



Department of Ophthalmology, 300 Longwood Avenue, Boston, MA 02115

~ Please call our Surgical Coordinators at 781-216-1440 (Waltham) or 617-355-4337 (Boston) with any questions or concerns regarding you or your child's surgery ~

**PTOSIS SURGERY FOR CHILDREN - WHAT TO EXPECT**

(Revised 3/06)

Ptosis surgery is being scheduled for your child. This type of surgery is elective. It is routinely performed on an outpatient basis unless there is a medical reason to keep your child in the hospital the night before or the night after surgery. Children under one month of age are routinely admitted on the day of surgery for an overnight stay in a monitored bed.

Insurance Coverage:

Many insurance companies require a second surgical opinion, pre-admission authorization, or both. Please check your health insurance policy or contact your insurance company about such special requirements. If you do not meet these requirements, the insurance company may refuse to pay, or may pay a reduced amount for your surgery. In that case, you will be responsible for payment of all bills not covered by your insurance. **It is your responsibility to contact your health insurance carrier regarding its policy concerning second surgical opinions and pre-authorization.** If a required pre-authorization number has not been obtained, the surgery will have to be canceled.

One Week Before Surgery

Stop giving your child aspirin, aspirin-containing products, or aspirin-like products (Motrin, ibuprofen, Advil, Aleve, Nuprin, etc.) one week before surgery. Tylenol (acetaminophen) may be taken as a replacement for aspirin if needed. If there are any questions about aspirin or other blood thinners, please discuss them with your surgeon and your family doctor.

If there are any medical issues that may alter the risk of surgery, we may obtain a pre-operative medical consultation from the Anesthesia Department at Children's Hospital, or we may ask that your child be evaluated by his/her pediatrician.

If your child has a cough or cold, please inform the surgical coordinator. Depending on the severity (for example if your child is waking up in the middle of the night, has a loss of appetite, or a loud, congested cough), the surgery may be rescheduled at that time. If the symptoms seem minor, you can discuss them with a day surgery nurse, who will call you the day before surgery. If your child is cleared for surgery by the nurse and/or your pediatrician, please note that an anesthesiologist will also examine your child the day of surgery. If the anesthesiologist has any concerns on the

morning of surgery, he/she may decide to reschedule the surgery. When this occurs, it is of course frustrating for

everyone, but our number one concern is for the safety of your child. We will make every effort to reschedule the surgery as soon as it is possible, and safe, to proceed.

1 to 2 Days Before Surgery

Your ophthalmologist may want to check the eyes and eyelids before performing the surgery. If so, an appointment will be made with your ophthalmologist one to two weeks before surgery. At that time, you and your ophthalmologist can discuss any questions or concerns you may have about the upcoming procedure. If necessary, your pediatrician's report and lab work will be reviewed at this time; please ensure that it has been faxed on time. If you have not already done so, you will be asked to sign consent forms during this visit

Preparation for Surgery

Please follow the enclosed *Instructions for Day Surgery*.

Anesthesia

Children are usually accompanied into the operating room by one parent (with gown, cap, and mask provided) until the child is asleep. If you are anxious, however, your child will perceive this, and the situation will be worse rather than better.

Young children are put to sleep by breathing gas from a mask held near their faces, not clamped tightly. An IV (intravenous) line and endotracheal tube are placed after the child is asleep and the endotracheal tube is removed before the child is fully awake. Older children are given an IV beforehand so that a medication can be used to put them to sleep prior to administering the anesthetic gas.

The anesthesiologist may need to alter the above anesthetic routine depending upon the age, specific needs, and medical condition of the patient.

Surgical Procedure

After the anesthesia is administered and depending on the type of surgery that will be performed on your child, the surgeon may make an incision in the drooping eyelid, and carefully

advance and tighten the levator muscle, which elevates the upper eyelid. If only one eyelid is involved, the lid height will be compared carefully to the height of the opposite eyelid. In children with poor levator muscle function, a "levator sling" may be used. This is a more complex procedure in which muscles of the brow or forehead may be used to assist in the elevation of the upper eyelid. Once the lid height is secured in the desired location, the eyelid incision is closed with tiny sutures. One or both eyes may need to be treated.

### Length of Surgery

The length of the surgery depends on the procedure performed but is generally 1-2 hours. Do not be concerned if we seem to be taking a long time; this usually means we simply started late. After young children are asleep, establishing an IV line can be time-consuming. During the operation is often a good time for those waiting to take a walk or get something to eat, but be sure to let the operating room secretary know where you can be reached any time you are not in the third floor waiting room.

### Risks of surgery

There are some risks associated with anesthesia, whether general or local. In very unusual instances, death, diminished brain function or pneumonia has ensued. There can be loss of vision of the eye associated with anesthesia, hemorrhage, retinal detachment, infection, or change in blood supply to the eye, but these complications are also highly unusual.

### What To Tell Your Child About Surgery

It is important to psychologically prepare your child for surgery. It is not necessary to talk about surgery several weeks ahead of time - a day or two before is fine. A child who is 2 or 3 years old needs to be told that he or she will be coming to the hospital. Say that "Dr. \_\_\_\_\_ will be fixing your eye". Children need to be assured that they will not be abandoned. Assure them that a parent will stay by their side until asleep. Say that they will see many nice people with blue shirts and pants and funny caps in the operating room. Tell them that they will be asleep while their eye is fixed, that they will wake up in a new room, and that you will be called to be with them when they wake up. Let them know that they will not be able to eat breakfast before the eye is fixed, so as not to become sick while asleep, but that they can eat as soon as they wake up. This is usually all your child needs to know. Younger children simply need reassurance of your presence. Older children may ask for more details. Just leave it to them to ask.

### Eye Patches

A patch will probably be placed over the eye(s). Blood-tinged tears may drain from the operated eye or eyes, and these can be gently wiped away with a tissue or washcloth. The patch will usually not be removed until the next morning.

### Postoperative Pain and Nausea

There may mild pain from the surgery, and Tylenol elixir or tablets are ordered; just ask the nurse for them. The anesthesia frequently produces nausea, and anti-nausea medication is also ordered for use when needed.

Recommended Tylenol doses:

6-11 months - 1 dropper (80 mg)

1-2 years - 1 1/2 dropper (120 mg)

See directions on bottle for older children

Most patients will sleep for several hours following surgery.

### Discharge from hospital

General anesthesia has usually worn off enough for discharge by 2 to 4 hours after the surgery. If there is still significant nausea, you may wish to wait another hour or two before leaving. If the child appears to have recovered early, check with the nurse, for you might be discharged at that time. We do not normally need to see your child before discharge.

### Care at Home

Young children recover quickly, usually behaving normally by the next morning. Older children may be uncomfortable for a day or two.

Pain medication is rarely necessary after discharge, but some patients find that Tylenol is helpful. A prescription for eye drops or ointment will be given on or before the day of surgery. You will not need to administer medicine the first night (just leave the patch in place), but try to have the prescription filled before the examination the next morning. After the patch is removed in the morning, you will begin to administer eye drops or ointment. Your doctor will tell you how often you need to use the eye medicines. When using eye drops, try to put the drop inside the lower lid (or anywhere on the eyes of squirming, squeamish children). If you cannot gently separate the eyelids, just lay your child on his or her back, place a drop on the closed eyelids, and wait for them to soak into the eye.

Activity is restricted after surgery. No rough play, or high speed sports such as biking for 6 weeks depending on the exact type of surgery. Stay out of swimming pools for 2 weeks. Hair washing, bathing, and showering are OK, but do not get water in the eye.

### Return Appointment

The timing of the return visit depends on the surgery performed. Typically visits are scheduled at day 1, week 1, and approximately at weeks 3, 7, and 12 after surgery. If your child has any problems after you get home, call our office, one of our ophthalmologists is available to answer your questions and provide assistance 24 hours a day.

### Bills

There are generally three bills that you or your insurance company will receive:

- 1) Surgeon and assistant surgeon fees

**CONSENT FOR MEDICAL AND SURGICAL PROCEDURES**



Children's Hospital Boston  
300 Longwood Avenue  
Boston, Massachusetts 02115

- 2) Anesthesiologist professional fee
- 3) Children's Hospital covering all facility, equipment, and service charges, including anesthesia equipment and supplies.

**Patient Name:** «First\_Name» «Last\_Name»

**Date of Birth:** «DOB»

**MR#:** «MR\_»

**Date of Surgery:** «Date\_of\_Surgery»

If you have questions **after receiving your bill**, please call the Billing Office at 617-355-6405.

TO THE PARENT/GUARDIAN AND/OR PATIENT: You have been given information about your condition and the recommended surgical, medical or diagnostic procedure(s) 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(s).

Dr. \_\_\_\_\_ has explained to me that the following condition(s) may exist in my case:

\_\_\_\_\_  
(Explain in lay terms)

I understand that the procedure(s) proposed for treating or diagnosing my condition is (are):

\_\_\_\_\_  
(Explain in lay terms)

A. Just as there may be benefits to the procedure(s) proposed, I also understand that medical and surgical procedures all involve risks to some degree. These general risks may include the potential for such things as allergic reactions, bleeding, blood clots, brain damage, loss of sensation, and even loss of bodily function or life. I further understand that the procedure my surgeon plans to perform may involve a device which FDA has designated for tracking.

B. I also understand that during this admission, I may require a transfusion of blood or blood products. I understand that all blood products are tested for infectious diseases such as: Hepatitis B: Hepatitis C (non-A, non-B hepatitis), using both the surrogate test and the Hepatitis C antibody test: syphilis: HIV (AIDS antibody) and HTLV-I. I understand that even though the test results indicate the absence of infectious diseases in the blood, there is still an extremely low possibility that the blood is actually infected and that I may acquire an infectious disease from a transfusion. In addition, I understand that about one to three percent of children can experience elevated temperature or an allergic reaction, such as hives or a rash, from blood transfusion. Children's Hospital offers directed donations and autologous donations if the patient is of sufficient weight and there are no medical contraindications (contact the Donor Center, extension 6677 for further information.)

C. I also realize that the following additional risks may occur in connection with the particular procedure(s) proposed for me:

\_\_\_\_\_  
(Record additional risks or attach supplementary lists)

D. I also understand that during the surgical procedure my surgeon may request the presence of a health care industry representative. The training, knowledge, and expertise of the health care industry representative can provide technical assistance to the surgical team in answering any questions that may occur during my surgery specific to the industry representatives's equipment. The health care industry representative does not scrub in on the procedure or provide direct patient care.

As a teaching health care facility, Children's Hospital also promotes the educational process of various health care professions. Health care professionals or students may request to observe my surgical procedure.

I am aware that in the practice of medicine, other unexpected risks or complications not discussed may occur. I also understand that during the course of the proposed procedure(s), unforeseen conditions may be revealed requiring the performance of additional procedure(s), 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.

The available alternatives, some of which include \_\_\_\_\_, the potential benefits and risks of the proposed procedure(s), and the likely result without such treatment have been explained to me. I understand what has been discussed with me as well as the contents of this consent form, and have been given the opportunity to ask questions and have received satisfactory answers.

Having read this form and talked to my physicians, my signature below acknowledges that:

I voluntarily give my authorization and consent to the performance of the procedure(s) described above (including disposal of tissue) by my physician and/or his/her delegated associates. I understand that tissue, without any of my identifying information, removed during the procedure(s) may be used for research purposes after all clinically relevant evaluations are performed.

I consent to the release of information to the manufacturer for device tracking.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Physician /Surgeon

**Signed:** \_\_\_\_\_  
(Parent/Guardian necessary if patient is under 18years)

**Witnessed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_  
Patient (if 12 years or older and physician determines signature is appropriate)