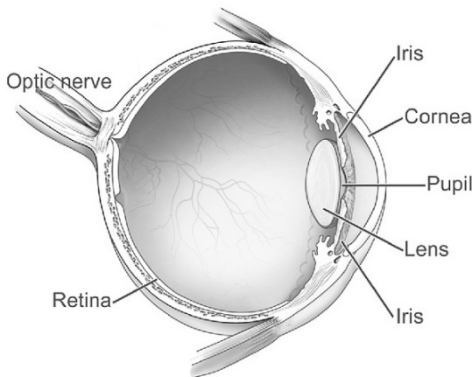


Retinopathy of Prematurity Consent

WHAT YOU SHOULD KNOW

Retinopathy of Prematurity (ROP) is an eye disease that affects the retina of some premature (born earlier than planned) babies. ROP may also happen to low birth weight babies. ROP can range from mild to very bad. The retina is the part of the eye that catches light and sends information to the brain.

If your baby is born early, normal eye growth can stop. The newborn baby's body reacts by making abnormal blood vessels in the retina. These grow large and spread beyond where they should. The vessels are weak and may leak blood. This can cause scar tissue to form on the retina. Over time the scar tissue can make the retina pull away from its place at the back of the eye. This pulling away (detachment) can cause partial or complete blindness.




SCREENING

- The abnormal growing blood vessels cannot be seen without special equipment.
- An exam by an eye specialist is needed to diagnose ROP.
- Babies with mild ROP may not need treatment.
- Surgery is rare, but may be needed if ROP is severe.
- When and how often your baby needs to go to the eye doctor depends on the eye tests.

RISKS OF NOT SCREENING

- Your baby may have vision problems as they grow. Vision may be blurry. He/she may see floaters, cobwebs, strings or specks. He/she may see flashes of light.
- ROP can cause retinal detachment (the retina pulls away from the eye.) Detachment may lead to partial or complete blindness.

 BRONSON	Affix Patient Label	
	Patient Name: _____	Date of Birth: _____

Keep all follow-up eye appointments. This allows your baby to get the help he/she needs.

Name of eye doctor / office / clinic: _____

Location of eye doctor / office / clinic: _____

Phone number of eye doctor / office / clinic: _____

Appointment Date: _____ Time: _____

I have been informed of the risks of not having my baby's eyes examined. The benefit of having my baby's eyes examined is that ROP can be diagnosed and treated to prevent partial or complete blindness. I have had all my questions answered. This hospital, the doctor and staff, are not responsible for any injury or illness if I do not take my baby to the eye doctor.

Signature: _____ Date _____ Time _____
(Mother/Guardian)

PROVIDER

I have explained to the parents of the newborn infant about the need for follow up eye exams. I have told them of the risks to their child if they refuse treatment.

Provider Signature: _____ Date _____ Time _____

Complete Form: Signed Original to Chart One copy to Parent One Copy Ophthalmologist Office