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 have them answered to your satisfaction. You also authorize the physicians and other health care personnel involved in performing your Laser procedure and in providing your pre- and post-operative care to share with one another any information relating to your health, your vision, or your surgery that they deem relevant to providing you with care.

I give my permission to record on video, or allow others to view my procedure on closed circuit, for the purpose of education, research, or training of other healthcare professionals and or potential future patients.

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 serious risks may occur and that I may need glasses or contact lenses or further surgery to achieve my best possible level of vision."

_____

_____

_____

_____

I understand it is impossible for my Doctor to discuss and it is impossible to list all of the potential risks and complications associated with laser vision correction.

I have read this Informed Consent Form and the procedure has been explained to me in terms that I understand. I am making an informed decision in giving my permission to have Laser Vision Surgery performed on my: ❍ Right eye ❍ Left eye ❍ Both eyes

Signature of Patient: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Surgeon: _____ Date: _____

Questions: _____

_____

_____

Risks and Complications

Overview of Laser Vision Surgery

This information is to help you make an informed decision about having laser 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.

Spectacles and contact lenses are the most common methods of correcting nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. Refractive surgery is continually evolving and other procedures may become available as an alternative to the procedures we have today. Rarely, having Laser Vision correction may disqualify you from some professions, including the military and certain law enforcement agencies.

The human cornea is crystal clear and curved. It looks like and acts like a focussing lens. The laser permanently changes the shape of the cornea, adjusting the focus of the eye. The surgery is performed with a topical anesthetic. There are two techniques used to apply the laser. The most common technique is called Lasik, in which a thin corneal flap is first created with a microkeratome. The laser is applied and the flap is replaced over the lasered area. The flap acts like a 'human band-aid', protecting the treated area. Because of this flap, the healing time after Lasik is quick. In some instances, it is not advisable to make a flap due to low corneal thickness or other corneal issues. In these cases, an alternative approach called Epilasik is chosen. In Epilasik the laser is applied to the surface of the eye after making a very superficial flap. While the results are equivalent, Epilasik takes a longer time to heal, and is more uncomfortable during the first few days. The Doctor will advise you which technique is best for your particular case. Although the goal of refractive surgery is to improve vision and to eliminate the need for glasses or contact lenses, this result is not guaranteed.

You should understand that laser surgery will not prevent you from developing naturally occurring eye conditions such as glaucoma, cataracts, retinal degeneration or detachment. You should continue to have routine check-ups to assess the health of your eyes. Your eyes may be more susceptible to traumatic injury after surgery and protective eye wear is recommended for all contact and racquet sports to prevent a direct blow to the eye.

Surgery 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 years old that have their nearsightedness corrected may find that they need reading glasses for clear, close vision after having refractive surgery because they are no longer nearsighted. Please consider this carefully. If you are 40 years of age or older and do not wear corrective lenses for close work now, you most likely will need glasses for clear, close vision soon after this procedure.

Risks and Complications

Loss of Vision. This surgery can possibly cause loss of vision or loss of best-corrected vision. Loss of vision can be due to infection, scarring or other causes, and unless successfully controlled by antibiotics, steroids or other necessary treatment, could even cause loss of the affected eye. Loss of best corrected vision can be due to the cornea healing irregularly which could add irregular astigmatism and make wearing glasses or contact lenses necessary and some useful vision could be lost. It is also possible that you may not be able to successfully wear contacts after Laser Vision Surgery.

Visual Side-Effects. A small percentage of patients will develop visual side effects after surgery primarily due to irregular healing. These include glare and halos around lights which may not completely go away, starbursts around lights, double vision, fluctuating vision, increased sensitivity to light which may be incapacitating for some time and may not completely go away and poor vision in dim light or low contrast situations. Some of these conditions may affect your ability to drive, especially at night. Driving should only be done when you are certain your vision is adequate.

Overcorrection or Undercorrection. Laser Vision surgery may not give you the result you desire. A small number of patients will experience an undercorrection or overcorrection. Also, some patients may experience a good result which deteriorates over time. In many, but not all, of these cases an additional procedure called an enhancement may be performed to improve your vision.

Corneal Scarring. It is possible for scar tissue to build up underneath the top layer of your cornea in the area of the laser treatment. If scar tissue develops, it could reduce your best possible vision, even with the best glasses or contact lenses. In this case the only possible means of improving your vision would be through additional laser surgery or corneal transplantation.

Flap Problems. Following Lasik surgery, the corneal flap does not form a perfect seal for many weeks. A severe direct blow to your cornea could dislocate this top layer, necessitating repositioning or suturing the flap back into position. The suturing process carries with it all the known risks of surgery, including infection and irregular astigmatism. More commonly, wrinkles or stria may form in the flap and persist despite time or additional surgery. In some cases these flap irregularities may result in some of the visual side effects discussed previously. In some cases, epithelial cells from the surface of the eye can grow under the flap, often necessitating additional surgery to remove them.

Operative Flap Problems. In rare instances, it is possible that the flap is not perfectly made, causing a postponement of the laser treatment. The microkeratome may completely separate or damage the corneal flap or the flap may be excessively thick, thin or perforated. If damaged, further surgery may be necessary to restore vision. If completely separated, the flap is set aside, and once the laser portion has been completed, the flap is then replaced into its original position, often without suturing.

Corneal Ectasia. Corneal Ectasia is a progressive weakening and steepening of the cornea which rarely can occur after laser vision surgery. In some cases, the only solution to corneal ectasia is a corneal transplantation. In many cases, the tendency to develop corneal ectasia can be determined pre-operatively, but not always.

Dry Eye. Lasik is known to aggravate preexisting dry eyes. You may experience dryness or fluctuating vision from dryness after Lasik surgery and may need additional treatment for dry eyes.

Other Risks. Other possible complications may include: corneal swelling; ptosis (droopy eyelid); contact lens intolerance; and retinal detachment. Since it is impossible to state all potential risks of any surgery or procedure, this form cannot provide a comprehensive listing of every conceivable problem. In addition, because Laser Vision Surgery is a relatively recent technique, you should be aware that other complications may occur that have not yet been reported.

Potential Contraindications. Patients with any of the below listed potential contraindications should discuss them with the surgeon prior to surgery. These do not necessarily affect your candidacy for Laser Vision Surgery, but should be addressed prior to proceeding:

- **Women who are pregnant, nursing or expecting to become pregnant shortly following surgery.**
- **A history of chronic eye infections.**
- **A history of herpetic infections.**
- **Active ocular disease.**
- **Clinically significant dry eye.**
- **Uncontrolled vascular disease.**
- **Autoimmune disease (Lupus, rheumatoid arthritis).**
- **Immune-compromised or on drugs or therapy which suppress the immune system (chemotherapy, HIV).**
- **Keratoconus (corneal steepening) or a family history of keratoconus.**
- **History of keloid formation.**
- **Unstable or uncontrolled diabetes.**
- **Retinal detachment.**
- **Glaucoma.**

Post Operative Care

- **Do not rub or bump your eye(s) for one month following surgery.**
- **Do not remove eye shields until seen for your first postoperative exam. (Except for Eye Drops)**
- **Wear your eye shields while sleeping for one week following surgery.**
- **Do not wear eye make-up for one week.**
- **You may have some discomfort during the first day. Eye drops will be dispensed and pain medication will be prescribed.**
- **Expect your vision to fluctuate and your eyes sensitive to light for the first few weeks.**
- **You should expect to miss 1-2 days of work following surgery.**
- **Wait to drive until you are comfortable and seeing clearly (use common sense).**
- **No swimming, hot tubs, saunas for one week.**
- **Avoid strenuous activity for 2-3 days postoperatively.**
- **Wear protective eyewear at least one month for any contact sport or in dusty environments.**
- **Avoid getting shampoo or soapy water in your eyes for the first week.**
- **Wear sunglasses when outdoors to protect your eyes from sun, wind, and debris.**
- **Strictly follow the directions for all post-op medications and keep all follow-up appointments.**
- **The day of surgery rest with your eyes closed using tears frequently.**