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This information is provided so that you can make a better decision about the use of procedures known as “PRK” (photorefractive keratectomy) and “LASIK” (laser in situ keratomileusis). Both are surgical laser procedures to correct myopia, hyperopia and astigmatism.

No surgical procedure is completely free of risk. It is not possible to list every complication that can occur, and there may be adverse reactions which are unknown at this time. Since glasses or contact lenses are currently available and are generally safe, you need to thoroughly consider the possible risks versus the potential benefits of having PRK or LASIK.

RISKS AND SIDE EFFECTS:

There are a number of risks associated with both PRK and LASIK which can temporarily or permanently affect your vision:

Under or Over Correction

The procedures may result in over or under correction of vision, which may require future enhancement procedures or the use of glasses or contact lenses for good vision. Significant over or under corrections can generally be treated. Enhancement procedures may require a period of healing and there may be greater risk with that procedure. An assessment and consultation will be held at which time the benefits and risks of an enhancement surgery will be discussed. Over correction is less tolerated in people over the age of 40 years and in that event, the use of glasses for reading or for distance vision may be required some of the time.

Halo Effect

Halo is an optical effect that is noticed in dim light. As the pupil enlarges, the untreated peripheral cornea produces a second faded image or a "starburst effect" around lights. Some patients who have undergone refractive surgery notice this effect while driving at night and may require glasses at night. This condition usually diminishes with time but could be permanent.

Decentration

If the laser beam is not centered on the pupil during treatment, this may result in decentration of the treatment zone. This may cause halos and blurry vision.

Increased Sensitivity

There may be increased sensitivity of the treated eye to light and glare. Fluctuations in the sharpness of vision after the procedure may also be experienced. If these conditions occur, it is usually in the normal stabilization period of one to three months after surgery. However, in some cases, they may also be permanent.

Optical Imbalance Between Surgeries

In cases when refractive surgery is performed on only one eye at a time, the two eyes may not work well together due to the temporary difference in refraction.

Presbyopia and Reading Glasses

As a person grows older, the lens of the eye is less able to focus and near vision becomes more difficult. This normal aging process is called presbyopia, a condition that can be alleviated with reading glasses or bifocal lenses. If reading glasses are required at the time of procedure, it is very likely that continued use of reading glasses following the treatment will be required. An advantage of being myopic (nearsighted) is that it generally takes longer to be affected by presbyopia. After laser surgery, a patient over the age of 40 may require reading glasses to see fine print at an earlier age than if no treatment was undertaken.

Remote Risks

There is a possibility of severe infection, corneal perforation, retinal detachment, hemorrhage, venous and arterial blockage, cataract formation, drug reaction, or other rare complications that could cause eye problems that may range in seriousness, even to the extent of complete loss of

vision, or of the eye. Some of these other complications may affect parts of the body other than the treated eye.

Regression

The visual acuity that is gained from refractive surgery could regress and vision may go partially or completely back to the level it was immediately prior to the procedure. Such regression is more common in patients who are very nearsighted (more than 8 diopters). In many cases, this regression can be retreated.

Raised Eye Pressure

Transient elevation of intra-ocular pressure may occur with steroid eye drop use following PRK. Monitoring of eye pressure is performed by your post-operative eye care professional as a part of the follow-up care. Modification of drop schedule may be required.

Delayed Recovery of Best-Corrected Visual Acuity (BCVA)

It may take several months for full recovery of BCVA to occur following refractive surgery. This is due to healing and/or haze of the cornea. During the recovery period, there may be pain or a sensation of a foreign body in the eye; particularly in the 24 hours following surgery. Generally, with the passage of time, the BCVA gradually improves. Further treatment may be necessary if the BCVA is not fully achieved. In some cases

BCVA may not be attained. Medication may be given in conjunction with the procedure therefore the patient must not drive for at least three to five days following the procedure or not resume driving until their vision is adequate. Under no circumstances should the patient drive earlier than three days after the procedure. Temporary glasses or contact lenses may be required for either distance or reading during the healing process (more than one pair of glasses may be needed).

RISKS SPECIFIC TO PRK:

Delayed Epithelial Healing and Infection

The surface epithelium is removed just prior to the laser surgery. This layer of the cornea usually heals within three to four days, but there may be a delay in the process. This delay may result in more pain and increased risk of infection.

Microscopic Corneal Surface Irregularities

PRK can cause microscopic corneal surface irregularities and slight vision loss of best corrected vision. One to two percent (1-2%) of patients may permanently lose up to two lines of vision on the eye chart.

Excessive Corneal Haze

Corneal haze occurs as part of the normal healing process after PRK. The haze usually peaks at six to ten weeks and then gradually subsides over several months. In most cases, it has little or no effect on the final vision and can only be seen with a microscope. However, there have been

reported cases of excessive haze, which ultimately required the patient to be retreated. Re-treatment for haze has usually been successful, but on rare occasions this has caused some permanent decreased vision.

RISKS SPECIFIC TO LASIK:

Improperly Created Flap

The flap created by the microkeratome may be too thin, too thick, uneven or short. The risk of the “hinge” of the flap being completely cut and lost also exists. In this event, the laser procedure may be postponed until the cornea has a chance to heal sufficiently.

Flap May Move Or Wrinkle Post-Operatively

Rubbing the eye may cause the flap to move or wrinkle after surgery. This may result in some permanent reduction in the best corrected vision. Irregular healing of the flap could also result in a distorted cornea, which may result in vision that is less acute than prior to treatment.

Debris Under the Eye Flap (LASIK only)

This may occur in the early stage of your post-operative course. A small amount of debris under the flap does not affect your vision. If excessive debris is found during microscopic examination, the flap must be lifted and the debris is removed.

Diffuse Lamellar Keratitis (DLK)

The College of Physicians & Surgeons of British Columbia has been informed of an increasing number of complications known as diffuse lamellar keratitis (DLK) or “Sands of Sahara”. This complication is an inflammation underneath the flap of the cornea occurring in the early post-operative period. The affected eye becomes painful and tearful, with blurred vision and intolerance to light.

Dry Eyes

Refractive surgery can result in dry eyes and decreased sensation post-operatively. This condition will require the frequent use of artificial tear drops after surgery for several weeks and in some cases for several months.

PATIENT STATEMENT OF CONSENT:

In giving my permission for the use of PRK or LASIK surgery:

I have read the surgical consent form in its entirety and understand its contents. I have had an opportunity to ask questions regarding any remaining question I have.

I understand that this is an elective procedure and an alternative to wearing spectacles and/or contact lenses and that I do not have to have this operation. I acknowledge that undergoing the procedure is based on my own decision and without duress of any kind.

I have received no guarantee as to the success of my particular case.

I understand that there are both vision threatening and non-vision threatening risks associated with the procedure, which are described previously in this consent form. I understand these risks and I accept those risks in choosing to undergo this procedure. I also understand that there may be additional risks which may not be known at this time.

I understand that PRK and LASIK are investigational surgeries and continue to be studied internationally by medical researchers. I understand that the aftereffects of PRK and LASIK beyond ten years are presently unknown and that PRK and LASIK have not been in use long enough to measure long-term effects (those occurring after 10 years or more). I understand that following the procedures, unforeseen complications can occur.

I understand that the visual acuity which I can expect to gain from PRK or LASIK may not be perfect and could regress back to the level it was immediately prior to having the procedure or worse. I understand that it is not realistic to expect that this procedure will result in perfect vision, at all times, under all circumstances, for the rest of my life. I understand I may need glasses or contact lenses to refine my vision for some purposes requiring fine detailed vision after some point in my life, and that this might occur soon after surgery or years later.

I acknowledge and agree that I am responsible for payment of this surgical procedure. Re-treatment surgery is included in the price of the procedure. I further understand that post-operative care may result in additional charges or fees incurred by oneself, including medication costs (drops), costs for contact lenses or spectacles after surgery. I understand that most standard insurance plans do not cover PRK or LASIK.

My decision to undertake this procedure was made freely and without duress of any kind.

I authorize the physician and health care professionals involved in performing my procedure and that are providing my pre and post-procedure care to share with one another any information relating to my health, my vision, or my procedure that they deem relevant to providing me with care.

BOYDVISION CENTRE CONSENT FOR LASER EYE SURGERY:

I, _____

do hereby consent to Dr. Michael J. Boyd, the attending physician and the staff at BoydVision Centre to perform Laser Eye Surgery:

Lasik _____ PRK _____ EpiLasik _____ PTK _____ Flap Lift _____

Right Eye _____ Left Eye _____ Both Eyes _____

I further authorize Dr. Michael J. Boyd and the staff of BoydVision Centre to perform such additional diagnostic or surgical procedures as may be required or deemed advisable to safeguard life or health during the course of the diagnostic or surgical procedure.

I further consent to the administration of topical or local anaesthetic, or medicines, for the purpose of this diagnostic or surgical procedure.

I further agree that Dr. Michael J. Boyd in his discretion may make use of the assistance of other medical staff and may permit them to order or perform all or part of the diagnostic or surgical procedure.

For all patients, providing consent, the anticipated diagnostic or surgical procedure:

1. has been explained
2. the nature, anticipated effect, risks and alternatives understood
3. is in the best interest of the patient.

It is the obligation of the physician seeking consent to be satisfied that these conditions for valid consent have been met.

Name of Patient

Signature of Patient

Name of Witness

Signature of Witness

Name of Surgeon

Signature of Surgeon

Date