



SILICONE

PATIENT EDUCATION

A Soft Plug® punctum plug has been placed in one or more of your punctum to assist in the retention of the natural tear film of your eye.

The Soft Plug® is a non-dissolvable, yet removable, plug which seals the tear duct, therefore blocking the passage by which tears leave the surface of the eye. The soft, flexible plug provides long-term relief with maximum comfort.

Relief of your dry eye symptoms following the insertion of the plug may not be noticed immediately. For some patients relief will be a gradual process of healing the eye; others will experience relief soon after insertion.

Minor irritation, discomfort or excessive tearing may occur during the first few days. If you are concerned or experience unusual problems which seem related to the plug, please do not hesitate to contact your eye care professional.

The Soft Plug® is designed for easy removal. The removal of a plug should only be done by your doctor. The ability to easily remove the plug may occasionally result in accidentally dislodging the plug by the patient. A few recommendations for care of your plugs are listed below.

PATIENT CARE

IMPORTANT: *Do not press or rub on areas in which a plug is located.*

When a build up of material, often referred to as "sleep", collects in the corner of your eye, take special care in its removal. Use a clean cotton tipped applicator (such as a "Q-Tip") with the aid of a mirror to gently remove the debris. Moistening the cotton with luke-warm water prior to use may be helpful.

Avoid rubbing the surface of the eye with the applicator. If necessary, you may wear your glasses during the cleaning process. Simply reach under the edge of the glasses with the applicator while looking in the mirror and gently wipe the debris away.

If you experience any complications, contact your eye care professional.

If the plug is lost, it can be replaced. Do not attempt to replace a plug that has been dislodged.

Following the insertion, if you experience unusual or unexplainable discomfort, contact your eye care professional as soon as possible.

Request for Treatment Non-Dissolvable Silicone Punctal Plugs

I _____ (print name) was evaluated by the doctor and have been previously informed that I have Ocular Surface Disease due to Dry Eye Syndrome. As a result, the doctor has recommended canalicular occlusion with non-dissolvable silicone punctal plugs.

Risks and Complications:

Non-dissolvable silicone plugs may cause tearing or watery eyes and while uncommon, irritation, infection, or allergic reaction may occur. If any of these complications arise, the plug may be removed using forceps to remove the plug from the punctum.

Possibility of Success:

Having responded favorably to testing, I realize that I probably will benefit from placement of non-dissolvable silicone punctal plugs. However, I realize that neither my response to the test, the doctor, nor the staff can guarantee the success of this treatment. It is not recommended to rub the eyes or lids after the silicone plugs have been inserted. They may become dislodged or fall out of the lid and be lost. The office is not responsible for replacing plugs that are displaced or lost.

Alternatives:

I may choose to use eye drops and decongestants to temporarily relieve the symptoms I am experiencing. However, these methods fail to treat the cause of the problem and require repeated use.

I may choose to do nothing for my condition. If left untreated, I understand that my symptoms probably will continue and might even get worse (tear production is reduced with age). Mild Dry Eye Syndrome may result in irritation of the eye. Severe Dry Eye syndrome can result in the loss of vision or the entire eye.

Argon laser and electrocautery are surgical procedures that may cause damage to tissue. These may be difficult to reverse should complications arise (irritation, infection, or watery or tearing eyes).

Informed Consent:

I have discussed and been encouraged to discuss my condition with the doctor. I have had all my questions answered. I understand my condition and the benefits and drawbacks of punctal occlusion using non-dissolvable silicone punctal plugs. I hereby request silicone plugs be placed in my tear drainage ducts to treat my dry eye condition. I will document my response to this treatment and, upon any eventual change in my condition, notify my doctor for evaluation and corrective action.

Patient _____

Date _____

Doctor _____

Date _____

Symptoms Checklist

Name (Please print): _____

Please check all of the symptoms you are currently experiencing.

- ☐ Burning eyes
- ☐ Sandy or gritty feeling
- ☐ Itching
- ☐ Dryness of the eyes
- ☐ Watery eyes
- ☐ Sensation of foreign matter in eyes
- ☐ "Tired eyes"
- ☐ Constant or occasional tearing
- ☐ Lid infection
- ☐ Discomfort with bright lights
- ☐ Redness
- ☐ Light sensitivity
- ☐ Eye pain or soreness
- ☐ Stringy mucus in or around the eyes
- ☐ Fluctuating vision

Related Conditions:

- ☐ Allergies or hay fever
- ☐ Asthma
- ☐ Bronchitis
- ☐ Chronic cough
- ☐ Dry throat or mouth
- ☐ Sneezing
- ☐ Headaches
- ☐ Middle ear congestion
- ☐ Joint/arthritis pain
- ☐ Nasal or sinus congestion
- ☐ Post-nasal drip
- ☐ Runny nose

Do you use any type of lubricating eye drops or artificial tears? _____

Do you have seasonal allergies? _____

Do you use eye drops for the treatment of glaucoma? _____

Are your eyes sensitive to:
(Please circle all choices that apply.)

air conditioning
dust
pollen
tobacco smoke
wind

contact lens wear
heaters
smog
video display terminals

If you wear contact lenses or have worn contact lenses in the past, please answer the following questions:

Yes No

- ☐ ☐ Do you currently wear contact lenses?
If so, how long have you worn them? _____ years
- ☐ ☐ Are they comfortable throughout the day?
- ☐ ☐ Are your eyes sensitive to contact lens solution?
- ☐ ☐ Have you worn contact lenses before, and then quit for some reason?

If so, what caused you to quit wearing them? _____

Signature: _____ Date: _____