



SKYVISION CENTERS

INFORMED CONSENT FOR PRK PHOTOREFRACTIVE KERATECTOMY

This information must be reviewed so you can make an informed decision regarding PRK surgery to reduce or eliminate your nearsightedness. Only you and your doctor can determine if you should have PRK surgery based upon your own visual needs and medical considerations. Any questions you have regarding PRK or other alternative therapies for your case should be directed to your doctor. While this form is meant to educate you, it does not replace the discussion you will have with your surgeon and staff members of SkyVision Centers.

I CHOOSE TO HAVE PRK SURGERY AND IN DOING SO I UNDERSTAND THE FOLLOWING INFORMATION:

The long-term risks and effects of PRK surgery beyond 25 years are unknown.

The goal of PRK with the excimer laser is to reduce or eliminate the dependence upon or need for contact lenses and/or eyeglasses; however, I understand that as with all forms of treatment, the results in my case cannot be guaranteed. For example:

1. There is no guarantee that I will completely eliminate my reliance on eyeglasses and/or contact lenses. It is possible that the treatment could result in under correction, where some degree of nearsightedness may remain, requiring the use of glasses or contact lenses.
2. The treatment may also result in overcorrection, causing hyperopia (farsightedness) which may or may not require the use of glasses or contact lenses.
3. If I currently need reading glasses, I will still need reading glasses after this treatment. If I wore a bifocal or progressive eyeglass lens, I will need reading glasses after PRK, and it is possible that my dependence on reading glasses may increase or that reading glasses may be required at an earlier age if I have PRK surgery.
4. The treatment may also result in a change in my astigmatism that could require use of glasses and/or contact lenses.
5. Further treatment may be necessary, including a variety of eye drops, the wearing of eyeglasses or contact lenses (hard or soft), or additional PRK surgery.
6. My best vision, even with glasses or contacts, may become worse.
7. There may be a difference in spectacle correction between eyes, making the wearing of glasses difficult or impossible. Fitting and wearing contact lenses may be more difficult.
8. I can expect discomfort and a degree of pain in the postoperative healing process. I understand I will be wearing a contact lens bandage, and that while this is to increase my level of comfort, my vision will be hazy and this lens will not eliminate my discomfort.

ALTERNATIVES TO PRK SURGERY:

Please review the following options to PRK surgery if:

you are opting for PRK because of work and/or military criteria, please review your requirements as other surgical options may have become available.

you are choosing PRK because you are not a good candidate for LASIK (usually because you have a cornea that is too thin to allow for a flap and the prescription correction you require from the laser).

The alternatives to PRK include eyeglasses, contact lenses, LASIK, radial keratotomy, natural lens exchange with the Crystalens, the Verisyse phakic intraocular lens, or ICL's, implantable contact lenses.

I understand these alternatives.

I have been informed, and I understand that certain complications and side effects have been reported in the post treatment period by patients who have had PRK, including the following:

Possible short-term effects of PRK surgery: The following have been reported in the short term post treatment period and are associated with the normal post treatment healing process: discomfort or pain (first 24 to 48 hours), corneal swelling, double vision, feeling something is in the eye, ghost images, light sensitivity, and tearing.

Possible long-term effects of PRK surgery:

Haze: Loss of perfect clarity of the cornea, usually not affecting vision, which usually resolves over time.

Glare: Sensation produced by bright lights that is greater than normal and can cause discomfort and annoyance.

Halo: Hazy rings surrounding bright lights may be seen, particularly at night.

Loss of Best Vision: A decrease in my best vision even with glasses or contacts.

IOP Elevation: An increase in the inner eye pressure due to post treatment medications, which is usually resolved by drug therapy or discontinuation of post treatment medications.

The following complications have been reported infrequently by those who have had PRK surgery: itching, dryness of the eye, or foreign body feeling in the eye, double or ghost images, patient discomfort, inflammation of the cornea or iris, persistent corneal surface defect, persistent corneal scarring severe enough to affect vision, ulceration/infection, irregular astigmatism (warped corneal surface which causes distorted images), cataract, drooping of the eyelid, and a slight increase of possible infection due to use of a bandage contact lens in the immediate post-operative period.

I understand there is a remote chance of a partial or complete loss of vision in the eye that has PRK surgery.

I understand that it is not possible to state every complication that may occur as a result of PRK surgery. I also understand that complications or a poor outcome may manifest weeks, months, or even years after PRK surgery.

I understand this is an elective procedure and that there are no guarantees as to my outcome. I understand PRK is not reversible.

FOR WOMEN: I am not pregnant or nursing as I understand that pregnancy could adversely affect my result.

My personal reasons for choosing to have PRK surgery are as follows:

I agree to allow my procedure to be observed. **YES** **NO**

I have read and understand the information that has been provided to me in this form and in discussion with my doctor and the staff. I have spoken with my physician, who has explained PRK, its risks and alternatives, and answered my questions about PRK surgery.

PATIENT NAME

DATE

PATIENT SIGNATURE

WITNESS NAME

DATE

WITNESS SIGNATURE