

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

## **Consent Form For Corneal Relaxing Incisions For Astigmatism**

### **Introduction:**

Incisional Keratectomy has been performed in the United States since 1978 and has been proven safe and effective in the majority of overwhelming patients. Dr. Shealy has performed nearly 3000 incisional surgeries since 1990 and is performed bilateral Radial Keratectomy and Astigmatic Keratotomy. The results of surgery cannot be guaranteed; however, the overwhelming majority (98.5%) of our patients does not need glasses in the operative eye after surgery with a driving vision of 20/40 or better unaided.

### **Procedure Description:**

The surgery consists of making several micro-incisions in the cornea of the eye. This will make the cornea more round and make it more round in the case of astigmatism allowing it to focus better as one focus on the retina. The incisions are placed at 90% of corneal depth under a microscope. Although this is surgery, it has been our experience, that there have been minimal either short term or long term complications.

### **Complications or Risks:**

The following list discusses the majority of possible risks as well as complications:

#### **Vision – threatening complications leading to the loss of partial or all useful vision.**

1. Ocular infections not controlled by antibiotics or other means.
2. Irregular healing that would not allow glasses or contact lenses to correct vision.
3. Perforation requiring sutures, corneal transplant, or even cataract surgery
4. Corneal Damage making it necessary to be repaired with donor corneal tissue to restore vision.
5. Unforeseen complications that may lead to the loss of the eye.
6. Loss of sharpness of vision causing the patient to be unable to read the bottom line of the eye chart even with eyeglasses

#### **Non-Vision threatening complications that all patients may experience for a short time.**

1. Overcorrection could require the permanent use of glasses for reading, some of the time or all of the time.
2. Undercorrection requiring an enhancement more astigmatic keratotomy. If total correction is not obtainable in our hands then glasses or contact lenses may be required.
3. Increased Sensitivity to light, glare, and fluctuations in the sharpness of vision. This condition usually decreases over one to two months but may be permanent.
4. Starbursts or halos around lights at night. This condition usually decreases with time but patients may report that their vision does not seem as sharp during the night as during the day. This may be permanent.
5. Unbalanced Vision between the two eyes (anisometropia). There may be alterations in the size and position of objects with shadows that could make depth perception difficult. This could be temporary or permanent.
6. Increase susceptibility to a blow. Protective eyewear is recommended; a severe blow to the eye could mean loss of the eye(s).
7. Droopy Lids. There is a natural tendency for the lids to droop with age. Surgery may hasten this.
8. Pain. This may occur in the first 48 hours of surgery but subsides within a few days.

**Alternatives to CRI:**

1. Spectacles/Glasses
2. Contact Lenses

**Conclusion:**

As with any surgery, I receive no guarantee to the success of my specific case. There is a possibility of one or more complications that are not known or anticipated at the time of writing. I understand that CRI does not mean total freedom of glasses and I may need glasses occasionally to refine my vision for some purpose at some time. I understand that the correction may not be perfect or result in perfect vision at all times under all circumstances for the rest of my life.

I will refrain from driving myself until I am comfortable with my vision during the day or during the night. As with any surgery, there is the possibility of complications to the anesthetic drops, antibiotic drops, and other eye drops that aid in the healing process. These complications include but are not limited to hemorrhage, damage to the optic nerve, drooping of the eyelids, chronic pain around the eyes, double vision, swelling of the eyelids, and possible allergic reactions. The complications affecting the eye could result in the loss of useful vision or could lead to blindness, including allergic reactions that could lead to death or disability.

By signing below, I understand that I acknowledge that I have had the information read to me and understand it. I am confirming that I understand the possible risks, complications, and benefits that may result from CRI Surgery. I have had the opportunity to discuss any questions with Dr. Shealy and his assistants to my satisfaction. I consent to have CRI on  OD  OS.

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

Doctors Signature: \_\_\_\_\_ Date: \_\_\_\_\_