

## Informed Consent for Incision and Removal of Chalazion or Cyst

### Condition and Proposed Treatment

Dr. Fountain 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 incised and drained or removed. After local anesthesia, a chalazion instrument is put in place and a cut is made through the skin of the eyelid or less commonly through the inside lining of the eyelid. The contents of the chalazion are removed and any skin incision is usually closed with dissolvable sutures.

### 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 – I may choose no treatment and tolerate the chalazion.

### Risks and Complications

No procedure is entirely risk free. Adverse effects from chalazion or cyst removal 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 occur 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.

### Consent for Treatment

By signing below I acknowledge that I have read and understand the above, and have had my questions answered by Dr. Fountain to my satisfaction. I consent to the incision and drainage of the chalazion on the     right / left     upper / lower     lid (circle appropriate choice).

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Patient Name

Signature

Date