

**CONSENT TO HAVE LASIK SURGERY**

**\*\*COPY AVAILABLE UPON REQUEST**

This summary of information is to help you make an informed decision about having LASIK surgery to treat your nearsightedness, farsightedness, and/or astigmatism. Please also read and understand the attached more detailed "Supplemental Informed Consent For LASIK (Laser in-Situ Keratomileusis)." It is also available on [www.texas2020.com/contact-us/consent-forms](http://www.texas2020.com/contact-us/consent-forms). 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 and benefits and you must evaluate this risk/benefit ratio for you in light of the information presented in the video, the Supplemental Consent, and the information on this page.

Glasses and contact lenses are the most common method of correcting nearsightedness, farsightedness, and astigmatism. When tolerated well, they are good alternatives to LASIK surgery. Refractive surgery is continually evolving and other refractive procedures may be available as an alternative to LASIK. 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 creating and 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. After removal, the 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 would not prevent you from developing naturally occurring eye conditions 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.

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 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 INCLUDE:**

\* **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.

\* **VISUAL SIDE EFFECTS.** 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, hazy, fluctuating vision during the day and from day to day; increased sensitivity to light, glare and halos which may be incapacitating for some time and may not completely go away. Some of these conditions may affect your ability to drive and judge distances. You should drive only when you are certain your vision is adequate.

\* **OVER/UNDER RESPONSE.** LASIK surgery may not give you the result you desired. If after the procedure you have either over or under responded to the treatment, it may be possible or necessary to have additional surgery to fine-tune or enhance the initial result. If you were nearsighted, over response could result in farsightedness. If you were farsighted, over response could result in nearsightedness. Over responses, 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.

\* **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 include: loss of corneal disc, damage to the corneal disc, disc decentration and progressive corneal thinning (ectasia). Sutures may also be required 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. 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 surgery has been performed only since the early 1990's and longer-term results may reveal additional risks and complications.

**POST-OPERATIVE INSTRUCTIONS:** 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-30s. 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 punctal plugs and/or the permanent use of artificial tears.

**READING GLASSES:** LASIK does not correct the condition known as presbyopia (or aging of the eye), which occurs to most people around age 40 and WILL require them to wear reading glasses for close-up work. People over 40 who have their nearsightedness corrected WILL find that they need reading glasses for clear, close vision.

**INITIALS**

Take your time to make a decision about signing this form. In signing this form, you are stating that you have viewed the video and understand the questions presented on the other side of this form. You have also read this form, plus the attached Supplemental Consent form.

**INITIALS**

Although they contain 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 possible video recordings of your surgery to be released to physicians and others demonstrating a "need to know" for clinical study.

To ensure your understanding of the information presented, please copy the following statement in your own handwriting: **"I understand the information presented and accept that I may need glasses, contact lenses or further surgery after LASIK to achieve my best possible vision."**

\_\_\_\_\_

\_\_\_\_\_

I am making an informed decision in giving my permission to have LASIK surgery performed on my \_\_\_ right eye \_\_\_ left eye \_\_\_ both eyes.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Surgeon: \_\_\_\_\_ Date: \_\_\_\_\_