LASIK Master Consent

Intralase LASIK (IntraLASIK, iLASIK)

Indication and Procedure
This information is being provided to you so that you can make an informed decision about IntraLASIK, or “all-laser” LASIK.

The IntraLASIK surgery also involves two procedures, it uses the FDA-approved IntraLase laser to create a flap with laser energy.  The IntraLase laser is capable of creating extremely precise flaps by producing tiny bubbles inside the cornea that are 1/10,000 of an inch in diameter.  The laser beam cannot penetrate into the eye beyond the cornea.  After the flap is created, an excimer laser is used to reshape the eye by removing ultra-thin layers from the cornea in order to reduce farsightedness, nearsightedness or astigmatism.  The flap is returned to its original position, without sutures.

Alternatives to IntraLASIK
IntraLASIK is an elective procedure: there is no emergency condition or other reason that requires or demands that you have it performed.  There are alternatives to this surgery: you could continue wearing contact lenses or glasses and have adequate visual acuity.  There are also other types of refractive surgery, including PRK.
LASIK-Specific Risks and Possible Complications
This procedure, like all surgery, presents some risks, many of which are listed below.  You should also understand that there may be other risks not known to your doctor, which may become known later.  Despite the best of care, complications and side effects may occur; should this happen in your case, the result might be affected even to the extent of making your vision worse.  In giving my permission for IntraLASIK, I understand the following: The surgeon will use the FDA-approved IntraLase laser to create a flap, and then an FDA-approved excimer laser to reshape the eye.  The long-term risks and effects of IntraLASIK are unknown.  I have received no guarantee as to the success of my particular case.  I understand that the following risks are associated with the procedure:

1. I understand that the IntraLase laser or the excimer laser could malfunction, requiring the procedure to be stopped before completion.  Depending on the type of malfunction, this may or may not be accompanied by visual loss.
2. I understand that my surgeon may stop the procedure if my flap is not adequate (too thin/too thick/short/irregular etc…)
3. I understand that other very rare complications threatening vision include, but are not limited to, corneal swelling, corneal thinning (ectasia), appearance of “floaters” and retinal detachment, hemorrhage, blockage in the veins and arteries of the eye, cataract formation, total blindness and even loss of my eye.
4. I understand that I should keep my eyes closed for at least 4 hours after LASIK and avoid rubbing my eyes in the first week after surgery. Trauma to my eye could cause the corneal flap to dislocate either early on or even years later. Dislocation of the flap can lead to formation of flap folds, infection, scarring and loss of vision
5. I understand that some patients may rarely experience light sensitivity after IntraLASIK that could last for months.

Complications:

1. I understand this is an elective procedure and that LVC surgery is not reversible.
2. I understand that the long-term effects of LVC are unknown and that unforeseen complications or side effects could possibly occur.
3. I understand that I should follow all oral and written instructions related to my medications, follow up visits and postoperative care. Failure to do so may lead to loss of vision as severe as blindness.
4. I understand that there is a small chance that the whites of my eyes may temporarily appear pink or red for several days to several weeks after surgery.
5. I understand that my vision after surgery may not be clear immediately and that I might not notice improvement for several days to several weeks.
6. I understand that there may be increased sensitivity to light, glare, and fluctuations in the sharpness of vision.  I understand these conditions usually occur during the normal stabilization period from one to three months, but they may also be permanent.
7. I understand that there is an increased risk of eye irritation related to drying of the corneal surface following the procedure.  These symptoms may be temporary or, on rare occasions, permanent, and may require frequent application of artificial tears and/or closure of the tear duct openings in the eyelid.
8. I understand that an overcorrection or undercorrection could occur, causing me to become farsighted or nearsighted or increase my astigmatism and that this could be either permanent or treatable.  If permanent, I may need to use glasses or contact lenses.  I understand an overcorrection or undercorrection is more likely in people over the age of 40 years and may require the use of glasses for reading or for distance vision some or all of the time.
9. After refractive surgery, a certain number of patients experience glare, a “starbursting” or halo effect around lights, or other low-light vision problems that may interfere with the ability to drive at night or see well in dim light.  Although there are several possible causes for these difficulties, the risk may be increased in patients with large pupils or high degrees of correction.  For most patients, this is a temporary condition that diminishes with time or is correctable by wearing glasses at night or taking eye drops.  For some patients, however, these visual problems are permanent.  I understand that my vision may not seem as sharp at night as during the day and that I may need to wear glasses at night or take eye drops.  I understand that it is not possible to predict whether I will experience these night vision or low light problems, and that I may permanently lose the ability to drive at night or function in dim light because of them.  I understand that I should not drive unless my vision is adequate.  I have discussed these risks in relation to my particular pupil size and amount of correction.
10. I understand that I may not get a full correction from my procedure and this may require future retreatment procedures, such as more laser treatment or the use of glasses or contact lenses.
11. I understand that there may be a “balance” problem between my two eyes after LVC has been performed on one eye, but not the other.  This phenomenon is called anisometropia.  I understand this would cause eyestrain and make judging distance or depth perception more difficult.
12. I understand that there is a natural tendency of the eyelids to droop with age and that eye surgery may hasten this process.
13. I understand that there may be pain, irritation, or a foreign body sensation, particularly during the first 48 hours after the surgery.  I also understand that pain may be associated with complications such as infection.
14. I understand that I could lose the visual acuity I initially gain from LVC and that my vision may go partially back to a level that may require additional surgery, or require glasses or contact lenses to see clearly.
15. I understand that the correction that I can expect to gain from LVC may not be perfect.  I understand that it is not realistic to expect that this procedure will result in perfect vision, at all times, under all circumstances, for the rest of my life.  I understand I may need glasses to refine my vision for some purposes requiring fine detailed vision after some point in my life, and that this might occur soon after the surgery or years later. I understand that I may need to use contact lenses in the future and their fitting may not be as easy as before laser vision correction.
16. I understand that I may be given medication in conjunction with the procedure and that my eye may be patched afterward.  I, therefore, understand that I must not drive the day of surgery and should not drive until I am certain that my vision is adequate for driving.
17. I understand that if I currently need reading glasses, I will still likely need reading glasses after this treatment.  It is possible that dependence on reading glasses may increase or that reading glasses may be required at an earlier age if I have this surgery.
18. I understand that even 90% clarity of vision is still slightly blurry.  Retreatment surgeries can be performed when vision is stable UNLESS it is unwise or unsafe.  Retreatment surgery can be performed typically no sooner than three months after surgery, and for up to one year.  Generally, the original flap can be re-lifted without creating a new flap.  A retreatment will only be considered if there is adequate corneal tissue.  A retreatment will not be considered an option when it is deemed unwise or unsafe.  In order to perform a retreatment surgery, there must be adequate tissue remaining.  If there is inadequate tissue, it may not be possible to perform a retreatment.  An assessment and consultation will be held with the surgeon at which time the benefits and risks of a retreatment surgery will be discussed.
19. I understand that, as with all types of surgery, there is a possibility of complications due to anesthesia, drug reactions, or other factors that may involve other parts of my body. I understand that, since it is impossible to state every complication that may occur as a result of any surgery, the list of complications in this form may not be complete.
20. A yearly eye exam is needed to constantly monitor my eyes after LASIK. I understand that it is best to inform my LASIK surgeon in the event of any trauma or new condition that may develop later on in life.
21. For Presbyopic patients (those age 40 or above requiring a separate prescription for reading): I understand that if I am over 40 years of age and have both eyes corrected for clear distance vision, I will need reading glasses for many close tasks.  The strength of readers I will need may vary over the course of my healing.  It is possible that my dependence on near correction may increase or decrease after surgery. If I currently need reading glasses, I will likely still need reading glasses after this treatment.  It is possible that dependence on reading glasses may increase or that reading glasses may be required at an earlier age if I have Laser Vision Correction. The option of monovision has been discussed with me.

Visual Recovery Most LVC patients experience rapid visual recovery, but some may experience symptoms such as blurred vision, night glare or ghost images that can result in prolonged recovery of normal vision. Blurred vision may rarely continue for several weeks, which could make driving difficult or dangerous and could interfere with your ability to work if it occurs in both eyes. There is no way of predicting how long your eyes will take to heal.

The healing LASIK corneal flap is most susceptible to trauma during the first several weeks after surgery.  Should both flaps become accidentally displaced, significant visual loss in both eyes may result.

Expectations
The goal of LASIK/PRK is to achieve the best visual result with the safest method while reducing dependency on glasses or contacts.  However, night driving glasses and reading glasses may still be needed.  The degree of correction required determines both the rate of recovery and the initial accuracy of the procedure.  Severe degrees of nearsightedness may require two procedures. Patient differences in healing can also greatly affect visual recovery and final visual outcome and are impossible to predict.  After the initial procedure and even if further procedures are performed, you may have some remaining nearsightedness, farsightedness, or astigmatism, If so, glasses and/or contact lenses may still be needed some or all of the time.

PATIENT’S STATEMENT OF ACCEPTANCE AND UNDERSTANDING

The details of the requested procedure have been presented and explained to me by my ophthalmologist (surgeon).  My ophthalmologist has answered all my questions to my satisfaction. I therefore consent to having the procedure I initialed on the first page of this document.

My signature on the this consent form indicates that I have read, understood and accept the information provided in the “LASIK –Laser Vision Correction – Informed Consent Document.”  All of my questions have been answered to my satisfaction.

Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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