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## INFORMED CONSENT FOR LASIK FOR THE CORRECTION OF NEARSIGHTEDNESS

### INTRODUCTION

This information is being used provided to you so that you can make an informed decision about the use of a device know as a microkeratome, combined with the use of a device know as an excimer laser, to perform LASIK. LASIK is one of a number of alternatives for correcting nearsightedness. In LASIK, the microkeratome is used to shave the cornea to create a flap. The flap then is open like the page of a book to remove ultra-thin layers from the cornea to reshape it to reduce nearsightedness.

Finally, the flap is returned to its original position, without sutures. LASIK is an elective procedure. There is no emergency condition or other reason that requires or demands that you have it performed. You could continue wearing contact lenses or glasses and have adequate visual acuity. This procedure, like all surgery, presents some risks, many of which are listed below. You should also understand that there may be other risk not known to your Doctor, which may occur, should this happen in your case, the result might be affected even to the extent of making your vision worse.

### ALTERNATIVES TO LASIK

If you decide not to have LASIK, there are other methods of correcting you nearsightedness. These alternatives include, among others, eyeglasses, contact lenses, and other refractive surgical Procedures.

### PATIENT CONSENT

In giving my permission for LASIK, I understand the following, the long-term risks and effects of LASIK are unknown. I have received no guarantee as to the success of my particular case. I understand that the following risks are associated with the procedure.

### VISION THREATENING COMPLICATIONS

1. I understand that the microkeratome or the excimer laser could malfunction, requiring the procedure to be stopped before completion. Depending on the type of malfunction, this may or may not be accompanied by vision loss.
2. I understand that, in using the microkeratome, in stead of making a flap, an entire portion of the cornea could be cut off, and very rarely could be lost. If preserved, I understand that my Doctor would put this tissue back on the eye after the laser treatment, using sutures, according to the ALK procedure method. It is also possible that the flap incision could result in incomplete flap, or a flap that is too thin. If this happens, it is likely that the laser part of the procedure will have to be postponed until the cornea has a chance to heal sufficiently to try to create the flap again.
3. I understand that irregular healing of the flap could result in a distorted cornea. This would mean that glasses or contact lenses may not correct my vision to level possible before undergoing Lasik. If this distortion in vision is server, a partial or complete cornea transplant might be necessary to repair the cornea.
4. I understand that it is possible 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 internal or external eye infection that cold not be controlled with antibiotics or other means.
5. I understand that other very rare complications threatening vision include, but are not limited to, Cornea swelling, retinal detachment, hemorrhage, venous and arterial blockage, cataract formation, total blindness, and even loss of my eye.

### NON-VISION THREATING SIDE EFFECTS

1. I understand that there may be increased sensitivity to light, glare, and fluctuations in the sharpness of vision. I understand these conditions usually occur during the normal stabilization period of from one to three months, but they may also be permanent.
2. I understand that an over correction could occur, causing me to become farsighted, and that this farsightedness could be either permanent or treatable. I understand an over correction Is more likely in people over the age of 40 years and may require the uses of glasses for reading or for distance vision some or all of the time.
3. I understand that at night there may be a "starbursting" or halo effect around lights. I understand that this condition usually diminishes 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 that I should not drive until my vision is adequate both during the day and at night.

**INFORMED CONSENT FOR LASIK FOR THE CORRECTION OF NEARSIGHTEDNESS-CONTINUED-**

4. I understand that I may not get a full correction from LASIK procedure and this may require future enhancement procedure, such as more laser treatment, RK or Astigmatic Keratotomy (a technique similar to RK for correcting astigmatism), or the use of glasses or contact lenses.
5. I understand that there maybe a "balance" problem between my two eyes after LAIK has been performed on one eye, but not the other. This phenomenon is called anisometropia. I understand this would cause eyestrain and make judging distance or dept perception more difficult. I understand that my first eye may take longer to heal than is usual. Prolonging the time I could experience anisometropia.
6. I understand that after LASIK, the eye maybe more fragile to trauma from impact. Evidence has shown that, as with any scar, the corneal incision will not be as strong as the cornea originally was as that site. I understand that the treated eye, therefore is somewhat more vulnerable to all varieties of injuries, at least for the first year following LASIK.I understand it would be advisable in which the possibility of a ball, projectile, elbow, dist, or other traumatizing object contact the eye maybe high.
7. I understand that there is a natural tendency of the eyelids to droop with age and that eye surgery day hasten this process.
8. I understand that there maybe pain or a foreign body sensation, particularly during the first 48 hours after surgery.
9. I understand that temporary glasses either for distances or for reading maybe necessary while healing occurs and that more that one of glasses maybe needed. I understand that the follow-up effects of LASIK beyond three years presently are unknown and that LASIK has not been in use long enough to measure long-term effects (those occurring after 10 years or more) following the procedures, and that unforeseen complications or side effects could occur.
10. I understand that visual acuity I initially gain from LASIK could regress, and that my vision May go partially or completely back to the level it was immediately prior to having the procedure.
11. I understand that the correction that I can expect to gain from LASIK may not be perfect. I understand that it is not realistic to expect that this procedure will result in perfect vision, at all times, under all circumstances, for the rest of my life. I understand I may need glasses to refined my life, and that this might occur soon after surgery or years later.
12. I understand that I maybe given medication in conjunction with the procedure and that my eye eye may be patched afterward, I there, understand that I must not drive for at least one day Following the procedure and not until I am certain that my vision is adequate for driving.
13. I understand that if I currently need reading glasses, I will still likely need reading glasses after this treatment. It is possible that dependence on reading glasses may increase or that reading glasses may not be required at an earlier age if I have this surgery.
14. Even 90% clarity of vision is still slightly blurry. Enhancement surgeries can be performed when when vision is stable UNLESS it is unwise or unsafe. Typically 1.00 diopter or greater correction remains or vision is 20/40 or worse, an enhancement may be performed. If the enhancement is performed within the first six months following surgery, therefore generally is no need to make another cut with the microkertome. The originally flap can usually be lifted with specialized techniques. After 6 months of healing, a new LASIK incision is usually required, incurring greater risk. In order to perform an enhancement surgery, there must be adequate tissue remaining. If there is inadequate tissue, it may not be held with the surgeon at which time the benefits and risk of an enhancement surgery will be discussed.
15. I understand that, as with all types of surgery, there is a possibility of complications due to anesthesia, drug reaction, or other factors that may involve other parts of my body. I understand that, since it is impossible to state every complication that may occur as a result of any surgery, the list complications in this form may not be complete.



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**PATIENT'S STATEMENT OF ACCEPTANCE AND UNDERSTANDING**

The detail of the procedure known as LASIK have been presented to me in detail in this document and explained to me by my ophthalmologist. My ophthalmologist has answered all my question to my satisfaction. I therefore consent to LASIK surgery.

I give my permission for my ophthalmologist to use data about my procedure and subsequent treatment to further understand LASIK. I understand that my name will remain confidential, unless I give subsequent written permission for it to be disclosed outside my ophthalmologist's office or the center where my LASIK procedure will be performed.

\_\_\_\_\_  
PATIENT'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DATE

I HAVE BEEN OFFERED A COPY OF THIS CONSENT FORM (Please Initial) \_\_\_\_\_