

CONSENT TO HAVE LASIK OR PRK SURGERY

This information will help you make an informed decision about having Laser Assisted in-Situ Keratomileusis (LASIK) or Photo Refractive Keratectomy (PRK) surgery to treat your nearsightedness, farsightedness, and/or astigmatism. Take as much time as you wish to make a decision about signing this form. You are encouraged to ask any questions and have them answered to your satisfaction before you give your permission for surgery. Every surgery has risks as well as benefits and each person must evaluate this risk/benefit ratio for himself/herself in light of the information presented in the video and information which follows.

Spectacles and contact lenses are the most common method of correcting nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. When tolerated well, they are likely to be a good alternative to LASIK or PRK surgery. Refractive surgery is continually evolving and other refractive procedures may be available as an alternative to LASIK or PRK. You should also be aware that having any refractive procedure could potentially disqualify you from some professions, including the military and certain law enforcement agencies.

LASIK permanently changes the shape of the cornea. The surgery is performed under a topical anesthetic (drops in the eye). The procedure involves folding back a thin layer of corneal tissue (corneal flap) and then removing a thin layer of corneal tissue with the light from an excimer laser. The flap (corneal flap) is replaced and bonds back into place without the need for stitches. PRK also permanently changes the shape of the cornea. Instead of performing the laser treatment under a protective flap of corneal tissue, the treatment is performed on the surface of the cornea. The most common reasons for performing PRK instead of LASIK are: 1) the overall cornea thickness is not enough to safely allow for a flap to be made; 2) the patient prefers a treatment without a corneal flap. The result of removing thin layers of tissue causes the center of the cornea to flatten in the case of nearsightedness, or steepen in the case of farsightedness or become more rounded in the case of astigmatism, which changes the focusing power of the cornea. Although the goal of LASIK or PRK is to improve vision to the point of not being dependent on glasses or contact lenses, or to the point of wearing thinner (or weaker) glasses, this result is not guaranteed.

You should understand that LASIK or PRK surgery will not prevent you from developing naturally occurring eye problems such as glaucoma, cataracts, retinal degeneration or detachment. After the procedure you should avoid rubbing the eye. Your eyes may be more susceptible to traumatic injury after LASIK and protective eye wear is recommended for all contact and racquet sports where a direct blow to the eye could occur. Also, LASIK or PRK does not correct the condition known as presbyopia (or aging of the eye) which occurs around age 40 and may require you to wear reading glasses for close-up work. People over 40 who have their nearsightedness corrected may find that they need reading glasses for clear close vision.

During pregnancy or nursing your refractive error can fluctuate which could influence your results. If you know you are pregnant or attempting to become pregnant within the next three months, it is important that you advise your doctor immediately. You should also tell your doctor about any medications that you are taking such as hormone replacement therapy or antihistamines as they may influence healing.

POTENTIAL RISKS OF LASIK OR PRK INCLUDE:

1. **LOSS OF VISION.** LASIK or PRK surgery can possibly cause loss of vision or loss of best corrected vision. This can be due to infection or irregular scarring or other causes, and unless successfully controlled by antibiotics, steroids or other necessary treatment, could cause loss of the affected eye. Vision loss can be due to the cornea healing irregularly which could add astigmatism and make wearing glasses or contact lenses necessary. It is also possible that you may not be able to successfully wear contacts after LASIK or PRK.
2. **VISUAL SIDE-EFFECTS.** Other complications and conditions that can occur with LASIK or PRK surgery include: anisometropia (difference in power between the two eyes); aniseikonia (difference in image size between the two eyes); double vision; hazy vision; fluctuation vision during the day and from day to day; increased sensitivity to light which may be incapacitation for some time and may not completely go away; glare and halos around lights which may not completely go away.

3. **OVERCORRECTION AND UNDERCORRECTION.** LASIK or PRK surgery may not give you the result you desired. If after the procedure you are either undercorrected or overcorrected, it may be possible or necessary to have additional to fine-tune or enhance the initial result. If you were nearsighted, overcorrection could result in farsightedness. If you were farsighted, overcorrection could result in nearsightedness. Overcorrections, especially when treating farsightedness, often diminish with time but could be permanent. It is also possible that your initial favorable results could regress over time.
4. **OTHER RISKS OF LASIK:** Complications related to the corneal flap include: loss of the flap, too small or too thin flap resulting in cancellation of surgery, wrinkling of the flap necessitating lifting and smoothing of the flap, ingrowth of the epithelial cells under the flap necessitating lifting the flap, and progressive bulging (ectasia) of the cornea. Complications may require further surgical procedures.
5. **OTHER RISKS OF PRK:** Complications related to surface laser treatment include: delayed healing resulting in delayed improvement of vision, and scarring (haze) formation which may take weeks or months to resolve.
6. **OTHER RISKS:** Additional reported complications include: corneal ulcer formation; endothelial cell loss; epithelial healing defects; ptosis (droopy eye lid); corneal swelling; retinal detachment and hemorrhage. It is also possible that the microkeratome or the excimer laser could malfunction and the procedure stopped. Since it is impossible to state all potential risks of any surgery, this form is incomplete.
7. **FUTURE COMPLICATIONS:** You should also be aware that there are other complications that could occur that have not been reported before the creation of this consent form as LASIK or PRK surgery has been performed only since the early 1990's and longer term results may reveal additional risks and complications.

POST-OPERATIVE INSTRUCTIONS: After your surgery you will be given medications and instructions to help prevent infection and control healing. It is imperative that you follow ALL instructions exactly as they are given to you. It is also imperative that all follow-up visits be kept as directed.

DRY EYE: Many patients having LASIK already have dry eyes, especially those who are contact lens intolerant or who are older than their mid-30's. In some people, LASIK can make dry eyes temporarily worse. In these cases, the eye usually returns to its pre-LASIK state within several months. In some cases the worsening of dry eye may be permanent necessitating the placement of punctual plugs and/or the permanent use of artificial tears.

In signing this form, you are stating that you have read this consent form and although it contains medical terms which you may not completely understand, you have had the opportunity to ask questions and had them answered to your satisfaction. You have also viewed the video and understand the questions presented.

You also give your permission for medical data concerning your operation and related treatment and any video recordings of your surgery to be released to physicians and others demonstrating a "need to know" for clinical study.

To assure that you have understood the information presented, please copy the following statement in your own handwriting:

"I understand the information presented and am willing to accept the fact that I may need glasses or contact lenses or further surgery following LASIK or PRK to achieve my best possible level of vision."

I am making an informed decision in giving my permission to have Laser Assisted in-Situ Keratomileusis (LASIK) or Photo Refractive Keratectomy (PRK) surgery performed on my ___ right eye ___ left eye ___ both eyes.

Signature of Patient: _____ Date: _____
 Signature of Witness: _____ Date: _____
 Account # _____ Signature of Surgeon: _____ Date: _____