


HOPEWELL LAMBERTVILLE EYE ASSOCIATES
Optometric Physicians

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PRACTICE EMPHASIS
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* CHILDREN'S VISION * LOW VISION

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Informed Consent for Laser Peripheral Iridotomy (LPI)

Laser peripheral iridotomy (LPI) is the preferred procedure for treating angle-closure glaucoma caused by relative or absolute pupillary block. LPI eliminates pupillary block by allowing the aqueous to pass directly from the posterior chamber into the anterior chamber, bypassing the pupil. An LPI is a laser technique used to create a small hole in the iris, the colored part of the eye. It is performed to change the configuration of the drainage angle inside the eye. An LPI is used primarily to treat patients with narrow and closed drainage angles.

Why would this be suggested? The angle (exit route for intra-ocular) is consider lesser than optimal for proper outflow of fluids which could potentially lead to closure of the angle. An LPI is performed to help prevent the development or progression of glaucoma. Most patients respond well to an LPI, but some do not respond at all. It is difficult to predict how well the laser will work for you, and no guarantee or assurance can be made as to the results that may be obtained.

What is Angle Closure? Acute **angle-closure (closed-angle or narrow-angle) glaucoma** produces symptoms such as eye pain, headaches, halos around lights, dilated pupils, vision loss, red eyes, nausea and vomiting. These signs may last for hours or until the IOP is reduced.

In these cases, the goal of the LPI is to open the angle more in an attempt to prevent an increase in eye pressure and possible scarring between the iris and the cornea. An LPI may also be used in the management of pigment dispersion syndrome and pigmentary glaucoma. In these cases the LPI is performed in an attempt to change the iris configuration to eliminate further pigment dispersion caused by the iris bowing towards the lens.

How Does It Work? Laser **iridotomy** uses a very focused beam of light to create a hole on the outer edge, or rim, of the iris, the colored part of the eye. This opening allows fluid (aqueous humor) to flow between the anterior chamber, the front part of the eye, and the area behind the iris, the posterior chamber. Laser peripheral iridotomy (LPI) is the preferred procedure for treating narrow angle - [angle-closure glaucoma](#) caused by relative or absolute pupillary block. LPI is performed with an argon laser, with a neodymium:yttrium-aluminum-garnet (Nd:YAG) laser

What is the procedure? The LPI procedure typically takes 2 minutes. Your doctor may use one or two lasers. You will hear clicking and may see a flashing light during the procedure, but most patients do not find an LPI uncomfortable. After the LPI most patients notice mild blurring and irritation. This generally clears up by the next day. There is a very small chance your vision may be permanently affected from an LPI.

What are the risks? The greatest risk of an LPI procedure is that the eye pressure may go up after the laser. To help prevent this pressure spike, you will receive drops before and after the laser. Most people will have their pressure checked about 1 hour after the laser. If the eye pressure does go up, we may give you medications to help lower the pressure. In very rare cases, the eye pressure may go up and not come down with medicines. If this happens, you may require further surgery to lower the pressure. Other risks from this procedure include: eye inflammation, cataract formation, bleeding, glare, closure of the iridotomy that requires repeat laser therapy, and, rarely, damage to the cornea or retina from the laser.

What happens after the procedure? After the laser, you will need to use an steroid eye drop 24 times a day for 4 days to help the eye heal. Continue any regular glaucoma drops you take. You should return to have your pressure checked in 1-2 days after the procedure so that the pressure and patency of the LPI can be checked by Hopewell Lambertville Eye Associates.

I authorize Hopewell Lambertville Eye to share my clinical information with Princeton Eye Group or David Galiani, MD to be able to perform an LPI on my Right / Left eye.

If for any reason an unforeseen condition arises in the course of the LPI which, in his / her judgment, requires additional or different procedures than an LPI, I request and authorize him to do whatever is deemed advisable.

The following has been fully explained to me to my satisfaction: the nature and purpose of an LPI; alternative treatment options; and the risks and possible complications, including, but not limited to, pressure spikes, loss of effect, infection and loss of vision.

For the purpose of advancing medical education and our knowledge base, I consent to the admittance of qualified observers to watch the LPI and to the future use of my medical record.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT FOR AN LPI AND THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE TO ME.

Patient Name (print)

Patient Signature Date/Time

Hopewell Lambertville Eye: Optometric Physician Signature / date

Witness Signature

If a patient is unable to give informed consent, an individual who certifies that he/she is legally empowered to act on behalf of the patient may give consent and sign above noting relation to the patient..

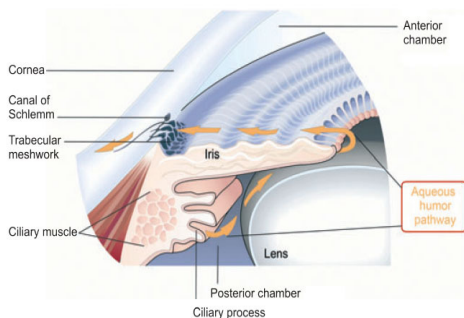
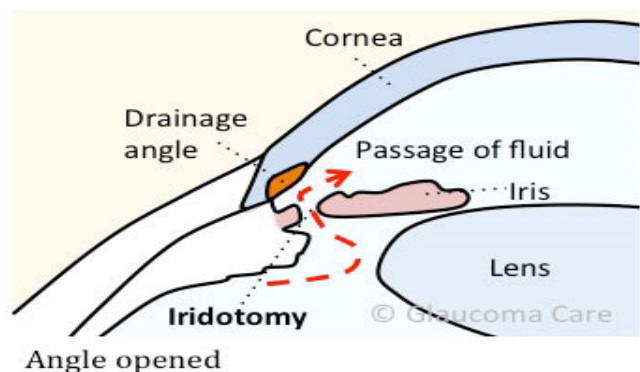
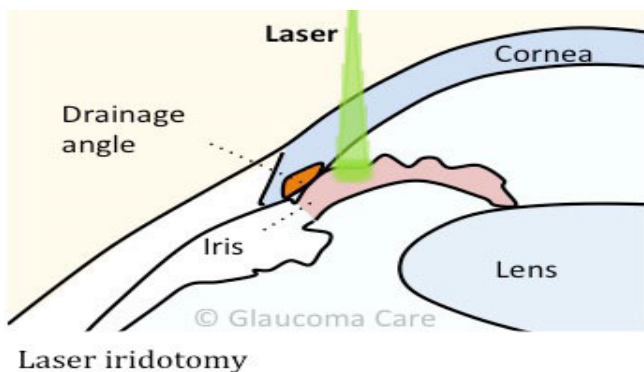
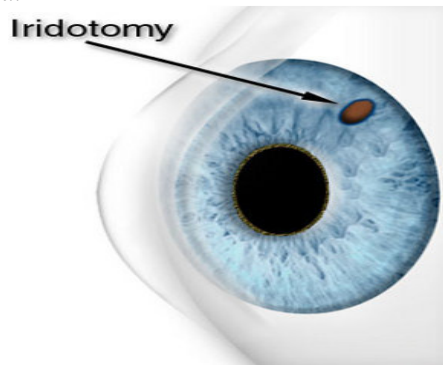


Fig. 1. Anatomy of the human aqueous humour pathway.



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