



NEBRASKA LASER EYE™
A S S O C I A T E S

**Informed Consent for
Laser Assisted In-Situ Keratomileusis (LASIK)**

Introduction

You are entitled to be informed about the proposed procedure, including the risks of the procedure and alternatives to it. Please read this document thoroughly and discuss the content with your physician so that all of your questions are answered to your satisfaction.

By signing this form I acknowledge and I understand the following:

1. This consent is incomplete as it is impossible to list and discuss all possible complications and consequences remotely possible with LASIK, or any other surgery, within the context of this form.
2. The procedure to be performed on my eye is called Laser Assisted In-Situ Keratomileusis (LASIK). The procedure involves surgically creating a flap of corneal tissue and treating the undersurface with an excimer laser. The flap of tissue is repositioned over this treated area. No sutures are required. This procedure will create a new corneal contour, thus decreasing the amount of nearsightedness, farsightedness, or astigmatism.
3. The objective of LASIK is to reduce or eliminate nearsightedness, farsightedness, or astigmatism.
4. It is not necessary to have LASIK. It is purely an elective procedure.
5. Alternative to LASIK include:
 - a. Spectacles (glasses)
 - b. Contact lenses
 - c. Photorefractive keratectomy (PRK)
6. While many people have benefited from LASIK, some people have been disappointed by the results. A few have experienced persistent complications from having had LASIK.
7. Having LASIK does not necessary mean total freedom from corrective lenses (spectacles or contact lenses), and there is a good chance I will need to wear some sort of corrective lenses in the future. If bifocals or reading glasses are presently required, a reading prescription may still be required after this surgical procedure.

Risks of Laser Assisted In-Situ Keratomileusis

Vision Threatening Complications. Although unlikely, there is a possibility that a loss of some or all useful vision will occur as a result of the following:

- a. Infection (internal or external) that cannot be controlled by antibiotics or other means.
- b. Irregular healing of the cornea that could result in a distorted corneal surface so that distorted vision or ghosting occurs. This may not be correctable by spectacles or contact lenses.
- c. Haze or scar on the cornea or under the flap.
- d. After retreatment, the vision may not be correctable by spectacles or contact lenses to a level equal to preoperative vision.
- e. Malfunction of the microkeratome or laser may require that the procedure be stopped before completion.
- f. Occlusion of a blood vessel caused by increasing the pressure within the eye during the procedure that could also cause loss of some, or all, of the visual field.
- g. Displacement or folds of the flap requiring repositioning.
- h. Debris or tissue under the flap requiring removal.
- i. Superficial scratching from the microkeratome may require a temporary bandage contact lens

Patient initials verifying page 1 has been read and understood _____ Date ___/___/___

Non-Vision Threatening Complications. It is expected that at least some of the following will occur:

- a. Farsightedness. Some hyperopia may remain after LASIK. Alternatively, overcorrection may occur resulting in a residual nearsightedness after surgery. If the surgeon feels any further enhancement would be unwise, spectacles or contact lenses may be required.
- b. Nearsightedness. Some myopia may remain after LASIK. Alternatively, overcorrection may occur resulting in residual farsightedness after surgery. If the surgeon feels any further enhancement would be unwise, spectacles or contact lenses may be required.
- c. Contact lens intolerance. Regardless of success with contact lenses prior to surgery, there is a possibility that the eye will not tolerate contact lenses comfortably after the surgery.
- d. Increases sensitivity to light. This tends to disappear after a few weeks, or possibly months. It is possible this will remain permanently.
- e. Decreased vision in artificial or dim light. This may be permanent in some cases.
- f. Starburst or halo around lights at night. This effect tends to diminish after the first few months, but some element can be permanent. Occasionally, patients have severe enough persisting problems to make them feel insecure driving at night.
- g. There may be pain, particularly during the first 48 hours.
- h. Although a double-checking system is in place, the wrong data may be entered into the laser which could result in an undercorrection or overcorrection.

By signing below, I agree that:

- 1. I have received no guarantee as to the success of my particular case.
- 2. I may be given a sedative at the time of surgery. I agree to arrange for someone to drive me home after my procedure, and to refrain from driving myself until I am comfortable with my vision.
- 3. As in all surgery, there is the possibility of other complications due to anesthesia, drug reaction, or other factors which involve other parts of the body. These complications cannot be fully described in this document.
- 4. The procedure has been explained to me in terms that I can understand.
- 5. I have had the opportunity to ask all the questions I had regarding the procedure, and they have been answered to my satisfaction.

The decision to undergo the laser assisted in-situ keratomileusis (LASIK) procedure has been my own and has been made without duress of any kind.

Patient Name

Patient Signature

Date

Physician Signature

Witness Signature

Date