

CONSENT FOR BILATERAL SIMULTANEOUS PRK

Introduction

The FDA recommends a minimum of three months between the treatment of the first eye and treatment of the second eye with PRK. The second eye may be treated sooner than three months after the first eye, or even at the same time; however, there may be risks associated with simultaneous treatment that are not present when the eyes are treated on different days. If you elect to have surgery performed on both eyes at the same time, you should understand both the possible advantages and disadvantages of your decision.

The advantages of having PRK performed on each eye at a separate time are:

Safety: You will not experience the risk of developing an infection in both eyes at the same time, which although rare, could lead to significant loss of vision in both eyes.

Accuracy: the doctor can monitor the healing process and visual recovery on the first eye and may be able to make appropriate modifications to the treatment plan for the second eye if necessary, increasing the likelihood of a better outcome in the second eye.

Visual Recovery: If the eyes are operated on separately, you will be able to function with your fellow eye while the first eye is healing. Therefore, you may be able to return to work and drive earlier. This is particularly important if your healing is delayed and vision remains blurred for a prolonged period.

Satisfaction: You will be given opportunity to determine whether the PRK procedure has produced satisfactory visual results without loss of vision or other undesirable side effects such as glare, ghost images, or increased light sensitivity.

The disadvantages of having PRK performed on each eye at a separate time:

Convenience: It may be more inconvenient for you to have each eye treated at separate visits. This will necessitate two periods of recovery from the laser surgery and may require additional time away from work.

Visual Recovery: There will be a potential period of imbalance in vision between your two eyes. This is especially important if you are unable to wear a contact lens in your unoperated eye.

Cost: Fees may be greater if the eyes are operated on different days and the additional time off work can be costly.

The advantages of having PRK performed on both eyes at the same time are:

Convenience: It may be more convenient to have both eyes treated during the same visit.

Visual Recovery: The balance in vision between your two eyes may be restored more rapidly. This is especially important if you are unable to wear a contact lens in your unoperated eye.

Cost: Fees may be reduced and if both eyes heal satisfactorily, you may miss less work.

Please initial after reading this page: _____

The risks of having PRK performed on both eyes at the same time are:

Safety: The risk of infection and other healing complications is applicable to both eyes simultaneously. Therefore, if an infection occurs in one eye, it may also occur in the other eye. Although rare, a serious infection in both eyes can cause significant loss of vision and even legal blindness.

Accuracy: By correcting both eyes simultaneously, there is no opportunity to learn from the healing patterns of the first eye before treating the second eye. Therefore, if there is an over-correction or under-correction in one eye, chances are it will happen in both eyes. If a retreatment is required in one eye, it is quite possible that your fellow eye also will require a retreatment.

Visual Recovery: Some patients experience delayed visual recovery and symptoms such as blurred vision, night glare or ghost images. There is no way to predict how long your eyes will take to heal, and some of these complications can result in prolonged recovery of normal vision. Blurred vision may continue in both eyes for several weeks, which could make driving difficult or dangerous and could interfere with you ability to work. Therefore, it may be necessary to take one or more weeks off of work.

Satisfaction: Both eyes tend to experience similar side effects. If you experience undesirable side effects such as glare, ghost images, increased light sensitivity or corneal haze in one eye, you will likely experience them in both eyes. These side effects may cause a decrease in vision or other negative effects, and some patients have elected to not have their second eye treated.

PATIENT CONSENT

I have read and understand the above risks and benefits of bilateral simultaneous PRK, and I understand that this summary does not include every possible risk, benefit and complication that can result from bilateral simultaneous PRK. My doctor has answered all of my questions about the PRK procedure. I wish to have both my eyes treated during the same treatment session if my doctor determines that the treatment in the first eye appeared to be technically satisfactory.

The reason(s) I wish to have both eyes treated at the same time are:

Patient signature: _____

Date: _____

Witness signature: _____

Date: _____

CONSENT FOR MEDICAL PROCEDURE AND ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

State law requires us to obtain consent to your contemplated surgery or medical procedure. What you are being asked to sign is simply a confirmation that we have discussed your contemplated operation or medical procedure. We have already discussed with you the common problems or undesired results that sometime occur. We wish to inform you, not to alarm you. Please read the form carefully. Ask about anything that you do not understand. We will be pleased to explain.

I hereby authorize and direct **Jeffrey Singer M.D.** with associate or assistant of his choice to perform upon _____ the following surgical procedure: **PHOTOREFRACTIVE KERATECTOMY OF THE _____ EYE** including any necessary anesthesia or advisable anesthesia, and disposal of tissue removed during surgery.

I further authorize the doctors to perform any other procedure that, in their judgment is advisable for my well being. This operation has been explained to me. Alternate methods of treatment, if any, have also been explained to me, as have the advantages of each. I am advised that although good results are expected, the possibility and nature of complications cannot be accurately anticipated and that, therefore, there can be no guarantee as expressed or implied either as to the result of surgery or as to cure.

In general terms, the nature and purpose of this operation is: **REMOVAL OF CORNEAL TISSUE WITH AN EXCIMER LASER'S ULTRAVIOLET RAYS IN AN ATTEMPT TO DECREASE REFRACTIVE ERRORS.**

Some risks known to be associated with this procedure are PAIN, FLUCTUATION IN VISION, GLARE, SENSITIVITY TO LIGHT, CATARACT, GLAUCOMA, SCAR FORMATION, CLOUDING OF CORNEA, INFECTION, IRREGULAR CORNEAL CURVATURE, HEALING DEFECTS, NEED FOR ADDITIONAL SURGERY OR TREATMENT, UNDER CORRECTION , OVER CORRECTION, BLINDNESS.

Photorefractive Keratectomy is preferred when compared to LASIK to decrease the risk of corneal ectasia (abnormal thinning of the cornea), in people with irregular corneal astigmatism and/or thin corneas. However, even though the risk is lower, it still remains and could cause unstable vision requiring a corneal transplant.

I hereby state that I have read and understand this consent, all questions about the procedures have been answered in a satisfactory manner, and that all blanks were filled in prior to my signature. This consent form is valid until revoked by me in writing.

DATE: _____ TIME: _____

SIGNATURE OF PATIENT: _____

SIGNATURE OF RELATIVE (when required) _____

WITNESS: _____

SIGNATURE OF REPRESENTATIVE (when required) _____

I certify that all blanks in this form were filled in prior to my signature, and I explained that to the patient or his representative before requesting the patient or his representative to sign it.

SIGNATURE OF ABOVE NAMED PYHSICIAN:
