell, MD, PhD	By signing below, I am confirming that Dr. Kimberly Cockerham has answered all of my questions and tha
Monali Patel, MD	I understand and accept the risks and the costs associated with this surgery and future treatments.
	i understand and accept the risks and the costs associated withins surgery and ruture treatments.
LOCATIONS	Date Patient Signature
LUCATIONS	
MESA COLEGE	Date Witness Signature

Physician Signature _

Please initial each of the following to document you have read this carefully

Dr. Kimberly Cockerham