



Dr Dale Harrison

Specialist Ophthalmologist

INFORMED CONSENT FOR LASIK SURGERY

The following information is intended to help you make an informed decision about having Laser Assisted In-Situ Keratomileusis (LASIK) surgery to correct your vision.

Since it is impossible within the context of this form to state all possible risks of any surgery or procedure, this form cannot provide a comprehensive listing of every conceivable problem. All sight threatening complications will be listed.

OVERVIEW OF LASIK

LASIK permanently changes the shape of the cornea. The surgery is performed under topical anaesthesia. The LASIK procedure involves folding back a thin layer of corneal tissue (corneal flap). A layer of corneal tissue is then removed with an excimer laser. The flap is then replaced. This causes the shape of the cornea to change so that the focusing power of the cornea is corrected.

Although the goal of LASIK/PRK is to improve the vision to the point of not being dependent on glasses or contact lenses, this result is not guaranteed. Additional procedures, spectacles or contact lenses may still be required to achieve adequate vision.

LASIK does not correct the condition known as presbyopia, which occurs in most people between the ages of 40 and 50 years and requires them to wear reading glasses. If you presently wear reading glasses, it is likely you will still need reading glasses after treatment. If you do not need reading glasses now, you may need them when you reach this age.

RISKS AND COMPLICATIONS

NON VISION THREATENING COMPLICATIONS:

- a) **Dry eyes.** This is very common after LASIK and is present to some degree in all cases. This is usually a temporary phenomenon and resolves after a few weeks. Occasionally this can be severe enough to cause discomfort and blurred vision.
- b) **Over-correction or under-correction** may occur and LASIK surgery may not give you the result you expected. It may be possible or necessary to have additional surgery to fine-tune or enhance the initial result. It is also possible that your initial result could regress over time.
- c) **Increased sensitivity to light.** This may require the use of sunglasses but usually settles after a few weeks.
- d) Decreased vision in dim light and **starburst or halo** around lights at night can occur in some patients. These effects diminish after the first few months, but some elements can be permanent. Very occasionally patients have severe enough problems to make them feel insecure driving at night.
- e) **Loose epithelium** or abrasions of the corneal surface. This may cause some discomfort during the first 48 hours. This may also result in delayed healing and delayed improvement of vision.
- f) **Inflammation.** Rarely inflammation can occur at the flap interface (LASIK). This is known as Diffuse Lamellar Keratitis (DLK). It usually resolves in about a week with treatment but if severe could cause haze of the cornea.



Dr Dale Harrison

Specialist Ophthalmologist

VISION THREATENING COMPLICATIONS.

It is possible that there could be partial loss of vision as a result of the following:

- a) **Infection** that cannot be controlled by antibiotics.
- b) Malfunction of the microkeratome or the laser
- c) **Flap complications**, such as an incomplete flap or a buttonhole in the flap. These are generally not vision threatening complications but may necessitate postponing the procedure for several months.
- d) **Epithelial ingrowth.** Surface cells of the cornea can grow underneath the flap causing scarring of the flap and this could require further surgery.
- e) **Ectasia.** Progressive thinning of the cornea resulting in distortion of the shape of the cornea. This rare complication is more likely to occur in patients with thin corneas but can occur in any patient. It may require further treatment such as crosslinking to strengthen the cornea or wearing a hard contact lens.
- f) **Other risks.** Irregular corneal shape could result in distorted vision or ghosting which may not be correctable by re-treatment, glasses or contact lenses. Severe complications could require a corneal transplant using donor cornea. It is even possible that a severe complication could result in complete loss of vision.

PATIENT

I understand that my diagnosis is short-sightedness or far-sightedness with or without astigmatism. LASIK is an elective procedure which is an alternative to wearing glasses or contact lenses.

While it is hoped that LASIK will eliminate or reduce my dependency on glasses I understand that there is no guarantee of a particular outcome and having the treatment does not necessarily mean total freedom from spectacles. If I am over 45years of age I understand that I will probably need reading glasses.

I have been informed of and understand the realistic benefits and possible complications associated with LASIK. In signing below I confirm that I have read this Informed Consent Form.

I consent to have LASIK surgery performed on my RIGHT / LEFT / BOTH eyes.

PATIENT SIGNATURE	PATIENT NAME (Capitals)	DATE
-------------------	-------------------------	------

NB: Please initial both pages

I certify that I have explained the operation; the nature, purpose, potential benefits and possible risks associated with it.

DR DC HARRISON	DATE
----------------	------