

ADDENDUM

LASIK (LASER IN SITU KERATOMILEUSIS) INFORMED CONSENT

Informed Consent. This LASIK Informed Consent is intended to supplement the Vision Correction Surgery Patient Information Form to provide you with additional information concerning LASIK surgery so that you can make an informed decision whether to undergo LASIK surgery. You should carefully read both the Vision Correction Surgery Patient Information Form and this LASIK Informed Consent and discuss all your questions and concerns with your surgeon or personal eye care provider.

Alternatives to LASIK. The safest alternative to LASIK is to continue to wear your eyeglasses or contact lenses and not have LASIK. Other surgical alternatives to LASIK include PRK, INTACS, CK, LASEK or intraocular lenses. Be sure to ask your surgeon or personal eye care provider to learn more about these procedures.

You May Not Be a Candidate for LASIK if You:

- Have eye inflammation or infection, severely dry eyes, excessive corneal scarring, certain degenerations or dystrophies of the cornea, amblyopia (lazy eye), strabismus (muscle imbalance) or previous strabismus surgery, keratoconus or any recurrent, residual or active eye condition which may affect healing.
- Have a history of Herpes Simplex eye infections, uncontrolled vascular disease, uncontrolled diabetes, an autoimmune disease or rheumatologic conditions, such as lupus or rheumatoid arthritis.
- Are immunocompromised or take medications that may suppress your immune system.
- Have an implanted electronic device such as a pacemaker or defibrillator.
- Have progressive nearsightedness or farsightedness.
- Have previously undergone corneal surgery.
- Have corneal blood vessel growth within 1 mm of the ablation zone.
- Have a history of keloid formation.
- Take certain medications, such as Accutane, Cordarone or Imitrex.

Risks and Complications of LASIK. This LASIK Informed Consent summarizes possible risks and complications associated with LASIK; however, it is impossible to list all the potential risks and complications of LASIK. Because LASIK is a relatively new procedure, certain risks and complications associated with it may be unforeseeable at this time. As a result, it is important to be aware that the long-term studies and results of LASIK may reveal additional risks and complications not described in this LASIK Informed Consent.

Vision Threatening Complications. Certain complications of LASIK may seriously affect your vision and may not be correctable with eyeglasses or contact lenses. The most serious complications can result in loss of vision or require a corneal transplant. These complications include:

- Excimer laser malfunction, causing permanent irregularity of the cornea and leading to loss of vision not correctable with eyeglasses or contact lenses.
- Microkeratome malfunction, causing an abnormal corneal flap and leading to loss of vision not correctable with eyeglasses or contact lenses.
- Decentered treatment causing permanent irregularity of the cornea and leading to loss of vision not correctable with eyeglasses or contact lenses.
- Irregular corneal healing, causing distortion, ghost images or scarring.
- Epithelial (protective outer layer of the cornea) healing defects, resulting in delayed healing, pain, light sensitivity, infection or growth of epithelium under the corneal flap.
- Wrinkled, slipped, displaced or lost corneal flap.
- Corneal infection, resulting in permanent scarring or perforation of the cornea.
- Corneal inflammation, which may result in scarring, farsightedness, and irregular corneal healing.
- Intractable glare and inability to function in a dark environment.
- Retinal detachment, venous or arterial blockage of the retina, hemorrhage of the retina, cataract formation, total blindness or loss of the eye.
- Complications due to the anesthetic drops or other medications used in conjunction with LASIK.

Other Complications. LASIK may result in additional complications, including:

- Astigmatism, creating a need for eyeglasses.
- Under correction or over correction causing farsightedness, nearsightedness or the inability to wear contact lenses.
- Worsening of your uncorrected near vision while improving your distance vision, if you are over 40 years of age.
- Dry eyes, which generally is treatable with artificial tears and resolves in 1-3 months, but which on rare occasions, may be permanent.
- Alteration in your night vision, which for some patients means poorer quality night vision.
- The following common side effects which are usually temporary but which may be permanent: pain or discomfort, foreign body sensation, increased sensitivity to light, glare and halos around lights, haze or fluctuating vision.
- Diminished contrast sensitivity.

- Difference in the image size perceived by each eye, double vision or difference in refractive error between each eye, which can affect your depth perception and may cause eye strain.
- Ptosis (droopy eyelids).
- Increased vulnerability of your eyes to trauma from impact for the first year or longer after LASIK; it is recommended that you wear protective eyewear when engaging in activities where the possibility of trauma to the eyes exists.
- Difficulty identifying necessary intraocular lens power for cataract surgery lens calculations and predicting refractive outcome.
- Death.

Additional Risks. Because of the potential risks associated with LASIK, it is very important to provide complete and accurate medical information to your surgeon. If you fail to provide complete and accurate information, you may be subject to additional risks and complications or the risk of complications may increase.

Patient Agreement

By signing this LASIK Informed Consent, you understand and agree as follows (check all that apply):

- The information contained in this LASIK Informed Consent has been explained to me using terms I could understand, and all my questions and concerns have been addressed.
- I have received and reviewed the Vision Correction Surgery Patient Information Form and the information contained therein has been explained to me using terms I could understand, and all my questions and concerns have been addressed. (For more information regarding the LASIK procedure, please consult the Vision Correction Surgery Patient Information Form, page 2)
- My clinical findings in relation to the risks of keratectasia have been thoroughly explained to me and I am fully aware of the possible risks and complications associated with vision correction surgery. I understand that there is no absolute test to ensure that I will not develop keratectasia following vision correction surgery, and that while severe keratectasia may need to be treated with a corneal transplant, mild keratectasia can be corrected with the use of glasses or contact lenses. (For more information regarding keratectasia, please consult the Vision Correction Surgery Patient Information Form, page 6)
- I understand that LASIK is an elective procedure and hereby freely accept all possible risks, complications and side effects that may result from LASIK.
- I understand that no guarantees have been made to me regarding the outcome of LASIK, and that I remain financially responsible for all costs associated with the surgery.

Patient's Signature _____

Patient's Name (print) _____

Date _____

Witness's Signature _____

Witness's Name (print) _____

Date _____

Surgeon's Signature _____

Surgeon's Name (print) _____

Date _____