

## LASER IN SITU KERATOMILEUSIS (LASIK)

*The purpose of the LASIK procedure is to correct myopia (nearsightedness), hyperopia (farsightedness), and astigmatism. LASIK combines automated lamellar keratoplasty (ALK) procedure with the excimer laser photorefractive keratectomy (PRK) procedure. In LASIK, a mechanical device called a microkeratome is used to create a flap of tissue to expose the underlying surface. The excimer laser removes the thickness of corneal tissue necessary to reduce excess curvature. The flap of corneal tissue is then restored to its original position. My physician has assured me that I comply with the pre-established patient selection criteria for this procedure.*

Patient's  
Initials

- \_\_\_\_\_ I am aware that LASIK is an elective procedure and not medically required.
- \_\_\_\_\_ I am aware that LASIK is nonreversible.
- \_\_\_\_\_ I understand that my eyes may change over time and that I may still require eyeglasses or contact lens.
- \_\_\_\_\_ The details of the procedure including the anticipated benefits and material risks have been explained to me in terms I understand.
- \_\_\_\_\_ Alternative methods and therapies, their benefits, material risks and disadvantages have been explained to me.
- \_\_\_\_\_ I understand and accept that the most likely material risks and complications of LASIK have been discussed with me and may include but are not limited to:
- cataract formation
  - continued need for eyeglasses or bifocals (for reading)
  - corneal swelling and thinning (ectasia)
  - distorted cornea, perforation of cornea, scarring
  - dryness of the eyes
  - eye fragility to trauma from impact
  - failure to accomplish intent of surgery
  - flap striae, or wrinkles in the flap
  - foreign body sensations
  - growth of epithelial cells under the flap
  - halo effect around lights or difficulty with night vision
  - hemorrhage, venous, and arterial blockage
  - increased sensitivity to light, glare and fluctuations in the sharpness of vision
  - infection, inflammation
  - laser equipment malfunction/microkeratome malfunction
  - loss of vision
  - need to perform additional surgery
  - no ability for reoperation
  - no change to vision
  - period of imbalance between the two eyes
  - retinal detachment
  - under or over correction of vision
  - wrong data entered
- \_\_\_\_\_ I understand and accept that there are complications, including the remote risk of death or serious disability, that exist with any surgical procedure.
- \_\_\_\_\_ I am aware that smoking during the pre- and postoperative periods could increase chances of complications.
- \_\_\_\_\_ I have informed the doctor of all my known allergies.
- \_\_\_\_\_ I have informed the doctor of all medications I am currently taking, including prescriptions, over-the-counter remedies, herbal therapies and supplements, aspirin, and any other recreational drug or alcohol use.
- \_\_\_\_\_ I have been advised whether I should take any or all of these medications on the days surrounding the procedure.
- \_\_\_\_\_ I am aware and accept that no guarantees about the results of the procedure have been made.
- \_\_\_\_\_ I have been advised of the probable consequences of declining recommended or alternative therapies.
- \_\_\_\_\_ I have been informed of what to expect postoperatively, including but not limited to: estimated recovery time, anticipated activity level, and the possibility of additional procedures.

*Continued*

