

Consent for Orbital Tumor Removal

I understand that medicine is an art not a science: **surgery performed in a perfect fashion may result in a less than perfect outcome.**

Complications that may be temporary or permanent include:

Asymmetry or abnormality of eyelid or eyeball position

Visible scar

Suture granuloma, erosion or extrusion years later

Swelling or puffiness

Bruising

Double vision

Numbness

Pain or irritation

Damage to cornea that results in blurred vision

Blindness may occur as a result of bleeding,

Infection, eye stroke, vein occlusion or other unforeseen problems

_____ (Initials)

Anesthetic complications include worsening of cardiac, pulmonary other pre-existing medical conditions and even death

_____ (Initials)

Dr. Cockerham and her staff have answered all of my questions

_____ (Initials)

I understand the risks and I desire to proceed with surgery despite the risks.

_____ (Initials)

Patient's Signature: _____ date: _____