

Print your name: \_\_\_\_\_ Date: \_\_\_\_\_

### QUESTIONS ON THE LASIK INFORMED CONSENT VIDEO

The following questions cover important information contained in the video presentation. Please circle your answers. If you need more time to answer a question than the video presentation allows, skip that question and return to it when the program is over.

1. **TRUE or FALSE:** There are no guarantees as to exactly how well you will see after the procedure.
2. **TRUE or FALSE:** LASIK is the only way to correct your refractive errors.
3. **TRUE or FALSE:** You may experience vision irregularities such as halos and glare after your surgery and you may be more sensitive to light, which in some cases could be permanent.
4. **TRUE or FALSE:** After surgery, follow-up visits are not important.
5. **TRUE or FALSE:** It is possible that another operation may be necessary after LASIK surgery to obtain the best level of vision correction.
6. **TRUE or FALSE:** It is very important that you look at the fixation light during the laser treatment.
7. **TRUE or FALSE:** There is the possibility that the LASIK procedure could cause loss of vision.
8. **TRUE or FALSE:** You may experience mild to moderate discomfort for several days after the procedure.
9. **TRUE or FALSE:** LASIK will eliminate the need for reading glasses when you are over 40 years of age.
10. **TRUE or FALSE:** The video that you watched covered all risks, side-effects and complications that could possibly occur with LASIK surgery.
11. **TRUE or FALSE:** You understand that LASIK is a relatively new procedure and that the long term risks may not yet be fully known.

### ANSWERS:

1. **TRUE.** There are no guarantees as to how well you will see with LASIK.
2. **FALSE.** In addition to glasses and contact lenses, there may be other surgical procedures to treat your refractive errors.
3. **TRUE.** Halos, glare and light sensitivity can be experienced and may not go away completely.
4. **FALSE.** Follow up visits are extremely important to monitor your healing process.
5. **TRUE.** Re-treatment may be required to obtain the best level of corrected vision.
6. **TRUE.** Not looking at the fixation light during treatment with the excimer laser could cause a poor result.
7. **TRUE.** Some patients have made their vision worse.
8. **TRUE.** Some patients report mild to moderate pain for a short time after the procedure.
9. **FALSE.** LASIK does not treat **presbyopia** which occurs in most people above the age of 40, requiring reading glasses for close work.
10. **FALSE.** The video did not cover all possible risks, side-effects and complications of LASIK.
11. **TRUE.** LASIK as we know it today has only been performed for a relatively short time and future long term complications may not be known.

Use this space to write any questions or concerns you wish to discuss with Dr. Rubman or a staff member:

---

---

---

---

---

## CONSENT TO HAVE LASIK SURGERY

This information is to help you make an informed decision about having **Laser Assisted In-Situ Keratomileusis (LASIK) Surgery** to treat your *nearsightedness, farsightedness, and/or astigmatism*. Take as much time as you wish to make a decision about signing this form. You are encouraged to ask questions and have them answered to your satisfaction before you give your permission for surgery. Every surgery has risks as well as benefits and each person must evaluate this risk/benefit ratio for himself/herself in light of the information presented in the video and the information which follows.

Spectacles and contact lenses are the most common method of correcting nearsightedness (*myopia*), farsightedness (*hyperopia*), and astigmatism. When tolerated well, they are likely to be a good alternative to LASIK Surgery. Refractive surgery is continually evolving and other refractive procedures may be available as an alternative to LASIK. You should also be aware that having any refractive procedure could disqualify you from some professions, including the military and certain law enforcement agencies.

LASIK permanently changes the shape of your cornea. The surgery is performed under topical anesthesia (*drops*). The procedure involves folding back a thin layer of corneal tissue (*corneal cap*) and then removing a thin layer of corneal tissue using light from an excimer laser. After removal, the flap is replaced and bonds in place without the need for sutures. The result of removing a thin layer of tissue causes the center of the cornea to *flatten* in the treatment of *nearsightedness*, *steepen* in *farsightedness* or to become more *spherical* in *astigmatism*, thereby enabling light rays to focus more accurately onto the retina. Although the goal of LASIK is to *improve* vision to eliminate your dependency on glasses or contact lenses or diminish the thickness of your glasses, the **results are not guaranteed**.

You should understand that LASIK surgery will not prevent you from developing naturally occurring eye problems such as glaucoma, cataracts, retinal degeneration or detachment. After the procedure you should avoid rubbing the eye(s). Your eyes may be more susceptible to traumatic injury after LASIK and protective eye wear is recommended for all contact and racquet sports where a direct blow to the eye could occur. Also, LASIK does not correct the condition known as **presbyopia** (or *aging of the eye*) which occurs to most people around age 40 and may require them to wear reading glasses for close-up work. People over 40 that have their nearsightedness corrected may find that they need reading glasses for clear, close vision.

During *pregnancy* your refractive error can *fluctuate* which could influence your results. If you know you are pregnant or attempting to become pregnant within the next three months, it is important that you notify Dr. Rubman prior to your surgery. You should also be certain to mention any medication that you are taking such as hormone replacement therapy or antihistamines as they may influence healing.

### POTENTIAL RISKS OF LASIK INCLUDE:

- 1. LOSS OF VISION.** LASIK surgery can possibly cause loss of vision or loss of best corrected vision. This can be due to infection or irregular scarring or other causes, and unless successfully controlled by antibiotics, steroids or other necessary treatment, could even cause loss of the infected eye. Vision loss can be due to the cornea healing irregularly which could add astigmatism and make wearing glasses or contact lenses necessary and useful vision could be lost. It is also possible that you may not be able to successfully wear contacts after LASIK surgery.
- 2. VISUAL SIDE-EFFECTS.** Other complications and conditions that can occur with LASIK surgery include: anisometropia (*difference in power between the two eyes*), aniseikonia (*difference in image size between the two eyes*), double vision, hazy vision, fluctuating vision during the day and from day to day, increased sensitivity to light which may be incapacitating for some time and may not completely go away, glare and halos around lights which may not completely go away. Some of these conditions may affect your ability to drive and judge distances and driving should only be done when you are certain your vision is adequate.
- 3. OVERCORRECTION AND UNDERCORRECTION.** LASIK may not give you the result you desired. If after the procedure you are either undercorrected or overcorrected, it may be possible or necessary to have additional surgery to fine-tune or enhance the initial results. If you were nearsighted, overcorrection could result in farsightedness. If you were farsighted, overcorrection could result in nearsightedness. Overcorrections, especially when treating farsightedness, often diminish with time but could be permanent. It is also possible that your initial favorable results could regress over time.
- 4. OTHER RISKS.** Additional reported complications include: corneal ulcer formation; endothelial cell loss, epithelial healing defects; ptosis (*droopy eye lid*); corneal swelling, retinal detachment and hemorrhage. Complications could also arise requiring further corrective procedures including either a partial (*lamellar*) or full thickness corneal transplant using a donor cornea. These complications include: loss of corneal disc, damage to the corneal disc, disc decentration and progressive corneal thinning (*ectasia*). Sutures may also be required which could induce astigmatism. There are also potential complications due to anesthesia and medications which may involve other parts of your body. It is also possible that the microkeratome or the excimer laser could malfunction and the procedure stopped. Since it is impossible to state all potential risks of any surgery, this form is incomplete.
- 5. DRY EYE.** Many patients undergoing LASIK already have dry eyes, especially those who are contact lens intolerant or are older than their mid-30s. For some individuals, **LASIK can make dry eyes temporarily worse**. In these cases, the eye may require the temporary use of punctal plugs and/or increased use of artificial tears, but the eye usually returns to its pre-LASIK state within several months. In some cases, the **worsening of dry eye may be permanent** and require punctal plugs and/or the permanent use of artificial tears.
- 6. FUTURE COMPLICATIONS.** You should also be aware that there are other complications that could occur that have not been reported before the creation of this consent form as LASIK Surgery has been performed only since the early 1990's and longer term results may reveal additional risks and complications.

**POST-OPERATIVE INSTRUCTIONS:** After your surgery you will be given medications and instructions to help prevent infection and control healing. It is imperative that you follow **ALL** instructions exactly as they are given to you. It is also imperative that all follow-up visits be kept as directed.

In signing this form, you are stating that you have read this consent form and although it contains medical terms which you may not completely understand, you have had the opportunity to ask questions and had them answered to your satisfaction. You have also viewed the video and understand the questions presented on the other side of this form.

To assure that you have understood the information presented, please copy the following statement in your own handwriting: **"I understand the information presented and am willing to accept the fact that I may need glasses or contact lenses or further surgery following LASIK to achieve my best possible level of vision."**

I am making an informed decision in giving my permission to have **Laser Assisted In-Situ Keratomileusis (LASIK) Surgery** on my:

Right Eye     Left Eye     Both Eyes

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Surgeon: \_\_\_\_\_ Date: \_\_\_\_\_