



INFORMED CONSENT FOR LASIK SURGERY

IMPORTANT: READ EVERY WORD!

This information is to help you make an informed decision about having laser assisted in-situ keratomileusis (LASIK) 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 ration for himself/herself in light of the information presented.

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 surgery. Refractive surgery is continually evolving and other refractive procedures may be available as an alternative to LASIK. 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 (eye drops). 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 Eximer laser. After removal, the flap (corneal flap) is replaced and bonds back into place without the need for stitches. 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 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 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 does not correct the condition known as presbyopia (or aging of the eye) which occurs to most people around age 40 and may require them to wear reading glasses for close-up work. People over 40 that have their nearsightedness corrected may find that they need reading glasses for clear, close vision.

During pregnancy 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 (3) months, it is important to advise your doctor immediately. You should also tell you doctor about any medication that you are taking such as hormone replacement therapy or antihistamines as they may influence healing.

PATIENT'S INITIAL _____
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POTENTIAL RISKS OF LASIK INCLUDE:

1. **LOSS OF VISION.** LASIK 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 even cause loss of the infected eye. Vision loss can be due to the cornea healing irregularly which could add astigmatism and make wearing glasses or contact lenses necessary and useful vision could be lost. It is also possible that you may not be able to successfully wear contacts after LASIK.
2. **VISUAL SIDE-EFFECTS.** Other complications and conditions that can occur with LASIK surgery include: anisometropia (difference in power between the two eyes); aniseikonia (difference in image size between the two eyes); double vision; hazy vision; fluctuating vision during the day and from day to day; increased sensitivity to light which may be incapacitating for some time and may not completely go away; glare and halos around lights which may not completely go away. Some of the conditions may affect your ability to drive and judge distances and driving should only be done when you are certain your vision is adequate.
3. **OVERCORRECTION AND UNDERCORRECTION.** LASIK 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 surgery 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.** Additional reported complications include: corneal ulcer formation; endothelial cell loss; epithelial healing defects; ptosis (droopy eye lid); corneal swelling, retinal detachment and hemorrhage. Complications could also arise requiring further corrective procedures including either a partial (lamellar) or full thickness corneal transplant using a donor cornea. These complications may also be acquired which could induce astigmatism. There are also potential complications due to anesthesia and medications, which may involve other parts of your body. 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.
5. **FUTURE COMPLICATIONS.** You should be aware that there are other complications that could occur that have not been reported before the creation of this consent form as LASIK 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 the dry eye may be permanent, necessitating the placement of punctal plugs and/or the permanent use of artificial tears.

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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 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 or others demonstrating a "need to know" for clinical study.

PATIENT'S INITIAL _____

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

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

PATIENT'S INITIAL _____

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PLEASE INITIAL AFTER EACH OF THE FOLLOWING STATEMENTS:

It has been explained to me that the proper way to look at refractive surgery is to view the procedure as a means of decreasing my dependence on glasses and/or contact lenses. I realize that I am not having refractive surgery performed expecting a guarantee of 20/20 vision.

The phenomenon of presbyopia has been explained to me to my satisfaction and I am aware of the need for reading glasses after age 40.

I understand that an enhancement is not advised if I achieve an uncorrected vision of 20/25. I understand that glasses or contact lenses will be advised for correcting my vision from 20/25 to 20/20 or even possibly better than 20/20.

I understand that glasses or contact lenses may be necessary to provide me with my best level of correction after refractive surgery.

I am making an informed decision in giving my permission to have Laser Assisted In-Situ

Keratomileusis (LASIK) surgery performed on my: _____ right eye _____ left eye _____ both eyes.

SIGNATURE OF PATIENT: _____ DATE: _____

SIGNATURE OF WITNESS: _____ DATE: _____

SIGNATURE OF SURGEON: _____ DATE: _____

Please use this space to write any questions or concerns you still wish to discuss with the doctor or staff:

PATIENT'S INITIAL _____

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QUESTIONS FOR LASIK INFORMED CONSENT

The following questions cover important information. Please circle your answer. The correct answers follow the questions.

1. TRUE OR FALSE: There are no guarantees as to exactly how well you will see after the procedure.
2. TRUE OR FALSE: LASIK is the only way to correct your refractive error(s).
3. TRUE OR FALSE: You may experience vision irregularities such as halos and glare after your surgery and you may be more sensitive to light, which in some cases could be permanent.
4. TRUE OR FALSE: After the surgery, follow-up visits are not important.
5. TRUE OR FALSE: It is possible that another operation may be necessary after LASIK to obtain the best level of vision correction.
6. TRUE OR FALSE: There is the possibility that the LASIK procedure could cause loss of vision.
7. TRUE OR FALSE: You may experience mild to moderate discomfort for several days after the procedure.
8. TRUE OR FALSE: LASIK will eliminate the need for reading glasses when you are over 40 years of age.
9. TRUE OR FALSE: The information you have been given covered all risks, side-effects and complications that could possibly occur with LASIK surgery.
10. TRUE OR FALSE: You understand that LASIK is a relatively new procedure and that the long term risks may not yet be fully known.

Answers ...

1. TRUE – There are no guarantees as to how well you will see after LASIK.
2. FALSE – In addition to glasses and contact lenses, there may be other surgical procedures to treat your refractive error(s).
3. TRUE – Halos, glare and light sensitivity can be experienced and may not go away completely.
4. FALSE – Follow-up visits are extremely important to monitor the healing process.
5. TRUE – Re-treatment may be required to obtain the best level of corrected vision.
6. TRUE – Some patients have had their vision made worse.
7. TRUE – Some patients report mild to moderate pain for a short time after the procedure.
8. FALSE – LASIK does not treat “presbyopia” which occurs to most people above the age of 40 and requires them to wear reading glasses for close work.
9. FALSE – The information presented did not cover all possible risks, side-effects and complications of LASIK.
10. TRUE – LASIK as we know it today has only been performed for a relatively short time and long term complications may not be known.

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