

# **LASIK ENHANCEMENT CONSENT FORM**

On giving my permission for an Enhancement, I declare that I understand the following information.

## **LASIK BACKGROUND SUMMARY**

LASIK enhancement procedures may be performed by either, lifting the corneal flap and applying laser to the corneal bed, or by repeating the original LASIK procedure and creating a new corneal flap. The primary determinants of which technique is selected is based on the amount of time which has passed since the original corneal flap was created and by the amount of corneal flap healing that has taken place. An enhancement may be performed once the vision and prescription stabilize after the original LASIK procedure, which takes between 1-4 months for most patients. The more severe the original refractive error the longer it takes to heal.

The goal of LASIK is to achieve the best visual results in the safest way. The goal is not to eliminate glasses and contacts completely, but to dramatically reduce your dependence upon them in an attempt to help improve your quality of life. Night driving glasses and reading glasses may always be needed even when an excellent visual result is achieved. It is also important to recognize that even 90% clarity of vision is still 10% blurring and glasses may still be needed for certain activities that require fine or detailed vision.

1. The purpose of the enhancement is to improve the uncorrected vision in my eye. Even if the procedure goes well, there is a possibility that there will be no significant improvement or even worsening in my uncorrected vision. This is due to the fact that the amount to be corrected is relatively small and cannot always be accurately corrected by the laser.
2. Refractive problems following repeat LASIK include variable healing response producing too much correction, too little correction, a prescription imbalance between eyes, aggravation of muscle imbalance problems, or a loss of effect from regression. Repeat LASIK may result in overcorrection and undercorrection due to the variability in patient healing patterns and other surgical variables, leaving patients nearsighted, farsighted, or with astigmatism. This may or may not require patients to wear spectacles, contact lenses, or undergo further surgery. Further surgery entails additional risks and is not guaranteed to provide an ideal visual outcome, although improvement is typically achieved.
3. Postoperatively, there may be epithelial cells growing under the flap, sterile debris under the flap, flap wrinkles, or infection. Although most infections respond well to antibiotic treatment, there are occasional exceptions and it is possible to have a very serious loss of vision or even blindness as a result of infection.

\_\_\_\_\_ Initial \_\_\_\_\_ Date

4. If the enhancement treatment successfully corrects my residual myopia, I will be more dependent on reading glasses at an earlier age than I would be if I do not have the enhancement treatment.
5. Except for lens replacement, all of the present corneal refractive procedures create a change in curvature in the central part of the cornea. When patients are in dim light the pupils dilate or open to let in more light, some of this light will come in around the outside of the optical zone and be focused differently than that going through the optical zone. This can result in seeing a halo type effect or perhaps a decreased contrast or sharpness of vision.
6. Laser surgery removes a thin layer of tissue in order to create the required corneal shape to improve vision. If the cornea becomes too thin, a protrusion may develop in the months after the surgery. Rarely, this can lead to a significant distortion in the vision, to the point that glasses or contact lenses do not improve the situation, and a corneal transplant may be required.
7. The flap attachment is quite firm within 48 hours after the procedure, but you will need to be careful not to rub your eye for 1-2 weeks.
8. No water in the eye for 1 week, and no swimming for two weeks.
9. I understand, that since it is impossible to state every complication that may occur as a result of any surgery, the list of complications in this form may not be complete.

By signing below I agree that:

\*Enhancement has been fully explained to me in terms that I understand.

\*I have had the opportunity to have my questions answered.

\*I fully understand the possible risks, complications and benefits that that can result from treatment.

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**PATIENT NAME**

**DATE**

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**PATIENT'S SIGNATURE**

**DATE**

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**PHYSICIAN'S SIGNATURE**

**DATE**

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**WITNESS'S SIGNATURE**

**DATE**