

# LASIK CONSENT FORM

## And Patient Education

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### **Introduction**

Laser In-Situ Keratomileusis, or LASIK, is a permanent vision correction procedure. LASIK combines the use of a microkeratome and a laser to treat myopia, hyperopia, and/or astigmatism. The precise control of tissue removal and management of the healing process can result in a reduced dependence with corrective lenses for most patients.

The Food and Drug Administration (FDA) regulates the manufacture and use of the excimer laser in the United States. Eye Doctors of Washington Vision Centers currently uses the VISX STAR™ S4 Laser System. The FDA has approved this laser system for the treatment of myopia (nearsightedness) and hyperopia (farsightedness), with or without astigmatism, on the surface of the cornea as well as under a corneal flap.

This Consent Form and Patient Education generally describes the LASIK procedure and outlines certain risks and possible benefits. Before electing to undergo LASIK, you must have a complete eye examination and should fully discuss the potential risks, complications, and post-operative recovery with an eye care professional. You are encouraged to ask questions about LASIK or about any information in this form.

### **How the Eye Works**

A brief explanation of the eye may be of assistance in understanding the procedure. The cornea is a clear tissue located on the front of the eye. The cornea, in combination with the natural lens of the eye, focuses the incoming light onto the retina in the back of the eye.

Refractive errors (myopia, hyperopia, and astigmatism) usually result from a disparity in the shape of the cornea in relationship to the length of the eye. Please see below:

**Nearsightedness, or myopia:** Myopia is caused either by an abnormally long eye or by a steep curvature to the cornea. Light entering the eye does not focus on the retina, but instead focuses the image to a point in front of the retina. The result of myopia is that distant objects appear blurry, while objects near to the viewer may be seen in focus. The excimer laser can flatten the corneal curvature allowing objects to be in focus in the distance.

In some instances, the laser is used to flatten the cornea in one eye so that distant objects are in focus and in one eye so that near objects are in better focus. This is called monovision and is explained in greater detail below.

**Farsightedness, or hyperopia:** Farsightedness is caused by an abnormally short eye or by an excessively flat cornea. Light entering the eye focuses the image to a point behind the retina. The result of hyperopia is that objects near to the viewer appear blurry while objects in the distance may or may not be seen in focus. The excimer laser can increase the corneal curvature allowing objects to be in focus in the distance.

In some instances, the laser is used to increase the corneal curvature in one eye so that near objects are in focus and in the other eye so that distant objects are in focus. This is called monovision and is explained in greater detail below.

**Astigmatism:** The cornea is not perfectly round but has different curvatures – it is shaped more like a football than a basketball, i.e., one flatter curvature and one steeper curvature. The result is that objects are not focused into a single image on the retina. Vision may be distorted or blurry. Myopic and hyperopic eyes often have some degree of astigmatism. The excimer laser can adjust the corneal curvatures allowing objects to be in focus.

**Presbyopia:** Normally, when viewing a near object, the shape of the natural crystalline lens is altered. This change in the lens allows us to focus on the object. With the normal aging process, the elasticity (flexibility) of natural crystalline lens diminishes. This reduces or eliminates the ability of the lens to change shape. This process, presbyopia, results in a loss of the ability to focus on near objects. The inability to see up close usually becomes apparent to patients in between the ages of 40 – 50 years.

Laser procedures do not alter the natural crystalline lens. Therefore, they cannot be used to correct presbyopia; however, patients may select a monovision correction. This will be explained in detail later.

### **Vision Correction Alternatives**

Vision problems resulting from refractive errors (myopia, hyperopia, and astigmatism) may be corrected with either eyeglasses or contact lenses. A description of the available surgical procedures is listed below.

Laser In-situ Keratomileusis (LASIK) is available for treatment of mild to moderate amounts of myopia, hyperopia, and astigmatism. In LASIK, the surgeon uses a microkeratome (an automated device with a blade) or the Intralase laser to create a flap about one-third of the corneal thickness across the surface of the eye. This flap remains attached on one side. It is folded back, and the excimer laser is used to remove the underlying stromal tissue. Following laser ablation, the flap is laid back in place. If additional laser treatment is required, the flap can be lifted for retreatment.

Photorefractive Keratectomy (PRK) is available for treatment of mild to moderate amounts of myopia, hyperopia, and astigmatism. Like LASIK, PRK uses an excimer laser to reshape the cornea. In PRK, the surface of the cornea is treated rather than creating a corneal flap. The final visual result with PRK is similar to LASIK; however, due to the need for the corneal surface to heal, the visual recovery is usually slower than with LASIK.

INTACS is available for the treatment of mild amounts of myopia (1-3 diopters). INTACS consist of two small, transparent crescents (arcs), each having an arc length of 150 degrees. The segments are made out of clear medical plastic. This material has been used in the intraocular lenses used to for cataract surgery for nearly 50 years. Different sizes of INTACS are used for different levels of myopia. Unlike LASIK, INTACS segments may be removed. Scientific studies have demonstrated that removal of the INTACS segments usually returns the patient's eye to their pre-operative state; however, a small number of patients may still describe a persistence of visual symptoms.

INTRACORNEAL INLAY is available for the treatment of hyperopia (1-6 diopters). The surgeon uses a microkeratome, an automated device with a blade, to create a flap about one-third of the corneal thickness across the surface of the eye. This flap remains attached on one side. It is folded back, and a thin disc shaped lens is inserted into the cornea. The flap is laid back in place. The FDA has not yet approved the use of these devices outside of clinical trials. At this time, intracorneal inlays are available within the United States only through clinical trials. Dr. is an investigator in this clinical trial.

Clear Lens Extraction is available for the treatment of moderate and high levels of myopia and hyperopia. In these procedures, an ultrasonic device is used to remove the natural crystalline lens. An intraocular lens (IOL or "implant") is inserted. The intraocular lens power can be calculated so that once implanted, it can reduce or eliminate the eye's refractive error.

Phakic Intraocular Lens Insertion is available for the treatment of moderate and high myopia. In this procedure, an intraocular lens is inserted into the eye. The intraocular lens works to compliment the natural crystalline lens to allow for improved distance vision.

Radial Keratotomy (RK) is available for the treatment of mild myopia and astigmatism. While RK sounds similar to PRK, the two procedures are different and should not be confused. In RK, the surgeon uses a hand-held blade to make a pattern of incisions in the cornea that look like the spokes of a wheel. The incisions weaken the structure of the eye and permit the cornea to flatten.

Conductive Keratoplasty (CK) uses the controlled release of radio waves to correct mild hyperopia. A probe applies 8 – 16 spots of energy to the peripheral cornea. This radio-frequency energy shrinks the surrounding tissue, causing the corneal curvature to become steeper.

### **Patients Who Wear Contact Lenses**

Contact lenses can change or distort the shape of the cornea. Before having a comprehensive eye exam for the LASIK procedure, the shape of the eye must be allowed to return to its natural shape.

If you wear rigid gas permeable lenses, or hard lenses, you must discontinue wearing the lenses at least three weeks for every decade of wear prior to the comprehensive eye exam. For example, if you have worn hard lenses for 20 years, they need to be out for 6 weeks (3 wks x 2 decades of wear). Our staff may recommended a longer time period depending upon the length of time that you have worn rigid lenses. Patients who wear daily wear soft contact lenses must stop wearing their lenses at least 7 days prior to the examination. If they are

toric lenses (they correct astigmatism) they must be out for 2 weeks.

CustomVue (Wavefront Guided Laser Surgery) was recently approved by the US. FDA. In the clinical trials for CustomVue surgery, soft contact lenses were discontinued for no less than 2 weeks prior to the comprehensive eye examination. Rigid gas permeable contact lens were discontinued for no less than 3 weeks. Our clinical experience (> 10 years), as well as published medical literature, has demonstrated that a period of less than 2 weeks should be sufficient to allow your cornea to return to its natural shape. We recommend the same time periods described above for patients who elect CustomVue procedures. If you feel more comfortable, you may elect to discontinue lenses for the longer time period utilized in the study.

You must confirm compliance with these requirements prior to undergoing LASIK. The period required to stabilize the natural shape of the cornea may be longer for some patients. You should tell your surgeon and eye care provider if you suspect that your vision is continuing to fluctuate as your eye returns to its normal shape following removal of your contact lenses.

### **Contraindications**

An individual may not be an ideal candidate for LASIK if any of the following conditions exist:

1. Unstable refractive error
2. Large pupils (greater than 7 millimeters in low light conditions)
3. Keratoconus (progressive thinning/steepening of the cornea)
4. Keratitis sicca (advanced dry eyes)
5. Abnormal eyelid closure
6. Active collagen vascular disease (e.g., rheumatoid arthritis)
7. History of keloid formation
8. Systemic vasculitis
9. Corneal endothelial dystrophy (cell count <1500)
10. Diabetes, uncontrolled
11. Glaucoma, uncontrolled
12. Expectant or nursing mothers
13. Visually significant cataracts
14. Heart condition requiring pacemaker regulation
15. Recurring ocular herpes simplex
16. Active ocular inflammatory disease
17. Inadequate exposure of the eye
18. Insufficient corneal thickness
19. Previous eyelid surgery (including “facelifts”)
20. Use of certain medications:
  1. Amiodorone
  2. Imitrex
  3. Accutane

If you know that you have any of these conditions, you must inform your eye doctor.

## **The LASIK Laser Procedure**

During the pre-operative evaluation, a comprehensive evaluation of your eyes will be performed. Your eyes are measured and mapped, and the information is reviewed to detect and isolate any irregularities in the shape of the cornea. In some instances, a final check of your eyes may be completed on the day of surgery to confirm or complete previous measurements. You will receive an instruction sheet as well as a prescription for antibiotic drops that you will use four times a day starting one day prior to the procedure.

Upon arrival at our center, the staff will review the procedure and your postoperative instructions. You will also receive a post operative kit containing lubricating drops, eye shields, sunglasses, and corticosteroids eye drops to use after the procedure. Patients should dress casually, comfortably and warmly. Warm dress is advised, as the room is cool for optimum laser performance. Please do **not** wear make-up, colognes, perfumes or scented lotion as this may affect the optics of the laser.

You will receive pre-medication with a drug such as Xanax. This makes the process more relaxing. Anesthetic (numbing), antibiotic, and steroid eye drops will be administered during the procedure. While allergic reactions to these medications are rare, please advise clinical personnel of any medication allergies.

In the laser room, you will be positioned on a bed. Your eyelids will be cleansed and an anesthetic drop will be instilled in your eye, and an eyelid holder will be placed between your upper and lower eyelids to prevent you from blinking during the procedure.

The corneal flap is created by one of two methods:

1. Microkeratome: A suction ring is then applied to both fixate the eye and increase the pressure within the eye. When the suction ring is applied, patients usually experience a firm pressure sensation for about 30 seconds. This elevation in eye pressure causes the vision to temporarily gray or black out. A corneal flap is created with a motorized device called a microkeratome, and then the suction device is removed.
2. Intralase: A specialized laser called a femtosecond laser can be used to place energy within the cornea. The energy creates little bubbles that coalesce to form the flap.

The corneal flap is gently lifted, and the excimer laser is focused on the underlying corneal tissue. An eye-tracking system will be activated, which allows the laser to remain focused on your eye during the procedure. The surgeon will ask you to stare at the blinking red light. The laser will be activated. The red light will become more difficult to see as the treatment progresses. While the laser is in use, you will be asked to keep your head and eye as still as possible, however, a small amount of eye movement should not affect the outcome of the procedure. If significant movement is apparent, the surgeon will stop the laser and realign your eye. The laser is used to remove microscopic amounts of corneal tissue. Once the laser treatment is completed, the hinged flap is replaced to its original position without the need for sutures.

The LASIK procedure typically takes approximately 5-10 minutes per eye. During the procedure, you will notice distinctive sounds and smells. For example, the laser makes a clicking noise when in use. The surgeon will tell you before the pulse begins so that the noise does not startle you. The laser produces a small amount of ozone gas. The gas has a mild odor.

Upon conclusion of the procedure, your surgeon will examine your eye. You may then return home. You may not drive home. Please bring a companion or make advance arrangements for transportation. Your companion may accompany you through the entire process until you actually enter the laser suite. With your approval, they may observe the procedure from the viewing area.

### **Wavefront Guided Custom Laser Treatments**

Wave front analysis can now be used to measure the aberrations present within the eye. Wavefront analysis develops a unique measurement that is like a fingerprint. These measurements can be programmed into the laser to perform a wavefront guided custom laser treatment. This treatment is called CustomVue on the Visx S4 excimer laser.

Customized treatments are now available for patients with mild and moderate amounts of nearsightedness (up to -14.00D), farsightedness (up to +5.00D), and astigmatism (up to +6.00D). You have been informed as to whether you are a candidate for this procedure. If you were a candidate, a comparison of the risks, benefits and alternatives of standard LASIK and CustomVue LASIK has been performed by the refractive counselor and surgeon. In the clinical trials for FDA approval, a greater percentage of patients with CustomVue LASIK achieved 20/20 vision than previously reported with standard LASIK. Also, the percentage of patients with visual disturbances (glare, halos, etc) was reported to be less with CustomVue. It is important to realize that the standard procedures that are performed at the present time include substantial upgrades to the laser system (eye tracking systems, larger ablation sizes, etc). Therefore, it is reasonable for patients undergoing standard treatment to expect results that are better than those reported in the 1998 US FDA submission. If you have any further questions, do not hesitate to discuss these with the surgeon and staff prior to the procedure.

### **Post-Procedure Expectations**

Immediately after the procedure, your vision will be blurry and you will be sensitive to light. These symptoms usually diminish or resolve over the next few hours. Patients may return to most activities; however, we strongly recommend that the patient rest (preferably a nap) for the first 2-3 hours and try to keep their eyes closed. This period of rest allows the corneal surface to heal more rapidly restoring vision more quickly. During the immediate post-operative period, great care must be taken to avoid displacement of the flap. You should avoid rubbing your eyes the first month following the procedure. Postoperative care is detailed on your instruction sheet.

Patients must return to EDOW Vision Centers, or the office of their co-managing eye care provider on the following day. This visit is extremely important to insure that the healing process is progressing satisfactorily. An eye doctor will monitor your recovery and your continued use of eye drops. Steroid and antibiotic eye drops are needed to reduce redness,

eye irritation, to regulate healing response, and reduce the risk of infection. Initial post-operative evaluations should be scheduled one day, 1-2 weeks and 1-2 months following the procedure. Additional follow-up evaluations are scheduled as needed.

### **Risks and Other Considerations**

No vision correction procedure is without the risk of complications or side effects. In addition, because LASIK is a relatively new procedure, it is possible that there may be longer-term risks that are not known at this time.

Risks and discomforts that might be associated with the LASIK procedure are as follows:

*Vision Threatening and Other Complications:* It is possible there could be loss of some, or all, of your useful vision. It is possible that even with further surgery, vision may not be restored to the level present prior to the procedure. The primary causes include:

1. Ocular infection: Infection of the eye may occur that is not controlled by antibiotics, or other means. This finding is exceedingly rare and can usually be avoided with appropriate care
2. Corneal distortion: The corneal surface may become irregular from abnormal healing, ectasia (outward bending of the central cornea), inflammation, trauma or scarring of the flap. Corneal distortion may reduce both uncorrected and best spectacle corrected visual acuity. Corneal distortion may also create visual symptoms such as glare, halos, ghost images, or double vision. If surgical repositioning of the flap is unsuccessful, donor corneal tissue could be required to restore useful vision. Customized corneal ablations (WaveFront treatment) may provide another method to treat this infrequent complication.
3. Visual aberrations: Visual aberrations such as glare, halos, and ghost images may occur from LASIK. At night, there may be a "halo" effect around lights or glare. These aberrations usually diminish with time, but they may be permanent. Halos occur more frequently when the effective treatment area in the center of the cornea is smaller than the size of the pupil under dim illumination. Ghost images occur when the ocular surface has irregularities that degrade the ability of the eye to focus clearly. The most common cause is irregular astigmatism.
4. Corneal perforation: During the microkeratome pass, the cornea could become perforated. New microkeratome designs have all but eliminated this possibility. However, if this occurred, it would require suturing to close the perforation, and it could possibly require a full-thickness corneal transplant.
5. Corneal cap or "buttonhole": Abnormalities in the corneal shape may occur during the microkeratome pass or Intralase corneal flap formation. Distorted vision, irregular astigmatism, prescription change, and/or loss of best-corrected visual acuity may result. Replacing the corneal flap could require donor tissue from an eye bank. It is possible that even with this further surgery, the best-corrected visual acuity may not be restored to what it was before the procedure.
6. Corneal haze: The cornea may become cloudy due to inflammation or scarring. In most cases, haze can only be detected with the use of a microscope by an eye care professional. Permanent corneal haze following LASIK is rare.
7. Microkeratome or Intralase malfunction: The microkeratome or Intralase can

malfunction resulting in an incomplete or irregular corneal flap. The remainder of the procedure will need to be canceled. The procedure can usually be rescheduled after a period of healing (approximately 3 months).

8. Dry eyes: Corneal sensation is usually decreased after LASIK for several months. It may cause the ocular surface to become drier, requiring frequent lubrication with artificial tears. Dry eye symptoms usually diminish with time, however, they may become permanent.
9. Epithelial ingrowth: Cells from the surface of the cornea (epithelium) may migrate beneath the flap. Usually this cellular ingrowth resolves with time. If persistent, the flap may be lifted and the cells removed. If not treated, the cells can damage the flap leading to corneal distortion and possible visual loss.
10. Diffuse Lamellar Keratitis (DLK): Abnormal inflammation may develop under the LASIK flap. DLK is usually managed by the frequent use of steroid drops; however, if advanced, lifting the flap and irrigating with sterile saline solution may be required. Most cases are successfully treated; however, if severe, loss of best-corrected visual acuity may occur.
11. Trauma: The corneal flap may be more fragile to trauma from impact. Protective eyewear is strongly recommended for activities that could result in eye trauma, such as racquetball, squash, tennis, softball and martial arts. A severe blow to the eye could result in the loss of the eye.
12. Elevated intraocular pressure: An increase in intraocular pressure (IOP) can occur in patients who use topical steroid eye drops. The increased IOP usually resolves once the use of steroid eye drops is discontinued. Since elevated IOP is often painless, periodic evaluation by an eye doctor is imperative. Monitoring IOP is an important part of the follow-up care provided by your eye care professional. Long term IOP elevation can result in a permanent loss of vision.
13. Ptosis: To avoid unintended blinking during surgery, the eyelids are held open with an instrument called a lid speculum. In rare cases, this may cause the upper lid to droop. This condition is called "ptosis" and usually resolves within one to two months; however, it may be permanent. In the rare cases of permanent ptosis, the condition may usually be corrected with additional surgery.
14. Other possible complications and risks include, but are not limited to the following:
  - a. Corneal swelling
  - b. Retinal detachment
  - c. Hemorrhage
  - d. Venous and/or arterial blockage
  - e. Glaucoma
  - f. Cataract formation
  - g. Total blindness
  - h. Loss of the eye

#### Non-Vision Threatening Complications

1. Many patients experience mild discomfort or pain during the first several hours following LASIK. The discomfort is usually described as a foreign body sensation. This symptom is usually managed with mild pain medications such as aspirin or acetaminophen.
2. Sensitivity to light, glare, and visual fluctuation of vision may also occur during the early convalescence (1 – 3 weeks). In rare instances, a corneal abrasion may occur and cause discomfort that may last for 24 – 72 hours.

3. Undercorrection: There is no guarantee that LASIK will be successful in providing the desired level of vision correction. The chance of being under-corrected increases with higher amounts of refractive error. If uncorrected vision does not reach the desired goal, corrective lenses may still be necessary for good vision. Corrective lenses may also be necessary for certain activities (such as reading or close work). In most, but not all, cases, undercorrections can be revised with an additional laser procedure. Retreatment is usually not performed until vision has totally stabilized, typically about 2-4 months after the original procedure
4. Overcorrection: In some cases, too much of an effect occurs from the tissue removal. In patients with myopia, such a circumstance will cause the patient to become hyperopic. This may cause both distance and near objects to become blurry. In hyperopic patients, overcorrection may cause them to become myopic. In this instance, close objects may appear clear, and distance objects remain blurry. Corrective lenses may be required. In most, but not all, cases, overcorrection can be retreated with an enhancement procedure. Retreatment is usually not performed until the vision has stabilized, typically about 2-4 months after the original procedure.
5. Blurry Vision: During the first few days following the procedure, vision may be blurry. This is often described as if one is looking through glasses coated with a thin film of petroleum jelly. This condition usually clears within the first day or two, but it may require several weeks. Maximal acuity is usually achieved within 3-6 months with the greatest improvement within the first 1-2 weeks. During the healing period, some fluctuation in vision will occur. The rate and amount of visual recovery varies between individuals. However, the higher the amount of refractive error, the more gradual the recovery.
6. Visual aberrations such as glare, halos, and ghost images may occur from LASIK. At night, there may be a "halo" effect around lights or glare. These aberrations usually diminish with time, but they may be permanent. Halos occur more frequently when the effective treatment area in the center of the cornea is smaller than the size of the pupil under dim illumination. Ghost images occur when the ocular surface has irregularities that degrade the ability of the eye to focus clearly.
7. Presbyopia: Many patients find it difficult to read or focus on near objects during the first few days following LASIK. This is more common in individuals with high degrees of refractive error. Patients over 40 years of age will often have complaints associated with presbyopia, or the natural aging process of the eyes, causing a permanent difficulty with reading or focusing on small, close objects without the use of corrective lenses.
8. Regression: In some patients, the effect of the surgery may diminish with time. This complication is more common in patients who are very nearsighted. In most, but not all, cases of significant regression, additional surgery may remedy the effect.
9. Anisometropia: Surgery can create a large variance in the refractive error of each eye. The patient may develop an imbalance in the image seen between the two eyes. This is called "anisometropia." This may affect the patient's ability to work and function without a temporary set of corrective lenses. Glasses may not adequately compensate for the difference in refraction between the eyes. Contact lenses are more likely to provide an acceptable method of vision correction.
10. Inconvenience Between Procedures: In some circumstances, LASIK may be performed on only one eye. During the time interval between the first procedure and the subsequent procedure on the second eye, the two eyes may not work well together. This may cause anisometropia (described above).

11. Long-term effects: LASIK has been performed for close to a decade. It is possible, but improbable, that additional long-term effects may occur that are not known at this time.

Other Considerations:

1. Pupil size and LASIK: The pupil is the central opening of the iris that allows light to enter the eye. It functions like the shutter of a camera. Muscles in the iris respond to changing light conditions. This causes the pupil to change in size. In bright light, the pupil is small. In low light conditions, the pupil expands in size. In addition to light, the pupil responds to a focusing mechanism in the eye called "accommodation" and also to various medications. Patients with large pupils (>7 millimeters) may experience visual disturbances in dim light conditions. When the laser treatment zone is smaller than the pupil size, there may be increased risk of visual disturbances. Recent research demonstrates that pupil size is most likely not a major risk factor in the developing visual disturbances with modern laser systems. When possible, an expanded treatment area and blend zone will be used to increase the laser treatment zone to larger than your pupil measurement.

2. Corneal thickness and LASIK: During the LASIK procedure, corneal tissue is removed from beneath the flap. The medical standard of care is to leave a bed of untreated corneal tissue that is not less than 250 microns. In cases where excessive tissue is removed, the cornea may become unstable with progressive weakening. This is called corneal "ectasia." During your LASIK procedure, the surgeon will measure the corneal thickness prior to applying the laser treatment. If sufficient tissue is not present, the procedure will be terminated. In unusual circumstances, corneas of sufficient thickness (a residual corneal bed greater than 250 microns) have still developed ectasia.

3. Monovision: It is important that you understand that refractive surgery **does not prevent** the age-related loss of the eye's ability to focus on near objects. This process, called presbyopia, was described above. If you are over 40 and have both your eyes fully corrected for distance vision, you will eventually become more and more dependent upon reading glasses for near vision. As an alternative to reading glasses, you may elect to leave one eye somewhat nearsighted, which is an outcome called "monovision." With monovision, one eye is corrected for distance while some degree of nearsightedness is retained in the opposite eye. Many monovision patients may decide to get night driving glasses to fully correct their near vision eye for distance.

**CONSENT FOR LASIK:**

1. I have read this Consent Form in its entirety.

2. I have discussed the LASIK procedure with counselors, eye doctor and/or surgeon. I have been given the opportunity to ask questions. All of the questions that I have asked have been answered to my satisfaction. I understand the LASIK procedure and acknowledge that all procedures have possible risks and complications.

3. I understand that:

a. The U.S. Food and Drug Administration (FDA) regulate the manufacture and use of the excimer laser for refractive surgery

b. LASIK is an elective procedure. There is no health or medical reason why I need to have LASIK

c. Alternative treatments to LASIK, including eyeglasses and contact lenses, are available

d. The results of the LASIK procedure cannot always be predicted. The safety and efficacy of LASIK cannot be guaranteed. I may still need eyeglasses or contact lenses to achieve satisfactory vision after the procedure

e. LASIK is not risk-free. Complications, as described in this consent form, are possible. Retreatment may be necessary. There is no guarantee that retreatment will be successful.

f. Adherence to the recommended eye medication regimen and periodic follow-up visits with an eye doctor after the LASIK procedure are required to reduce the risk of longer-term complications and increase the likelihood that the desired outcome will be achieved.

4. I confirm that I am neither pregnant nor a nursing mother and that I will notify my doctor if I become pregnant in the six-month period following LASIK treatment. I understand that pregnancy may affect my healing response. I also understand that some medications may pose a risk to an unborn or nursing child.

5. My decision to undergo LASIK has been my own and has been made without duress of any kind. I understand that, if at any time prior to my procedure, I decide that I do not want to go forward with LASIK, I may withdraw my consent.

6. I authorize the doctors involved in my LASIK procedure to share the medical information with other health care providers as necessary.

7. I understand that information gathered about my procedure and my post-procedure care may be used to study the LASIK procedure. I give permission for my medical records to be released to persons involved in such studies and for my case to be presented at professional or scientific meetings or published in journals, as long as I am not identified by name. I also give permission for my LASIK procedure to be observed and for the procedure to be photographed by still camera, movie camera, or videotape, and for these photographs, films or tapes to be shown at professional, scientific, educational, promotional, or similar meetings or published in journals, so long as my name is not revealed.

8. I understand that third parties may be contracted to provide certain services, including patient scheduling, medical data processing, quality assurance analysis, patient billing, and practice management. I give permission for the release of my medical information relating to my LASIK procedure to such third parties.

9. I agree to accept personal financial responsibility for the payment of all charges and fees related to my LASIK procedure, including charges for the procedure itself, for medications I may need, for pre- and post-procedure care, for any eyeglasses or contact lenses required after the procedure, and for the expenses connected with my travel to Eye Doctors of Washington Vision Centers or other professional offices where I receive care. In the event that I have insurance that covers all or part of the cost of my LASIK procedure and follow-up care, I authorize the release of information relating to my LASIK procedure for insurance or payment purposes.

10. I understand the risk in undergoing Laser In-Situ Keratomileusis, or LASIK. I wish to have LASIK performed and hereby consent to the procedure and to any pre- or post-procedure care that my eye doctors deem necessary or advisable.

11. I verify that I will not wear/have not worn rigid gas permeable contact lenses or soft contact lenses during the restricted period prior to my comprehensive evaluation for LASIK.

12. I understand that, in the event that an additional laser vision correction is needed that every reasonable effort will be made to have the retreatment performed by the surgeon who performed the original LAIK procedure. I also understand that I will be required to return to Eye Doctors of Washington Vision Centers and that any expenses for transportation and lodging will be my responsibility.

13. I understand that the ophthalmologist scheduled to perform the LASIK procedure will make the final determination as to whether to proceed with this refractive procedure because of his or her concern about the potential outcome. Other options can be discussed at that time.

**I consent to undergo LASIK in my (circle one):**

Right Eye Left Eye Both Eyes

\_\_\_\_\_ am pm

*Patient Signature Date Time*

\_\_\_\_\_  
*Patient Printed Name*

\_\_\_\_\_  
*Witness Signature Witness Printed Name*

\_\_\_\_\_  
*Surgeon Signature Date*

\_\_\_\_\_  
*Surgeon Printed Name*