

# LIPSTOCK

## LASIK & CATARACT CENTER

### INFORMED CONSENT FOR PHOTOREFRACTIVE KERATECTOMY (PRK) FOR THE TREATMENT OF MYOPIA (NEARSIGHTEDNESS) HYPEROPIA (FARSIGHTEDNESS) AND/OR ASTIGMATISM

This information must be reviewed so you can make an informed decision regarding Photorefractive Keratectomy (PRK) surgery to reduce or eliminate your refractive error (eyeglass prescription). Only you and your doctor can determine if you should have PRK surgery based upon you own visual needs and medical considerations. Any questions you have regarding PRK or other alternative therapies for your case should be directed to your doctor.

#### IN GIVING MY PERMISSION FOR PRK SURGERY, I DECLARE THAT I UNDERSTAND THE FOLLOWING INFORMATION:

The long term risks and effects of PRK surgery are unknown, having been performed on people for about fifteen (15) years.

The goal of PRK with the excimer laser is to reduce or eliminate the dependence upon or need for contact lenses and/or eyeglasses; however, I understand that as with all forms of treatment, the results in my case cannot be guaranteed. For example:

1. There is no guarantee that I will completely eliminate my reliance on eyeglasses and/or contact lenses. It is possible that the treatment could result in under correction or overcorrection, where some degree of farsightedness, nearsightedness or astigmatism may remain, requiring a repeat PRK procedure. Rarely a repeat PRK procedure is not possible, which will then require the use of glasses or contact lenses.
2. If I currently need reading glasses, I may still need reading glasses after this treatment. Even if I elect to have blended vision, I may still need reading glasses some of the time. It is likely that dependence on reading glasses will increase as I get older.
3. Further treatment may be necessary, including a variety of eyedrops, the wearing of eyeglasses or contact lenses (hard or soft), or additional PRK or other surgery.
4. It is rare but possible that my best vision, even with glasses or contacts, may become worse.
5. If my vision cannot be made clear with eyeglasses I may require the use of a gas permeable contact lens to see clearly. Fitting and wearing contact lenses may be more difficult. Rarely further surgery such as a corneal transplant may be required.

## ALTERNATIVES TO PRK SURGERY:

The alternatives to PRK include eyeglasses, contact lenses, or a refractive surgery procedure such as LASIK. Each of these alternatives to PRK has been explained to me. I have been informed, and I understand, that certain complications and side effects have been reported in the post-treatment period by patients who have had PRK, including the following:

**Possible short-term effects of PRK surgery:** The following have been reported in the short-term post-treatment period and are associated with the normal post-treatment healing process: discomfort or pain usually diminished with a bandage contact lens and pain medication, corneal abrasion, corneal swelling, double vision, feeling something is in the eye, ghost images, light sensitivity, tearing itching and dryness.

### **Possible long-term complications of PRK surgery:**

1. Haze: Loss of perfect clarity of the cornea which usually does not affect vision will typically resolve over time. Rarely enough haze forms that it can affect vision; such superficial haze material must be removed either mechanically or with further laser treatment. To prevent corneal haze, a liquid medication called mitomycin is placed on the cornea at the end of the PRK procedure.
2. Glare: Sensation produced by bright lights that is greater than normal and can cause discomfort and annoyance. This usually but not always significantly decreases over several months.
3. Halo: Hazy rings surrounding bright lights may be seen, particularly at night. This usually but not always significantly decreases over several months.
4. Loss of Best Vision: A decrease in best vision even with glasses or contacts.
5. IOP Elevation: An increase in the inner eye pressure due to post-treatment medications, which is usually resolved by drug therapy or discontinuation of post-treatment medications.
6. Mild or severe infection: Mild infection can usually be treated with antibiotics and usually does not lead to permanent scarring and loss of vision that may require corrective laser surgery or, if very severe, corneal transplantation.
7. Recurrent corneal abrasion: This is due to a sticking of the eyelid to the surface of the cornea and is usually controlled by lubrication. It sometimes requires a bandage contact lens and rarely requires another laser treatment.

The following complications have been reported infrequently by those who have had PRK surgery; persistent or occasional foreign body feeling in the eye, double or ghost images; patient discomfort; inflammation of the cornea or iris; persistent corneal surface defect, persistent corneal scarring severe enough to affect vision; ulceration/infection; irregular astigmatism (warped corneal surface which causes distorted images); sometimes requiring repeat PRK or wearing of a gas permeable contact lens, or rarely a corneal transplant; cataracts; drooping of the eyelid;

I understand there is a remote chance of partial or complete loss of vision in the eye that has had PRK surgery.

I understand that it is not possible to state every complication that may occur as a result of PRK surgery. I also understand that complications or a poor outcome may manifest weeks, months, or even years after PRK surgery.

I understand this is an elective procedure and that PRK surgery is not reversible.

**FOR WOMEN ONLY:** I am not pregnant or nursing. I understand that pregnancy could adversely affect my treatment result.

**MITOMYCIN:** I understand that it is rare but still possible to get corneal haze even with mitomycin treatment. I understand that mitomycin has been used internationally since 1998 with excellent results and excellent safety. However long term effects of mitomycin are not yet fully known having been used since 1998.

I have spoken with my physician, who has explained PRK, its risks and alternatives, and answered my questions about PRK surgery. I therefore consent to having PRK surgery.

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*Patient's Signature*

*Date*

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*Witness' Signature*

*Date*

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*Kenneth Lipstock, M.D.*

*Date*