



Martinez Eye Associates  
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### **Informed Consent or Refusal for Dilated Fundus Exam**

Dilation involves instilling eye drops for the purpose of enlarging the pupils of the eyes to better check the health of the inside of the eyes.

The pupils are simply an entry way/opening to the inside of the eye. Looking through an undilated pupil is similar to looking into a room through a keyhole in the door; the doctor may see only about 20% to 50% of what is inside. However, looking through a dilated pupil is like looking into a room through an open door; the doctor gets a complete view of the inside of the eye.

A dilated fundus exam is recommended routinely at the time of your initial exam for baseline recording and usually every other full eye exam thereafter (about every 2 to 3 years). It should be done annually if you have any of the conditions listed under **Benefits** below.

#### **Benefits**

Dilation allows the doctor a better view of the peripheral retina for disease. It is highly recommended if you or your family has a history of high blood pressure, diabetes, past retinal problems (i.e., retinal detachment/tears), or extreme nearsightedness. It is also recommended if you have experienced sudden cloudiness of vision, especially in one eye, "curtain or veil-like" obstruction of vision, a sudden onset of many "floaters" or flashing lights off to the side of your vision.

#### **Risks**

- ❖ Some blurring of vision and glare because of enlarged pupils for about 2 (but up to 6) hours. You should not operate heavy equipment or drive an automobile unless you are comfortable with your vision.
- ❖ Difficulty with near reading for 1 to 2 hours. The focusing ability is impaired and may cause a slight headache if you try to read.
- ❖ Induced ocular hypertension. Rare cases have been reported in which redness and sharp pain are experienced because of increased eye pressure. If this happens, contact the doctor immediately.

Check one:

\_\_\_\_ I understand the above and consent to have the dilation done.

\_\_\_\_ I understand the above and decline dilation at this time. I understand that potential for partial or total loss of vision may exist and, without dilation, may go undetected.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_