

Laser iridotomy

What are narrow angles and what is proposed to prevent the problems associated with this?

Your ophthalmologist has confirmed that the aqueous drainage angle in your eye is “narrow”. This means that there is a risk at some stage in your life, that the pressure in the eye could elevate suddenly causing pain and loss of vision which frequently can be permanent. The reason this occurs is that fluid no longer flows from behind the iris and through the pupil, causing the iris to push forward and completely close the drainage angle of the eye.

What is a laser iridotomy?

This is a procedure where a laser is used to punch a tiny hole in the iris, allowing fluid to flow freely and prevent the drainage angle from closing further and preventing the fluid drainage from the eye.

What will be done?

You will be given some drops to constrict the pupil followed by some anaesthetic drops. A contact lens will be placed on the eye and a laser will be fired at the iris beneath where the upper lid sits. This is painless, but you may be aware of a “tic” for a microsecond.

What happens after the procedure?

Your pressure will be checked before you go home. The vision may be a little blurred for a day or so due to some pigment release, or a few blood cells released. You will be given some anti-inflammatory drops for several days after the procedure.

What are the potential complications?

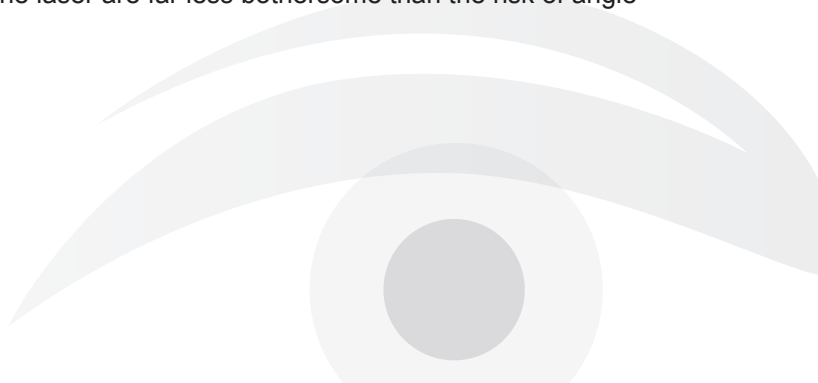
The pressure may rise – if this occurs you will be given drops or tablets to combat this. Very rarely surgery is required.

There may be some inflammation with redness and irritability in the light. If this occurs you should contact us. There may be some troublesome ghosting or unwanted glare type symptoms – these generally settle down with time.

The hole may block and the procedure may need to be repeated.

Very rarely, despite the procedure, the angle can block off, but remember that this procedure has a very high chance of preventing the angle closure.

In summary we believe that the risks associated with the laser are far less bothersome than the risk of angle closure and associated loss of vision.



Consent

I agree that this constitutes full disclosure, and that it supersedes any previous verbal or written disclosures. I certify that I have read, and fully understand the above paragraphs, and that I have had a sufficient opportunity for discussion, and to ask questions. I consent to this procedure. Where there may be repeats of the same treatment, this consent applies until I inform the Doctor otherwise.

Patient Signature: _____ Date: _____

Patient Name: (Print) _____

Doctor Signature: _____ Date: _____

Doctor Name: (Print) _____

