

SURGICAL CONSENT CONJUNCTIVAL FLAP PROCEDURE

I, the undersigned, hereby consent to the performance of a conjunctival flap surgery under general anesthesia for the treatment of a non-healing corneal ulcer.

The purpose of this procedure has been explained to me as an attempt to facilitate healing of the corneal ulcer by providing vascular support, protection and improved delivery of healing factors to the affected area. I understand that this procedure is being recommended because medical treatment alone has not resulted in satisfactory healing.

I acknowledge that, although this surgery is recommended to improve the chances of corneal healing, no guarantee of success or definite outcome can be provided.

I further understand and accept the following risks and limitations:

- Risks associated with general anesthesia in horses, including injury during induction or recovery, anesthetic complications and, in rare cases, death.
- Surgical risks, including infection, flap dehiscence, persistent discomfort, scarring, reduced corneal transparency, or impaired vision.
- The possibility that the procedure might fail to achieve healing of the ulcer, or that additional medical or surgical treatment may still be required.
- Despite appropriate treatment, there remains a risk of progression of the corneal disease, including possible globe rupture or loss of vision.

All reasonable questions regarding the nature of the surgery, expected benefits, risks, alternatives and prognosis have been answered to my satisfaction.

Owner/Agent Name: _____

Horse Name: _____

Signature: _____

Date: _____

Veterinarian: _____