

## **INFORMED CONSENT FORM for PRK-L (LASIK) SURGERY**

This statement of the possible risks and complications of and alternatives to, surgery is provided to improve your understanding of the medical limitations of this procedure and to serve as a tool to facilitate an informed consent discussion between you and your physician. Your decision regarding whether or not to have surgery on your eye(s) at this time should be based on the educational material you reviewed, as well as conversation(s) with your physician and your awareness of the risks, complications and alternatives to surgery.

**Purpose:** The purpose of this procedure is to eliminate or decrease your dependence on corrective lenses (contact lenses or glasses).

**Alternatives:** The alternative to this surgical procedure includes wearing corrective lenses such as contact lenses or glasses.

### **Risks And Complications Include, But Are Not Limited To:**

- Infection inside the eye that cannot be controlled with antibiotics or other means, which may lead to blindness or loss of the eye.
- Irregular astigmatism due to irregular healing of the cornea may cause a decrease in vision, leading to the need to wear contact lenses or glasses to obtain useful vision. There is a possibility that this may permanently distort the vision even with use of a contact lens.
- Increased light sensitivity, glare, variation of vision and double vision may be permanent as a result of the surgery.
- Unforeseen complications such as: corneal vascularization (blood vessels), corneal ulcer formation, epithelial healing defects (scratches on the surface of the cornea), endothelial cell loss, corneal thinning, cataract formation, vascular occlusion (blockage of blood vessels in the eye), loss of visual field, corneal perforation, and loss of or dislocation of the corneal flap -- resulting in the need for additional surgeries including but not limited to a corneal transplant.
- Over-correction or under-correction are possibilities that may require further surgery or corrective lenses after surgery.
- The anatomic state of the eye is not altered by this procedure, which means the eye could develop naturally occurring eye problems such as glaucoma, cataracts, retinal detachment, retinal degeneration (deterioration of the inner lining of the eye), and presbyopia.
- Depth perception may be altered and image sizes may appear different, both of which may affect your ability to drive and judge distances.
- If you are wearing bifocals or reading glasses now, you are likely to need reading glasses after the procedure. This procedure will not prevent the need for reading glasses in the future.
- Events may occur during the procedure that may require the surgery to be stopped, and you may have to return at a later date to complete the planned procedure.
- This procedure is machine dependent. In the event of mechanical failure, serious and possibly permanent damage to your eye(s) could occur.
- Complications related to anesthesia or drug reactions are possible and may cause serious damage, including brain damage or death.
- There are complications that may make your vision worse; some may cause blindness or even loss of the eye.

**SUCCESSFUL SURGICAL RESULTS CANNOT BE AND ARE NOT GUARANTEED.**

**Patient's Consent:** I acknowledge that I attended a seminar or reviewed the educational material, including the LASIK video that included a discussion of potential complications and side effects. I have discussed this procedure with the physician. I give permission for photos to be taken and for medical information without any patient identifiers concerning my operation and subsequent treatment to be released to investigators, physicians, and responsible authorities demonstrating a need for such information. I agree to allow observers to be present in the operating room for educational purposes. I have read and fully understand this consent form, and understand I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction, or if I do not understand any of the terms or words contained in this consent form. I have no further questions.

**I understand that I am exposing both of my eyes to the risks of surgery at the same time.** If I choose to have only one eye done at this time, I will notify my physician of this decision prior to signing this form and will indicate my decision below.

**If you have any questions as to the risks of the proposed procedures, ask your physician before signing this form.**

**Do not sign this form unless you have read and thoroughly understand it.**

**I certify that I read this form before my eyes were dilated.** \_\_\_\_\_  
(PLEASE INITIAL)

I authorize **Dr. Steven B. Koenig** and his assistants to perform the following operation:

PRK-L (LASIK) ON:     Both Eyes     Left Eye Only     Right Eye Only  
(Check only one box)

**PATIENT SIGNATURE:** \_\_\_\_\_

DATE & TIME: \_\_\_\_\_

**SIGNATURE OF WITNESS:** \_\_\_\_\_

DATE & TIME: \_\_\_\_\_

**PHYSICIAN DECLARATION:** I have explained the contents of this document to the patient and have answered all the patient's questions. The risks and benefits of surgery, including but not limited to blindness and death, and alternatives to surgery have been explained to the patient. To the best of my knowledge, the patient has been adequately informed. The patient has consented.

PHYSICIAN SIGNATURE: \_\_\_\_\_

DATE & TIME: \_\_\_\_\_