

INFORMED CONSENT FOR LASER VISION RETREATMENT FOLLOWING OTHER REFRACTIVE AND SURGICAL PROCEDURES

In addition to our Laser Consent Forms, you have been provided with this attachment to outline specific risks to increase your understanding about Laser Vision Correction. Please read and initial the following sections as they apply to you. Please feel free to ask us any questions about the material that you do not understand.

SECTION 1: General Information.

Laser Vision Surgery following other refractive procedures such as LASIK, Photorefractive Keratectomy (PRK), Radial Keratotomy (RK), Automated Lamellar Keratoplasty (ALK), Myopic Keratomileusis, and non-refractive procedures including corneal transplant surgery, cataract surgery and retinal surgery will be reviewed.

The risk of laser vision correction after previous ocular surgery may be higher than the risk of Laser Vision Correction for an un-operated eye. The only way to avoid all additional risks associated with further Laser Vision Correction is to avoid additional surgery altogether, as each patient must weigh the risks vs. the benefits to determine whether to proceed. It is important to remember that even if you did not experience any difficulties with your original procedure, this does not mean that you will be free of complications after your Laser Vision Enhancement or Retreatment procedure. After performing nearly 40,000 eye surgeries we have seen many associated complications with retreatments that could have been avoided if additional surgery had not been performed.

INITIALS:

SECTION 2: LASIK or Laser Vision Correction Surgery following Photorefractive Keratotomy (PRK) Surgery, Radial Keratotomy (RK), and Automated Lamellar Keratoplasty (ALK)

It was once thought that Lasik with a cap or flap was preferred over surface Surgery to reduce discomfort, haze, infection, prolonged visual recovery time, and medication adverse reactions. This idea has been overturned by advances in pharmaceuticals and newer treatment regimens as well as more advanced laser systems. We now feel that in the case of hyperopia, dry eyes, risk for ectasia and better outcomes that LASIK Surgery with a cap or flap should only be performed in the rarest instances of intrastromal incursion.

All post-treatment of the patients who have had PRK, RK, and ALK have additional risks involved with Laser Vision Correction Retreatments. In RK patients incisions may split apart but are less likely to occur with surface treatment. Less significant problems may also be encountered, including but not limited to, reduced refractive predictability with over-and-under corrections, induced astigmatism, irregular healing reducing qualitative vision, which are all related to the RK incisions altering the expected corneal healing pattern in an unpredictable manner. No guarantees can be made that the residual prescription will be eliminated or even significantly reduced, although an improvement is typically achieved. Problems associated with RK such as fluctuating vision and night glare, are occasionally improved however this is not typical. Lastly, the amount of farsightedness or nearsightedness may be progressive, increasing over time. LASIK does not prevent further progression or restore corneal stability. Fluctuations in your vision will most likely persist.

The overall surgical risk is elevated in that the cornea has had previous lamellar incisions that may intersect with any new LASIK incision, resulting in a free wedge of corneal tissue being produced, or disruption of the cornea at the site of the original procedure. The interaction of the two procedures may also increase the incidence of healing irregularities and reduce the predictability of achieving an ideal refractive result. Lastly, corneal stability may be adversely affected when multiple procedures are performed on an eye and there can be no guarantees made that a significant loss of stability will not occur requiring a corneal transplant. Patients at high risk for this adverse result are those who had been previously treated with Hyperopic ALK.

INITIALS:

SECTION 3: Laser Vision Correction (LVC) Following Corneal Transplantation, Cataract Surgery, or Retinal Surgery

LVC following Corneal Transplantation, Cataract Surgery, or Retinal Surgery carries specific risks not outlined in previous consent forms. These include the outcome may be less predictable with irregular or prolonged healing. In general, the goal is to reduce astigmatism, farsightedness and myopia, especially in the case of corneal transplantation. In the case of cataract surgery, refractive predictability may be reduced and full correction may not be achieved. Patients who have had sclera buckle surgery however are at a somewhat higher risk of experiencing a poor or irregular flap. Furthermore, the LVC suction ring applies increased which may possibly affect the visual outcome. All patients should appreciate that any increased vulnerability o the eye that exists prior to LVC may result in problems in the future, which may or may not be related to the LVC procedure.

INITIALS:

SECTION 4: Voluntary Consent

Please sign below that you have carefully reviewed this consent addendum outlining further specific LVC risks associated with your prior surgery and that you have had an opportunity to have any questions that you may have had answered. By signing below, you also indicate that you are aware that LVC is an elective procedure, that you do not need to have this procedure and that you understand your other surgical and non-surgical alternatives for vision correction.

Patient Full Name: (Print) _____	
Patient Signature: _____	Date: _____
Witness Full Name: (Print) _____	
Witness Signature: _____	Date: _____
Surgeon Name: (Print) _____	
Surgeon Signature: _____	Date: _____