PREMATURE RETINOPATHY (ROP) INSPECTION INFORMED FORM

Name-Surname of the Hospital: ................................

Protocol number : ..............................

1-LICENSE: Relative to the patient Name of parent / surname:

2-INFORMATION AND RIZA KONUSUNU CONCEPT:

a) Vervinin profession and education:

b) If there is a sworn translator Name - Surname:

c) If there is a specialist, social worker for the disabled, Name - Surname:

GENERAL INFORMATION

BENEFITS:

In early-born babies, the veins in the reticular nerve layer of the eye has not developed and completes its development after birth. Retinal vein occlusion incomplete premature retinopathy, known as ROP in infants, may occur and early untreated can cause blindness. For this reason, the gestational age is 32 weeks or less, or birth weight 1500 g and all babies born below 35 weeks gestational age or birth weight greater than 1500 grams and heart and respiratory support therapy It is recommended that "babies that the baby sees as risky for the ROP of the doctor who follows the baby".

WHEN SHOULD THE INSPECTION BE?

The ROP examination should be done initially when the baby is 4 weeks of the week of birth. Eye it may be necessary to repeat the examination according to the development of the vessels and the severity of the disease.

INSPECTION TIME:

Before examination, eye drops should be dilated with drops. This process 2-3 hours. An ideal ROP examination revealed complete pupil dilatation (eye infant growth) should be done after you have given it.

RESULTS THAT CAN MEET IN THE EVENT OF EYE INSPECTION:

ROP is the most common cause of permanent blindness in children. Strabismus in premature babies, high the need for eye glasses, the risk of eye diseases such as eye pressure, other babies. The presence and progression of the disease undetectable. This may result in vision problems that can result in blindness.

EXAMINATION RISKS AND COMPLICATIONS:

During the examination, a portion of the liquid is temporarily suspended redness, fever indigestion, slowing in bowel movements, and rarely called ileus given table, irritability, sensitivity to light, allergic reactions, blood pressure changes and many rare side effects such as difficulty in breathing, risk of sudden cardiac arrest and death.

The purpose and risks of the above process are explained in the following. Possible complications

You have been given information about the post. An unexpected

in the event of a situation, additional

the side on which it can be done. Information about my disease (with my baby's disease), photos

and documents, if necessary, for educational and scientific research (including scientific publications) purposes

I agree to be stored and stored for use as

a) RIZA VERDİM: Requests and suggests the proposed medical approaches, practices and procedures

I accept

b) ACCEPTANCE: I do not accept the suggestion / action and assume any responsibility

I will install / endure the results)

I clearly state my name and step by typing in my handwriting below. Your disease

that there may be a significant difference between what will be possible and what will happen,

I have the understanding that I will be able to communicate and ask all kinds of questions about the baby.

Name of patient:

Patient's Relative (parent or guardian) Name-Surname (by hand): Date / sign

 PREMATURE RETINOPATHY (ROP) TREATMENT INFORMED FORM

Name-Surname of the Hospital: ................................

Protocol number : ..............................

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GENERAL INFORMATION

Information on treatment in infants requiring laser treatment: For treatment of your current disease

Your baby's right ......... Left ......... eye laser photocoagulation therapy is recommended.

The purpose of the laser photocoagulation process is to detect the environment in a predetermined retinal region

minimal damage to tissues to bring about a therapeutic burn. FROCK

In the treatment of laser, the aim is to suppress the abnormal vessel development and retina

declination is the most risky thing. If the damage is not limited to just one field,

visual point) laser can be applied to all retinas except the region. If necessary

an additional seansta may be required for repeat laser application. After the transaction

drip therapy is recommended for 7-10 days to prevent inflammation. Laser

the treatment achieved 70% of the patients, while the remaining 25%

declination. The success rate of treatment varies according to ROP type.

If the disease continues to progress despite laser treatment, it causes permanent blindness

may progress to stage 4-5 and if not treated ROP persist in children

blindness is the most common cause. Surgical treatment is on the agenda in these stages.

Treatment time: It can vary between 30-90 minutes on average.

Treatment Complications and Risks:

1- Adhesions between inflammation and related lens iris

2- Intraocular bleeding

3- Temporary or permanent elevation in intraocular pressure

4- Infection in conjunctiva

5- Cornea, iris and lens burns

6- Loss of vision that can progress to blindness despite treatment

7- Retinal damage (retinal detachment, increase of scarring)

8- Cataract development

9- Peripheral visual field loss

10- Sharp point of vision destruction

11- Progressive myopia and astigmatism (higher than with anti-VEGF treatment)

12 - Eye lash, strabismus

13- Anterior segment ischemia with decreased eye tension and cataract development

Treatment of some of these complications is possible. Permanent due to complications

vision damage may develop.

Information on treatment in infants requiring intraocular injection therapy:

Your baby's right for the treatment of your present illness .......... Left .......... eyes in the eyes of the trafiṫreal antı-˙

VEGF (...........................) injection is recommended for this purpose.

It is prevented. Although many patients benefit from treatment, in some patients, ROP

it can not prevent the loss of vision. Intravitreal anti-VEGF therapy is a new treatment

method, which has many advantages over laser therapy,

developmental problems and systemic diseases

it should not be forgotten.

Intravitreal injection: Anti-VEGF treatment applied to the eye, directly into the eye

injection. Pre-application eye circumference and intraocular antiseptic

the solution will be cleaned. Anesthetic drops to prevent eye pain

It will be dropped. Injection will be applied to the eye through the non-transparent area of ​​the eye.

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After treatment, drops of antibiotics or, if necessary, drops of intraocular pressure

it will need to be used.

Treatment time: It can be changed between 10-15 minutes on average.

Treatment Complications and Risks:

1. Intraocular infection (endophthalmitis): May cause complete loss of sight (<1/1000).

2. Retinal injury (retinal detachment, increased scorching)

3. Intraocular bleeding

4. Temporary or permanent elevation in intraocular pressure (glaucoma)

Cataract development

7. Crack defects such as high myopia or astigmatism

8. Eye lash, strabismus

9. Reduced or enlarged eyeball

10. Rarely systemic problems (respiratory / circulatory problems, kidney and lung

delay in mood, shock, death). Some of these complications

treatment is possible. Depending on the complications, permanent vision damage may develop.

Comparison of Laser and Anti-VEGF Injection Therapy Alternatives:

In studies, myopia after anti-VEGF injection, peripheral vision loss and retinal

damage was reported to be less visible. Contrary to laser therapy,

it is applicable, does not require general anesthesia, is a less painful operation. Treatment with laser therapy

while the duration of the anti-VEGF injection is much shorter. The anti-VEGF

agents are used in many adult eye diseases and FOP (Food and Drug Administration)

Drug Administration) and Ministry of Health have yet to approve. Others in long walks

are still afraid of creating other adverse effects in their departments. Today

no negative impact has been reported on this issue.

Information on Treatment of Infants with Vitreoretinal Surgery:

Stage 4A / 4B / 5 ROP Your baby's right to the treatment of your existing disease receiving a diagnosis ........

Left .......... eyesight is recommended for Vitreoretinal Surgery.

The objective of vitreoretinal surgery is to remove retinal detachment

membrane and band structures originating from abnormal veins that make retreat

as soon as it is cleaned or loosened. If necessary

repetitive surgical applications may be required. 4-6 weeks after surgery

antibiotics, steroids and shorter cycloplegic drops are recommended.

The success rate of treatment varies according to ROP type. This treatment is not delayed

Although it can give good results in cases, especially in case of delayed surgery

results. In cases with Plus (plus) disease, intraoperative intraocular

the risk of bleeding is higher and this can lead to failure.

If not treated, ROP is the most common cause of permanent blindness in children. Lens in stage 4

While protective techniques are sometimes possible, it is often necessary to take lenses at stages 4B and 5 as well

which in itself causes additional problems (increased risk of postoperative glaucoma development,

the need to wear contact lenses or high-numbered goggles, the resulting eye

laceration, loss of ability of accommodation due to lack of lens, etc.).

In case of tearing in the retina, the probability of failure is very high and the complete loss of vision

can result in.

Treatment time: It can vary between 60-180 minutes on average.

Treatment Complications and Risks:

1- Intraocular bleeding

2- Glaucoma (eye sickness disease)

3- Rat retinal detachment

4. Cataract development

5- Complete vision loss

6- Deformity and shrinkage of the eye sphere

7- Intraocular infection, painful eye

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Treatment of some of these complications is possible. Permanent due to complications

vision damage may develop. Many of these complications occur when the patient is not being treated

it can also develop spontaneously.

Complications that may be encountered if treatment is not accepted:

1. If the disease continues to progress, permanent blindness develops and ROP persist in children

blindness is the most common cause.

2. Apart from this, the eyeball shrinks over time, pitting in the eyes, transparency

whitening in the layer, slipping and shaking in the eyes are frequently seen cosmetic problems.

SURGERY ACCEPTANCE FORM: The purpose, risks and alternative treatment methods of the above procedure

side. Information about possible complications is given. These

such as hemorrhage, pain, infection, loss of vision and necessity of recurrent interventions

and there are other uncommon complications in this case

I have a sense. Where necessary, the transport of blood and blood products or tissues

I give permission. The risk of these products leading to various infections and complications

I know. If you do not know anything about envy and do not guarantee anything

I know you can not be.

The purpose and risks of the above process are explained in the following. Possible complications

You have been given information about the post. The cause of anesthesia

Possible complications that may occur during the procedure are explained.

in the event of an unexpected situation,

the side to which additional initiatives could be made. My disease (with my baby's disease)

information, photographs, and documents, when necessary, in educational and scientific research (scientific

including publications), and acceptance of storage

a) I accept: When I request medical implications, practices and procedures

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Name of patient:

Patient's Relative (parent or guardian) Name-Surname (by hand): Date / signature: