



Patient Name: _____ DOB: _____

Surgical Procedure: _____
 Right Eye Left Eye Both Eyes

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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, the orbital bones may need to be sculpted or removed to make more room for the expanded muscles and fat behind the eye.

- Your upper lid incision is mostly hidden in the natural lid crease and/or the undersurface (conjunctiva) and your 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.

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

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

WHAT ARE THE RISKS OF EYELID SURGERY?

- Bleeding
- Infection
- Opening of the incision due to broken suture or rubbing
- Asymmetric or unbalanced appearance requiring injections or revision
- Scarring requiring injections or revision
- Overcorrection (drooping) or undercorrection (retraction)
- Continued difficulty closing the eyes
- Worsening of dry eye problems

WHAT ARE THE MOST SERIOUS RISKS (RARE BUT POSSIBLE)?

- Reactivation of thyroid eye disease
- Corneal damage
- Double vision
- Loss of vision (blindness)
 - You may need additional treatment or surgery to treat these complications; the cost of the additional treatment or surgery is NOT included in the fee for this surgery.
 - Due to individual differences in anatomy, response to surgery, and wound healing, no guarantees can be made as to your final result.
 - 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.

I have:

- Received a copy of this consent
- Had all my questions answered

This is an elective procedure — you do not have to proceed with surgery unless you feel comfortable with the healing process and the possible risks.

By signing below, I am confirming that **Dr. Kimberly Cockerham** **Dr. Ethan Tittler** has answered all of my questions and that I understand and accept the risks and the costs associated with this surgery and future treatments.

Date _____ Patient Signature _____

Witness Signature _____

Time _____ AM/PM Surgeon Signature _____

Dr. Kimberly Cockerham **Dr. Ethan Tittler**