

SightLine Laser Eye Center, LLC
INFORMED CONSENT FOR LASIK ENHANCEMENT
[The LASIK informed consent must also be re-read]

I. INTRODUCTION

The goal of this document is to inform you of the possible side effects, limitations and complications of the LASIK enhancement procedure. You must understand that any form of surgery involves accepting a certain amount of risk and responsibility on the part of the patient. This consent form attempts to balance fairly the possible benefits of the enhancement procedure with the potential risks and to expand your understanding of the potential difficulties that may be encountered both during the procedure and during the healing process. The potential for difficulties exists regardless of whether you experienced any complications during the initial procedure. The only way to eliminate these risks is to avoid all further procedures.

II. ENHANCEMENT OVERVIEW

The LASIK enhancement procedure may either be performed by lifting the corneal flap and applying additional laser to the corneal bed or by creating a new corneal flap as was done in the initial procedure. The method used is determined primarily on the amount of time that has passed since the first procedure and on how thoroughly the corneal flap has healed. For most patients an enhancement may be performed between 2 and 4 months after the original procedure, the amount of time generally needed for the vision and prescription to stabilize. During the first 2 to 12 months, the corneal flap can usually be lifted. Sometimes it is necessary to create a new corneal flap after only 2 months if the original flap has healed quickly.

Because no additional incision is needed when lifting a flap, the risks associated with the creation of the corneal flap are avoided. The disadvantage to this method is that patients often experience greater post-procedure discomfort for the first few hours as the edges of the corneal flap begin to heal again. There is also an increased risk of developing epithelial in-growth when the flap is lifted. If the flap can only be partially raised, the enhancement would have to be postponed for several months to allow for re-healing before a new incision could be created. One advantage to creating a new flap is that patients are more comfortable knowing that they already know what to expect in the healing process. The most serious concern in creating a new flap is that inadequate healing of the initial flap could result in the formation of a free piece of corneal tissue. That is, while creating the new flap, a free wedge of the original flap tissue could be produced either centrally or peripherally. This complication could result in either central corneal irregularity or in peripheral scarring inviting epithelial in-growth. The experience of the surgeon, the preference of the patient and the corneal parameters will be the determinants of the technique chosen for the LASIK enhancement.

III. CARE BY YOUR EYE DOCTOR

It is important that you be examined carefully by your eye doctor before proceeding with LASIK enhancement even though you had a full examination before your original procedure. The decision about whether to proceed with an enhancement should be reached after you and your eye doctor have discussed fully the potential risks and the potential benefits. Following the enhancement you will need to be followed carefully by your eye doctor until the eye has healed completely and the vision has stabilized.

IV. PATIENT'S STATEMENT OF ACCEPTANCE AND UNDERSTANDING

The Enhancement procedure for LASIK has been presented to me in detail. My eye doctor has answered all my questions to my satisfaction. I understand that most, but not all complications have been reviewed as it is impossible to for-see all possible outcomes. I understand that the enhancement procedure carries as much risk as the initial procedure and that outcomes can not be guaranteed. I therefore consent to having an Enhancement LASIK procedure. I give my permission to use data about my procedure to further understand LASIK and Enhancement LASIK. I understand that my name will remain confidential, unless I give written permission for it to be disclosed outside my doctor's office or the SightLine Laser Eye Center.

Eye(s) To Be Treated: Right Eye (OD) Left Eye (OS) Both (OU)

Print Name _____

Patient Signature _____ Date _____

Surgeon Signature _____ Date _____

It is important that you re-read the LASIK consent form attached because almost all of the complications associated with the original procedure can also occur with the enhancement.

I have re-read and understand the LASIK informed consent (please initial) _____

I have been offered a copy of this consent form (please initial) _____