

# CONSENT TO HAVE LASIK/ASA

In order to help you make an informed decision about having Laser Assisted In-Situ Keratomileusis (LASIK) or Advanced Surface Ablation (ASA) to treat your nearsightedness, farsightedness, and/or astigmatism, we provide you with this information. You may take as much time as needed to make your decision before signing this form. You are encouraged to ask any questions and have them answered to your satisfaction before you give your permission for the procedure. Every procedure has risks, as well as benefits, and each person must evaluate this risk/benefit ratio for himself/herself in light of the information presented in the video and the information which follows.

Glasses/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/ASA. You should also be aware that having any refractive procedure could potentially disqualify you from some professions.

LASIK/ASA permanently changes the shape of the cornea. The procedure is performed under a topical anesthetic (drops in the eye). The result of removing thin layers of tissue from the surface of the cornea 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/ASA 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/ASA 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 your eyes. Your eyes may be more susceptible to traumatic injury after LASIK/ASA and protective eyewear is recommended for all contact and racquet sports where a direct blow to the eye could occur. **Also, LASIK/ASA does not correct the condition known as presbyopia (or aging of the eye) which occurs to most people around the age of 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 3 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 or if you suffer from vascular or autoimmune diseases, as they may influence healing.

## POTENTIAL RISKS OF LASIK and ASA INCLUDE:

**1. LOSS OF VISION:** LASIK/ASA 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 vision loss. 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 or ASA.

**2. VISUAL SIDE EFFECTS:** Other complications and conditions that can occur with LASIK/ASA 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 these conditions may affect your ability to read, drive and judge distances; and, driving should only be done when you are certain your vision is adequate. You may also feel like you have something in your eye or experience dryness of the eye for a period of time after the procedure.

**3. OVERCORRECTION AND UNDERCORRECTION:** LASIK/ASA may not give you the result you desired. It may be possible or necessary to have additional procedures to fine-tune or enhance the initial results. The results cannot be guaranteed. 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. In some cases, but not all, re-treatment could be considered.

**4. CORNEAL HAZE:** It is common for LASIK/ASA patients to develop some degree of corneal haze which in some cases, may not go away completely. If the haze is severe, re-treatment may be necessary. Corneal haze could cause loss of best corrected vision and rarely, the need for a partial or full thickness corneal transplant using a donor cornea. Topical corticosteroid drops may also be required to reduce the development of haze for a couple of months. However, if steroids are used for a number of months in multiple doses per day, some individuals will develop a condition called glaucoma which could permanently damage the optic nerve. Cataracts can also be the result of using topical steroids for too long.

**5. DRY EYE:** Many patients having LASIK already have dry eyes, especially those who are contact lens intolerant and who are older than their mid-30s. LASIK can make dry eyes temporarily worse for some people. 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.

**6. OTHER RISKS:** Additional reported complications include: corneal ulcer formation, endothelial cell loss, epithelial healing defects, ptosis (droopy eye lid), and corneal swelling. 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 or damage to the corneal flap, flap decentration, keratoconus, and progressive corneal thinning (ectasia). There are also potential complications due to anesthesia and medications which may involve other parts of your body. It is also possible that the Excimer laser could malfunction and the procedure stopped. **Since it is impossible to state all the potential risks of any procedure, this form is incomplete.**

**7. FUTURE COMPLICATIONS:** 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. LASIK/ASA has only been performed since the late 1980's and longer term results may reveal additional risks and complications.

**POST-OPERATIVE INSTRUCTIONS:** Prior to your procedure, you will be given medications and instructions to help prevent infection and to control healing. **It is imperative that you follow ALL instructions exactly as they are given to you,** and that your follow-up visits be kept as directed.

By signing this form, you are agreeing 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 have also viewed the video and understand the questions presented on the other side of this form.

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 and other demonstrating a "need to know" for clinical study.

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 I may need glasses or contact lenses or further surgery following LASIK/ASA to achieve my best possible level of vision."

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I am making an informed decision in giving my permission to have Photo Refractive Keratectomy (LASIK/ASA) performed on my (please initial) \_\_\_\_\_ right eye \_\_\_\_\_ left eye \_\_\_\_\_ both eyes.

Patient Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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