



## **Surgical Release Form for Protrusion of the Third Eyelid Gland (Cherry Eye)**

Owner: \_\_\_\_\_ Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Hospital: \_\_\_\_\_ Veterinarian: \_\_\_\_\_

Surgery to be performed: \_\_\_\_\_

I have discussed the aforementioned surgery and the importance of pre-surgical blood testing with the referring veterinarian. I understand that there are risks and hazards involved with the recommended surgical procedure, including anesthetic risk. I realized that no guaranty or warranty can ethically or professionally be made regarding the results or cure.

I authorize the surgeons and/or associates (Drs. Harper, Franklin, Lew and McFadden) of Texas Specialty Veterinary Services, PLLC to perform surgery on my pet. I am also aware that Dr. Harper is board certified in large animal surgery only but have retrained in small animal surgery as well, therefore, offers their services to small animal clients and their animals. I have also been made aware that Dr. Franklin is small animal surgery residency trained, but has not become board certified at this time. At this time Dr. Franklin's title is Practice Limited to Surgery. I understand that there are other board-certified surgeons in small animal available in the area. Drs. Lew and McFadden are board certified small animal surgeons.

Your pet has been diagnosed with a "Cherry eye" or protrusion of the third eyelid gland caused by enlargement of the gland that requires surgical correction. There is currently numerous theories behind of the origin of this disease. Most patients are affected at a young age (usually one year or less). The problem can occur in one or both eyes. Common canine breeds affected include American and English Cocker spaniels, English bulldogs, beagles, Pekingnese, Boston terriers, Basset hounds, Shih Tzus, and Lhasa apsos.

Rare potential causes that could result in failure of the original repair include neoplasia, hyperplastic lymphoid follicles, and malformation of the nictating membrane.

The undersigned owner or authorized agent of admitted patient \_\_\_\_\_ hereby authorize the admitting veterinarian (and his/her designated associates or assistants) to administer such treatment as is necessary to perform the below-mentioned procedure. The nature of the procedure(s) has been explained to

me and no guarantee has been made as to results or cure. I understand that there may be risk involved in these procedures.

I consent to the administration of such anesthetics or tranquilizers as are necessary.

Anesthetic Risks: (Although every effort is made to make anesthesia as safe as possible including vital sign monitoring and use of the most up to date anesthetic agents and equipment, understand that anesthesia has inherent risks). The incidence of complications from anesthesia is extremely low and we do not anticipate any in your pet but on rare occasions the following can occur:

1. Allergic reaction to the anesthetic agents
2. Heart rhythm abnormalities
3. Untoward reactions to the gas including drops in blood pressure or respiratory difficulties
4. Just like in humans, on very rare occasions, general anesthesia can result in death.

I consent to the following surgical procedure(s): Morgan Pocket Technique for replacement of the Third Eyelid Gland

Major Surgical Risks:

1. Infection (rare)
2. Failure of the original repair and recurrence
3. Keratoconjunctivitis sicca can still occur in repaired prolapsed third eyelid glands.

Strict adherence to post-surgical care and medicating of your pet will minimize these potential complications and serious problems are very uncommon in most cases.

Texas Specialty Veterinary Services (TSVS) occasionally features patients on its Facebook page, YouTube channel, other social media sites, and in publications (print or online). With your permission, we may share your pet's picture, video or story. We may mention your pet by name, but never the owner's name. TSVS would be grateful that you'll be helping other pets by educating pet owners, veterinary technicians, and veterinarians.

Please initial to allow TSVS to mention your pet \_\_\_\_\_.

---

**Date**

**Pet Owner/Agent Signature**

**Phone I Can Be Reached At Today**