

## SELECTIVE LASER TRABECULOPLASTY CONSENT

This is a laser surgery used for people with open-angle glaucoma. The laser is used to make a small burn on the drainage tissue of the eye. Hopefully, the laser burn will cause the drain to open and let more fluid leak out.

There are some individuals who respond well to this and others who do not respond at all to the therapy. The type of glaucoma you have and the basic makeup of your eye determines your response. We usually cannot predict how well the laser will work.

The laser machine looks similar to the examination microscope that the doctor uses at each visit to look at your eyes. The laser itself makes little noise and flashes a light as bright as a flash on a camera. Almost everybody find the procedure comfortable and without pain. The procedure takes about 10 to 20 minutes.

You may need drops before and after the laser. Most people need to have their pressure checked one hour after the laser. This is because the pressure in the eye can go up after the laser treatment. This is the greatest risk from this procedure. If the pressure does go up, you may require medications to lower the pressure, which will be administered in the office. Rarely, the pressure in the eye will elevates to a very high pressure and does not come down. If this happens, you may require surgery in the operating room to lower pressure. This is a most unusual event.

Most people notice some blurring in their vision after the laser. This clears within a few hours in most individuals. The chance of your vision being permanently affected from this laser is very, very small.

You may need to use drops after the laser to help the eye heal correctly. If so, you will probably use the new drops for about a week. In most cases, ***you are asked to continue your other glaucoma medications after the laser procedure.*** The doctor will notify you if there is any exception to continuing your medications. It will take several weeks to determine how well the laser has worked to lower your pressure. You may require additional laser surgery to lower the pressure if it is not sufficiently lower after the first laser treatment.

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**Patient (or person authorized to sign)**

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**Date**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**