

PATIENT CONSENT - For Laser Refractive Surgery

LASER IN SITU KERATOMILEUSIS (LASIK), LASER EPITHELIAL KERATOMILEUSIS (LASEK), OR PHOTOREFRACTIVE KERATECTOMY (PRK) WITH THE EXCIMER LASER

General Information:

The information here is designed to help you make a more informed decision about laser refractive surgery (LASIK, LASEK, or PRK). In all three of these procedures the excimer laser is used to change the contour of the cornea. The application of the laser beam is identical regardless of which procedure (LASIK, LASEK or PRK) is used. The difference between the procedures is only in the method used to prepare the corneal surface being treated by the laser. During LASIK a device known as a microkeratome is used to create a hinged flap of corneal tissue. This flap is then moved out of the way and the excimer laser treatment is applied. During LASEK a special solution is used to prepare the surface of the cornea, this top surface is then moved out of the way and the excimer laser treatment is applied. With PRK, the top surface is removed, the laser treatment is applied, and the very surface layer of the cornea is allowed to grow back in place. The results of such laser treatments usually lead to improved uncorrected vision and patient satisfaction. All three procedures are performed under topical anesthetic.

Complications are uncommon, but they do happen. It is even possible, though rare, for serious complications to occur. Despite the best care, complications can happen to you. The overall incidence of a given complication may be low, but if it happens after your laser surgery, the incidence is then 100% for you. This consent form will discuss the benefits as well as the complications of LASIK, LASEK, and PRK. Though you may receive advice from family, friends or medical personnel, the ultimate decision for laser refractive surgery is yours alone. The information presented in these pages, plus any other information you may have seen or read, are all important to your making an informed decision about your LASIK, LASEK, or PRK procedure. All of the information here should be read and understood to help you make your decision.

It is impossible in a few pages to discuss everything related to LASIK, LASEK, or PRK surgery. You may want to consult with your eye doctor or someone else before making your final decision. There are web-sites on the internet and books at the library that may give you more information.

Statement on Privacy and Confidentiality:

Precision Vision is an "open" center where it is customary for spouses, other patients, family members, ophthalmologists and optometrists, and other visitors to observe patients and their procedures. They may also overhear personal information regarding your surgical plan, your financial arrangements or your individual health. This consent acknowledges your permission to have any and all observers or visitors witness your procedure(s) through observation windows and television monitors. It also acknowledges your awareness that your personal information may be overheard during your visit. You have a right to privacy and confidentiality as in any medical procedure, and if you would like no observers, or to limit observers to specific individuals, please indicate below: (Leaving blank gives a blanket permission, but you can change your mind at any time).

____ "I want no observers (other than my eye doctor and necessary staff of Precision Vision)"

____ "I want all discussions regarding my health, my financial obligations and my surgery to be held in private"

Statement on Small Children/Observers:

Eye surgery is typically not appropriate for small children to watch, as they may react unpredictably and/or have lasting negative effects of watching surgery, particularly on a parent or loved one. Although not prohibited, we discourage small children at the center, but leave it up to parental discretion. It is the patient's and any parent's decision as to what their children watch.

Alternate Therapy

There are many ways to correct your vision. You may have the option to have Intac™ implants, corneal transplants, a clear lens exchange or have refractive surgery. Refractive laser surgery is not an emergency procedure. Delaying the laser procedure will not cause any medical problems. If you decide not to correct your vision with laser at this time, there are non-surgical alternatives. They involve continued use of corrective lenses (glasses and/or contact lenses).

Refractive Laser Surgery

The excimer laser uses a mixture of gasses to produce a single, narrow beam of invisible, ultraviolet light energy. The laser beam is focused through a series of lenses and then used to remove a precise amount of corneal tissue (photoablation). After in-putting the amount of correction that is desired, the laser computer precisely calculates the amount of photoablation and the pattern of ablation needed to change the corneal curvature in an attempt to give the best vision correction possible.

In October 1996, the Food and Drug Administration (FDA) approved the use of the excimer laser for the treatment of moderate to high levels of myopia (nearsightedness), astigmatism, and low to mid-range hyperopia (farsightedness).

The final decision to have any refractive procedure is yours. They are elective procedures that involves certain risks. Many of those risks will be discussed in this consent form. There may be other risks not yet known to your surgeon and therefore not listed here. In spite of this, all precautions will be taken to ensure a successful outcome, but side effects or complications may occur. The results might make your vision worse.

Vision Threatening Complications

- 1) I understand that there is a risk of partial or total loss of vision.
- 2) I understand that the microkeratome or the excimer laser could malfunction and the procedure could be stopped before completion.
- 3) I understand that in attempting to make a corneal flap, the central cornea cap could be removed. I understand that my surgeon would then need to replace the cap after the laser treatment is done. I understand that my surgeon may decide to do my laser treatment with the cap removed. I also understand that if the corneal cap is removed, it could be lost.
- 4) I understand that it is possible to lose the corneal cap days or years following the procedure. If this should occur, further surgery would be necessary to place a graft of corneal tissue.
- 5) I understand that the cornea may heal irregularly and could result in a distorted cornea. This could mean that glasses or contact lenses might not correct my vision as clearly as they did before my surgery.
- 6) I understand that it is possible that a perforation of the cornea could occur, causing devastating complications, including loss of some or all of my vision. This could also be caused by an eye infection (internal or external) that could not be controlled with antibiotics or other means. As a result of these complications, I may require a corneal transplant.
- 7) I understand that corneal ectasia, a distortion of the shape of the cornea due to weakness in the tissue and resultant bulging of the cornea, can result from a number of causes and occurs without any surgery in conditions such as keratoconus. It can occur rarely and has been reported in patients following LASIK, LASEK, or PRK surgery. The long-term effects of laser vision correction on the corneal bed are unknown and ectasia may occur in the future due to unknown factors. Should ectasia occur, vision may not be correctable with glasses alone, contact lenses may be required to provide useful vision, or a corneal transplant may be necessary to permit return of vision.
- 8) I understand that there are other possible complications and risks including, but not limited to, hemorrhage, corneal swelling and inflammation, retinal detachment, arterial and venous blockage, cataract formation, loss of vision, total blindness, and even loss of my eye.

Non-Vision Threatening Side Effects and Complications

- 1) I understand that there are risks of complications that may require additional medical treatment and/or surgery.
- 2) I understand that there may be increased glare, light sensitivity, and fluctuating vision. It is not unusual to have this during the stabilization period of the first three months, but they may also be permanent.
- 3) I understand that I may be overcorrected. This will generally improve with time. It may be treatable, but it may be permanent.
- 4) I understand it is more likely for people over the age of forty to need glasses for reading or distance vision occasionally or all the time.
- 5) I understand that sometimes at night there may be a glow or halo around lights. I understand that this generally decreases with time, but could be 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. I understand I should not drive until my vision is adequate both during the day and at night.
- 6) I understand that the LASIK, LASEK, or PRK procedure may not fully correct my vision and I may require a future surgical enhancement in order to achieve better vision without glasses or contacts.
- 7) I understand that there may be some vision problems using both eyes together after LASIK, LASEK, or PRK has been performed on one eye, but not the other. This vision problem is called anisometropia. It could cause eyestrain and make depth perception more difficult. Surgery for the second eye usually can be performed after the first eye has stabilized. However, it might be several months before the first eye is visually comfortable and sufficiently stabilized to permit treatment for the second eye. I understand that the decision regarding the best time for surgery on my second eye must be coordinated with the surgeon and myself.
- 8) I understand my eye may be more fragile to trauma. The corneal incision will not be as strong after healing as the original cornea was. The eye may be more vulnerable to injuries after the LASIK, LASEK, or PRK procedure. It is advisable to wear protective eyewear when participating in activities where the possibility of an eye injury by a ball, fist, elbow, or other objects exist.
- 9) I understand that the eyelids normally droop with age. Any eye surgery may hasten this process.
- 10) I understand that there may be pain, irritation, or a foreign body sensation, especially in the first two days after surgery.

- 11) I understand that the temporary use of glasses or contact lenses for either distance or reading may be necessary while healing occurs. More than one pair of corrective lenses may be needed.
- 12) I understand that the long term effects of the LASIK, LASEK or PRK procedure are not known at this time. Unexpected complications or side effects may occur in the future.
- 13) I understand that regression in my best-corrected visual acuity may occur after having the LASIK, LASEK, or PRK procedure and my best-corrected visual acuity may only partially return to the level it was before the procedure.
- 14) I understand that I may not obtain the correction that I desire from LASIK, LASEK, or PRK. As with all refractive surgical procedures, I should not expect perfect vision at all times, under all circumstances, or for the rest of my life. I may need to use glasses at times to enhance my vision for purposes requiring fine, detailed vision. This could occur any time after surgery.
- 15) I understand that I will get some medication before and during surgery, and my eye may be shielded after the procedure. I must not drive for at least one day after surgery. I need to wait until I am certain that I see clearly enough to drive.
- 16) I understand that the LASIK, LASEK, or PRK procedure involves a number of separate steps and that each depends on the step before it. If any step is inadequate, the procedure will be stopped.
- 17) I understand that, as with any surgery, there may be complications due to anesthesia, drug reactions, or other factors. These may involve my eye or other parts of my body. It is not possible to name every complication that could occur as a result of any surgery. The complications listed in this form are not complete.
- 18) I understand that by treating both eyes at once, I could have problems in both eyes at the same time and could have trouble functioning for an unknown period of time.

Additional Information

Periodic follow-up examinations are extremely important. To give the best surgical results and reduce the effect of any complications, you will be asked to return the day after your surgery and as often as necessary to ensure proper follow-up care. It is important to consult with your eye doctor should you desire to wear contact lenses or have any other type of refractive surgery after your LASIK, LASEK, or PRK.

Precision Vision is a satellite facility for our San Antonio based surgeons. They, of course, are on-call and available on a continuous basis in addition to our Austin based doctors and staff. As our surgeons are not in Austin on a daily basis, there may be an occasion that you might need to travel to San Antonio.

PATIENT STATEMENT

I have a refractive error that requires me to wear corrective lenses to see clearly for my daily activities. Corrective glasses or contact lenses are not adequate in correcting my vision and I have decided to have a surgical procedure to attempt correction of my refractive error. I have been informed of the other options for vision correction. After considering those options, I have decided to undergo an excimer laser procedure.

I give my permission for my doctor to use the excimer laser for the LASIK, LASEK, or PRK procedure. I declare that I have read and understand the following information.

Patient's Signature _____

Description of Risks and Benefits

The goal of this procedure is to improve my uncorrected visual acuity and to decrease my dependence on corrective lenses (glasses and/or contact lenses). As with any surgery, it is impossible to guarantee the results in any individual case. I understand that I may not completely eliminate my need for corrective lenses.

I understand that excimer laser procedures can be used to treat myopia (nearsightedness), astigmatism, and hyperopia (farsightedness). If I currently need reading glasses, I will probably still need reading glasses after this procedure. I also understand that if I do not currently need reading glasses, I may need them, as I get older.

Risk Analysis

Most of the adverse reactions/complications after LASIK, LASEK, or PRK will be seen during the routine follow-up visits. They are usually alterations in the normal healing process that occur after the LASIK, LASEK, or PRK procedure. They may include: anisometropia (unequal refractive errors), astigmatism, corneal deposits at any level, corneal edema, corneal guttata, corneal iron lines, corneal scarring, corneal stromal haze, corneal ulceration or perforation, decrease in best corrected vision, endophthalmitis (intraocular infection), endothelial cell loss, foreign body sensations, glare, halo, hyphema, hypopyon, intraocular pressure elevation, keratitis, lens opacity, pain, partial or complete loss of vision, problems wearing contact lenses, under or over correction, or unresolved ptosis. Other early post-operative symptoms for LASIK, LASEK, or PRK may include contrast sensitivity loss, double vision, ghost images, light sensitivity, pupillary enlargement, and tearing. It is **NOT** recommended that

you use a topical anesthetic for relief in the early post-operative period; it may delay healing of the outermost layer of the eye (epithelium).

- **Astigmatism:** A change in the astigmatism of the eye may distort vision and might require you to wear corrective lenses.
- **Corneal Scarring/Corneal Stromal Haze:** Corneal haze or scarring may decrease vision after the procedure.
- **Decrease In Best Corrected Vision:** A decrease in the best-corrected visual acuity may require correction with glasses or contacts.
- **Foreign Body Sensations:** An irritation or feeling that something is in the eye may be experienced before or after the procedure. If they occur only after the laser procedure, they usually diminish with time.
- **Halo:** Halos or a glow can surround bright lights particularly at night after the laser procedure.
- **Problems Wearing Contact Lenses:** May occur after refractive surgery of any type.
- **Under or Over Correction:** The procedure may result in under correction where there may be a residual refractive error. The procedure may also lead to over correction. Corrective lenses may be needed for these conditions. It is possible that under or over correction may increase the dependence on reading glasses or require the use of reading glasses at an earlier age.

Corneal Surgery Side Effects

Corneal surgery, in general, can produce several side effects and may lead to problems. These problems can also occur following laser refractive procedures:

- **Anisometropia:** Any significant difference in the refraction between the two eyes may cause headaches and/or difficulty focusing.
- **Corneal Edema:** Corneal swelling is normal immediately after surgery. Persistent corneal edema is any corneal swelling present after the normal healing period.
- **Corneal Guttata:** Irregularities of the inner corneal layer with abnormal endothelial cells.
- **Corneal Iron Lines:** An epithelial iron line or Hudson-Stahli line can occur naturally with any disturbance in the tear film. It can be seen after any refractive surgery without affecting the vision.
- **Corneal Transplant:** Replacement of scarred or diseased cornea with clear corneal tissue from a donor.
- **Corneal Ulceration or Perforation:** An ulcer or perforation (thinning or tear) in the cornea (the transparent outer layer of the eye).
- **Diffuse Lamellar Keratitis (DLK):** Diffuse lamellar keratitis is a specific type of inflammatory reaction in the setting of previous LASIK, LASEK, or PRK surgery. It is a reaction of inflammatory cells that migrate to and deposit under the flap. It occurs in a small percentage of uncomplicated LASIK procedures and is random, sporadic, and unpredictable. Numerous causes have been associated with DLK, but it often occurs for no apparent reason. Most cases manifest within the first week to ten days following the procedure, but late onset cases have been reported. Although strict adherence to accepted standards of care can reduce the frequency and the risk of DLK, so far no center or any surgeon has been able to eliminate this problem completely. Prompt diagnosis and early treatment is usually successful in DLK. More redness, pain, decreased vision, and/or increased light sensitivity may be signs of a problem. If these should occur you must contact your eye doctor immediately. It is specifically looked for on your post-op examinations. If DLK advances or fails to be controlled with medications, other treatments, including lifting the flap to irrigate the underside, may be necessary. It is possible to have permanent scarring, distortion, and reduction of vision from DLK. In the most severe forms a corneal transplant may be necessary to permit a return of vision.
- **Endophthalmitis:** Inflammation of tissue inside the eye that may be due to infection. It may result in severe or complete loss of vision.
- **Endothelial Cell Loss:** A decrease in endothelial cell (the corneal inner layer) density. This may result in corneal swelling.
- **HypHEMA:** Hemorrhage (bleeding) in the anterior chamber of the eye (just behind the cornea).
- **Hypopyon:** An accumulation of white blood cells in the anterior chamber of the eye.
- **Intraocular Pressure Elevation:** An increase in pressure within the eye that may be due to usage of post-operative medications. It is usually resolved by stopping one of the post-operative medications or by adding a medication to reduce the pressure.
- **Keratitis:** Inflammation of the cornea due to infection or inflammation.
- **Lens Opacity:** Any clouding of the lens of the eye that may distort clear vision.
- **Night Glare:** Vision at night or in low light conditions is often challenging. A majority of patients, when asked before LASIK, LASEK, or PRK, will note glares, haloes, distortion around lights starburst, or decreased acuity at night. The causes for such symptoms are numerous including less-than-perfect vision, optical imperfections in the vision system, etc., and many patients note these symptoms even while wearing glasses or contact lenses. All patients are expected to notice some of these symptoms following successful laser vision correction surgery, but rarely are they bothersome or worse than before surgery. Wearing glasses or contact lenses that correct any residual optical error (for example while driving at night) is effective in

relieving symptoms in most patients. Because most patients have good vision, but not perfect vision, following successful vision correction, night glare can become universal and permanent. It often improves over many months following surgery, but glare may still limit certain activities, and may not be improved by any known means. Permanent disabling glare has been reported.

- **Pain:** Eye pain may occur at any time following surgery.
- **Partial or Complete Loss of Vision:** Loss of vision that may be minimal or extensive enough to lose all light perception in the eye.
- **Unresolved Ptosis:** Drooping of the upper eyelid.

LASIK compared to PRK, LASEK Risk/Benefit Analysis

Long-term effects associated with excimer laser procedures are not fully known. There are some risks, benefits, and side effects that are more likely to occur in one procedure over another.

- 1) The risk of infection is significantly less with PRK/LASEK (from about 1/5000 with PRK/LASEK to 1/1000 with LASIK).
- 2) The risk of pain is significantly less with LASIK (from approximately 1/10 with PRK/LASEK to 1/50 with LASIK). It is common to feel a mild foreign body sensation. Patients may be a little light sensitive and may experience watery eyes. There may be redness or swelling.
- 3) The risk of scar tissue or corneal haze is significantly less with LASIK (less than 0.5% with LASIK and 1-5% with PRK/LASEK). This scar tissue develops on the surface of the eye with PRK/LASEK, and beneath the corneal flap with LASIK. The scar tissue develops over time.
- 4) The risk of night glare is common in nearsighted individuals even before having a laser refractive procedure. It is usually increased early in the healing process. It is more common when only one eye has been treated. Usually within 6 months after both eyes have been treated, about 2% of patients will experience significant night glare that interferes with their night driving. Individuals with large pupils and severe nearsightedness are at the greatest risk.
- 5) Blurriness immediately following surgery is common and is seen by almost everyone. LASIK patients usually see significant vision improvement within the first 24-48 hours. PRK/LASEK patients usually take longer. Approximately 80% of the visual recovery occurs within the first several days. The last 20% of vision improves within 3-6 months. Most patients see a tremendous improvement in vision within a few days and many can read half or more of the eye chart the day after the procedure.
- 6) With any refractive surgical procedure, approximately 1-2% of patients can develop persistent corneal irregularities that can reduce the sharpness and clarity of their vision. This can prevent them from reading the eye chart as clearly as they did before surgery. There is no way to predict which patients will be affected.

Please write in your own handwriting the quote indicated in bold print.

“I understand my vision may be made worse from this laser surgery.”

“I understand that there are no guarantees to my laser surgery.”

“I understand that I may still need to wear glasses or contact lenses.”

“I understand that I will need a driver for the day of surgery and for my one day post-operative visit.”

“I understand that I may not achieve the level of vision or quality of vision I hope for.”

LASIK FLAP COMPLICATIONS: CORNEAL FLAP COMPLICATIONS: It takes about 2 seconds to cut the corneal flap, but during that time several things need to happen. There needs to be adequate internal pressure within the eye. A suction device on the microkeratome assembly helps stabilize the microkeratome to cut the flap. The thickness of the corneal flap is also controlled by the microkeratome. There is a 1% risk that the eye will experience a corneal flap complication. The primary effect of inadequate suction pressure is a thin corneal flap. If that happens, your procedure may be postponed up to 3 months, you may experience a prolonged post-operative recovery, or your visual blurring may be prolonged or permanent. Other complications include free corneal cap if the incision is too long. Your recovery may be delayed and there is a greater risk of epithelial in-growth (see below). A short corneal incision or a button-hole flap could cause the surgery to be delayed for 3 months. The greatest risk in cutting the flap occurs if the incision goes too deep. This could result in perforation of the eye and immediate blindness. There is a plate in the microkeratome that prevents the incision from perforating the eye. Most LASIK complications are related to cutting the corneal flap.

EPITHELIAL IN-GROWTH: During the first 24 hours the epithelium generally grows over the corneal flap. About 2% of the time, epithelial cells may grow beneath the edge of the flap. This occurs more commonly in people with underlying corneal surface problems. If it occurs, treatment involves lifting the corneal flap and clearing the cells that are in the flap interface. Untreated epithelial in-growth may cause distorted vision and could damage the flap if inadequately treated. Small in-growths usually don't create any visual problems but should be monitored.

1% of patients develop significant complications in LASIK procedures. No one can predict who will have problems and no one really believes they will be the one who has complications. Individuals with high myopia and astigmatism have about a 2% risk of complications.

NO GUARANTEES: There are no guarantees your vision will be perfect after the LASIK, LASEK, or PRK procedure. There are no guarantees that you won't wear glasses or contact lenses after LASIK, LASEK, or PRK. There are no guarantees that your surgery will be free of significant complications.

LASIK is more likely to have perforation and blindness than PRK, but less likely to have pain, infection and/or scarring. LASIK patients usually recover faster and need less eye drops than PRK patients. With PRK there are fewer complications during the procedure, but post-operative complications are much lower with LASIK.

EXPECTATIONS AND ENHANCEMENTS: The goal of the laser refractive surgery is to achieve the best possible vision in the safest way. The goal is not to eliminate glasses or contacts completely. The goal is to dramatically reduce dependence upon them in an attempt to help improve your quality of life. Night driving glasses and reading glasses may still be needed even with a successful procedure.

The amount of correction being treated determines both the speed of recovery and the overall accuracy of the procedure. Severe prescriptions may require at least two procedures. Patients can heal at different rates and this will affect the visual recovery in ways that are impossible to predict. The timing of enhancement surgery is important and needs to be postponed until the vision, corneal curvature, and refractive error has stabilized. Generally if the uncorrected vision is 20/40 or greater an enhancement may be performed. Often if -1.00 diopter or greater nearsightedness remains, an enhancement may be recommended. It generally takes at least 3 months of healing before an enhancement will be performed. Frequently, the original flap can be lifted when an enhancement is done. In order to perform an enhancement, there must be adequate corneal tissue remaining. If the cornea is too thin, it may not be possible to do an enhancement. An assessment and consultation will be held with the surgeon and the benefits and risks of an enhancement surgery should be discussed.

IMPROVEMENT OF VISUAL POTENTIAL: LASIK, LASEK, or PRK will not improve your best potential vision. Those who do not see 20/20 before surgery, even with the best possible corrective lens, cannot expect or anticipate 20/20 vision after surgery. Rigid gas permeable contact lenses may provide some patients with better vision than glasses, soft contact lenses, or refractive surgery. Routine annual eye examinations are still important even if excellent results mean there is no residual refractive error. Many, but not all people will see well enough to have legal driving vision without any corrective lens restrictions.

“I understand that rigid gas permeable contact lenses may provide better vision than glasses, soft contact lenses or refractive surgery.”

MONOVISION & PRESBYOPIA:Everyone over the age of 40 experiences presbyopia or an age related loss of accommodation (the ability to focus both at distance and near). This loss of accommodation normally increases with age, and results in the need for reading glasses or bifocals for near vision. In monovision the non-dominant eye is corrected to help reading vision while the dominant eye is focused at distance. The non-dominant eye gives up a little distance sharpness in order to see better at near. Readers will often be required for fine print or prolonged reading for those over 40. Overall dependence on corrective lenses is still dramatically reduced. Monovision can help with many near tasks such as reading price tags, playing cards, or checking a watch. If you desire the best uncorrected distance or night vision, you should avoid monovision. People over 35 should consider monovision and for people over 40 years a slight monovision correction may be helpful. For those over 50 years of age, full monovision may be very beneficial. Contact lens can be used pre-operatively to give a trial of monovision before surgical correction is done. An enhancement can be performed to give better distance vision if surgical monovision is not satisfactory.

Some patients select monovision with their original procedure, but determine this is not for them. Others did not select the monovision option but would like to with their enhancement. Such changes of mind or reversal of the agreed surgical plan are typically not covered under your warranty and usually result in an additional charge to cover our costs. Attempting monovision and reversing monovision may or may not be possible and, if necessary, your surgeon will inform you of any concerns or limitations. For example, very farsighted patients are unlikely to be monovision candidates. Furthermore, reversing monovision in a nearsighted patient is less complex than for a farsighted patient.

The Texas Department of Public Safety visual acuity exam tests for acuity in both eyes individually. Since surgery for monovision corrects one eye for near vision and the other for far, the exam may be difficult to pass with the eye corrected for near vision. As a result, some patients who choose the monovision option may experience difficulties in obtaining a driver's license without vision restrictions or removing vision restrictions on existing licenses and must continue to wear corrective lenses or glasses to avoid citation.

BILATERAL LASER VISION CORRECTION WITH LASIK, LASEK, or PRK (Simultaneous Surgery on Both Eyes)

There are advantages and disadvantages of having a bilateral LASIK, LASEK, or PRK procedure.

BENEFITS: It is more convenient to have both eyes treated at the same time.

- ⇒ Fewer post-operative visits are needed.
- ⇒ Night glare clears sooner.
- ⇒ Balanced vision is restored more quickly.
- ⇒ Anxiety may be lessened.

RISKS: Prolonged blurring may occur in both eyes for 1 to 2 weeks and driving may not be possible. It may be advisable to take 1-2 weeks off work. Patients with abnormal healing may take several weeks to heal, whether surgery is for one eye or both eyes. There is no way of predicting which patient will take longer to heal. Both eyes have a risk of infection or other healing complications. If an infection or complication occurs in one eye; there is a greater chance that it will also involve the other eye. If both eyes are corrected at the same time, you cannot learn from the healing patterns of the first eye before performing the second one. If there is an over-correction or under-correction in one eye, the other eye will probably be the same.

STATEMENT OF CONFIDENTIALITY

I understand that my identity will be kept confidential in any reports or journal articles. I give permission for medical data concerning my operation and any subsequent treatment to be submitted for ongoing clinical research studies. I give my permission for my surgeon to record on video or photographic equipment my operation for the purpose of education, research or training of other health care professionals, and for the data about my procedure and subsequent treatment to be used to further understand the LASIK, LASEK, or PRK procedure. I understand that my name will remain confidential unless I give written permission for my surgeon to disclose it to others outside his office. For the purpose of advancing medical education, I consent to the admission of approved observers to the laser suite.

TRUE/FALSE TEST portion of PATIENT INFORMED CONSENT

To check the understanding of the refractive procedure:

**Laser In Situ Keratomileusis (LASIK), Laser Epithelial Keratomileusis (LASEK)
Or Photorefractive Keratectomy (PRK) With the Excimer Laser**

- True False LASIK, LASEK, or PRK presents no medical risks.
- True False LASIK is the only refractive procedure available to correct myopia.
- True False Refractive surgery ALWAYS gets people out of glasses.
- True False Refractive surgery may cause some problems with night vision, in the form of glare or halos.
- True False LASIK, LASEK, and PRK are medically necessary.

PATIENT'S STATEMENT OF UNDERSTANDING, ACCEPTANCE AND VOLUNTARY PARTICIPATION

My surgeon, my surgeon's staff, and this document have explained the procedure and given me the details of LASIK, LASEK, and PRK. This includes: alternative therapy, an explanation of LASIK, LASEK, or PRK and associated treatment, including anesthesia, possible complications, risks, benefits, and side effects of the surgeries. The complications listed in this form are not complete. It is impossible for my surgeon to inform me of every conceivable complication that might occur.

I understand that with any surgery the outcome can never be guaranteed. I understand that the benefits I will achieve as a result of LASIK, LASEK, or PRK also cannot be guaranteed. As a general rule, LASIK, LASEK, or PRK has been beneficial to most patients. LASIK, LASEK, or PRK may not benefit me and may in fact be harmful.

Signing this Informed Consent for the LASIK, LASEK, or PRK procedure indicates that I have read this consent for surgery (or had it read to me), and have asked and received satisfactory answers to all my questions. I fully understand the surgery including the probable and possible risks and benefits of LASIK, LASEK, or PRK. I made my decision without any duress of any kind, and all of my questions have been answered to my satisfaction. I understand that I will receive a copy of this form if I request it.

Women Only: To the best of my knowledge, I am **NOT** pregnant, nursing or plan to become pregnant in the near future. If I do become pregnant, I will notify my doctor immediately.

Surgeon _____

RIGHT EYE___ Date Consent Given: _____ and / or LEFT EYE___ Date Consent Given: _____,

Time Consent Given: _____

Time Consent Given: _____

Patient Name (Print)

Patient Name (Print)

Patient's Signature

Patient's Signature

Witness' Signature

Witness' Signature

Physician's Signature

Physician's Signature