



SKYVISION

C E N T E R S

INFORMED CONSENT FOR LIMBAL RELAXING INCISION (LRI)

INTRODUCTION:

This information, including the benefits, alternatives, and possible complications of surgery, is being provided to you so that you can make an informed decision about having limbal relaxing incision ("LRI") to treat your astigmatism.

Limbal Relaxing Incision is a surgical procedure which consists of making fine microscopic curved incisions at the limbus, which is the junction of the clear part of the eye (cornea) with the white (sclera) of the eye. These incisions are made for the purpose of flattening the steepest part of the cornea in attempt to obtain more spherical cornea. LRI permanently changes the shape of the cornea. Although the goal of LRI is to improve vision to the point of not wearing glasses, this result is not guaranteed.

LRI is an elective procedure: There is no emergency condition or other reason or demands that you have it performed. You could continue wearing glasses or contact lenses 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 might be other risks not known to your doctor that may become known later. Despite the best of care, complications and side effects may occur; should this happen in your case; the result might be affected even to the extent of making your vision worse.

ALTERNATIVES:

If you decide not to have LRI, there are other methods of correcting your astigmatism. These alternatives include, among others, eyeglasses, contact lenses, and other refractive surgical procedures such as PRK or LASIK.

In giving my consent for LRI, I declare that I understand the following: I have received no guarantee as to the success of my particular case. I understand that there are risks associated with the procedure.

Initials: _____
Witness: _____

POTENTIAL RISKS AND COMPLICATIONS:

I understand that there is a possibility that my vision may not improve with this surgery or that the desired results of surgery may not be obtained. It is possible that I may require additional surgery at a later date or that I could still need glasses after surgery. It is possible that I may not be able to wear contact lenses after having this surgery.

As a result of the surgery, it is possible that I could lose vision or lose best-corrected vision. This could happen as a result of infection that could not be controlled with antibiotics or other means, which could even cause loss of my eye. Irregular healing of incisions may cause the corneal surface to be distorted. In that case, it may be necessary for me to wear a contact lens to affect useful vision, and there is a possibility that this may not restore useful vision.

While these risks are low, there is a possibility of one or all of the following occurring: corneal perforation, which could possibly require sutures, corneal vascularization, corneal ulcer formation, endothelial cell loss, epithelial healing defects, and very rarely, endophthalmitis (internal infection of the eye, which could lead to permanent loss of vision).

I understand that I may experience incapacitating light sensitivity from sunlight or other bright light sources for a varying length of time, or possibly permanently.

I understand that I may experience incapacitating glare or halos from oncoming headlights or other bright light sources, particularly in the evening or nighttime, for a varying length of time or possibly permanently. I am aware that this may interfere with driving for an indefinite period, and I understand that I am not to drive until I am certain that my vision is adequate both day and night.

I understand that fluctuations or variation in vision may occur during the initial stabilization period (up to 3 months or longer).

Initials: _____

Witness: _____

The details of the procedure known as LRI have been presented to me in detail in this document and explained to. I have had all my questions answered. I have had read this informed consent, and I fully understand it and the possible risks, complications, and benefits that can result from surgery.

I wish to have LRI performed on my _____ right eye _____ left eye.

Patient signature: _____

Witness Signature: _____

Date: _____