

USE OF CONSENTS FOR DRY EYE TREATMENTS

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The AMA defines informed consent as “informed consent to medical treatment is fundamental in both ethics and law. Patients have the right to receive information and ask questions about recommended treatments so that they can make well-considered decisions about care. Successful communication in the patient-physician relationship fosters trust and supports shared decision making.”

As you integrate the treatment of dry eye disease into your practice consider making informed consent part of the process from the beginning.

Informed consent enforces the educational process between the patient and the physician. Build the actual discussion you have when you recommend a procedure into the informed consent. If there are specific options in the treatment you may also consider allowing the patient to initial their acceptance of those options within the document. For instance, if you have recommended Blephex, Intraductal Probing and LipiFlow you would have the patient initial that they have accepted OR denied each procedure.

At Bowden Eye & Associates I built the acceptance or denial of dry eye care before cataract surgery into the cataract surgery informed consent process. This will remind patients that choose to bypass recommended dry eye care before surgery that it was their decision when problems arise during the global period.

The actual consent documents don't have to be long and intimidating.

Rendia offers many videos that work to help in consistent patient education.

Consistency is the key. Staff members can be assigned to review and obtain the signed forms, but I recommend that physicians at least initial them.

The physician should always record in their medical record that “risks, benefits and options” were discussed with the patient and that “all questions have been answered”.

Attached is a sample of the Blephex consent form that is shared at the Dry Eye University program, and used daily at Bowden Eye & Associates.



GENERAL CONSENT FOR MICROBLEPHARO EXFOLIATION (MBE) PROCEDURES

You have been given information about your condition and the recommended medical procedure to be used. This consent form is designed to provide a written confirmation of such discussions by recording some of the more significant medical information given to you. It is intended to make you better informed so that you may give or withhold your consent to the proposed procedure.

1. **Condition:** Dr. Bowden has explained to me that the following condition(s) exist in my case: Blepharitis.
2. **Proposed Procedure(s):** I understand that the procedure(s) proposed for treating my condition is MBE - Microblepharo Exfoliation with/without Cliradex application or with/without expression.
3. **Risks/Benefits of Proposed Procedure(s):** Just as there may be benefits to the procedure

proposed, I also understand that medical and surgical procedures involve risks. These risks were explained to me by Dr. Bowden.

4. Complications; Unforeseen Conditions; Results:

I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the proposed procedure(s), unforeseen conditions may be revealed requiring the performance of additional procedures, and I authorize such procedures to be performed. I further acknowledge that no guarantees or promises have been made to me concerning the results of any procedure or treatment.

5. Acknowledgments: The available alternatives, some of which include home lid scrubs, the potential benefits and risks of the proposed procedure(s), and the likely result without such

treatment have been explained to me by Dr. Bowden. I understand what has been discussed with me as well as the contents of this consent form, and have been allowed to ask questions and have received satisfactory answers.

6. Consent to Procedure(s) and Treatment:

Having read this consent and talked with the physicians and/or eye doctors, my signature below acknowledges that: I voluntarily give my authorization and consent to the performance of the procedure(s) described above by my physician and/or eye doctor, and/or his/her associates assisted by hospital or office personnel and other trained persons as well as the presence of observers. I further consent to the administration of such anesthetics and medication as might be considered necessary or advisable by my physician.

_____	_____
Patient (or person authorized to sign for patient)	Date
_____	_____
Witness	Date
_____	_____
Surgeon	Date