

Hollis LASIK
1100 South College St. Suite 108
Auburn, Al. 36832

INFORMED CONSENT FOR LASER IN-SITU KERATOMILEUSIS (LASIK)

INTRODUCTION

This information is being provided to you so that you can make an informed decision about the use of a device known as a microkeratome, combined with the use of a device known as an excimer laser, to perform LASIK. LASIK is one of a number of alternatives for correcting nearsightedness (myopia), farsightedness (hyperopia), astigmatism and near vision problems (presbyopia). In LASIK, the microkeratome is used to shave the cornea to create a flap. The flap then is opened like the page of a book to expose the middle layer of the cornea called the stroma. Next, the excimer laser is used to remove ultra-thin layers from the cornea to reshape it to reduce error. Finally, the flap is returned to its original position, without sutures.

LASIK is an elective procedure: There is no emergency condition or other reason that requires that you have it performed. You could continue wearing contact lenses or glasses and have adequate visual acuity. This procedure, like all surgery, presents some risks, many of which are listed below. You should also understand that there may be other risks not known to your doctor, which may become known later. The procedure from which LASIK evolved, Keratomeleusis, has been around for 55 years. It is logical to assume that problems that could come in the future for LASIK would have been seen with Keratomeleusis since they are similar procedures.

ALTERNATIVES TO LASIK

If you decide not to have LASIK, there are other methods of correcting your nearsightedness, farsightedness or astigmatism. These alternatives include, among others, eyeglasses, contact lenses and other refractive surgical procedures. There are new high water content lens that treat dry eyes and silicone based lens that are worn for extended intervals for as much as 6 nights of wear without removal.

PATIENT CONSENT

In giving my permission for LASIK, I understand the following: The long-term risks and effects of LASIK are unknown. I have received no guarantee as to the success of my particular case. I understand that the following risks are associated with the procedure:

VISION THREATENING COMPLICATIONS

1. I understand that the microkeratome or the excimer laser could malfunction, requiring the procedure to be stopped before completion. Depending on the type of malfunction, this usually can be treated and is not accompanied by long term visual loss. Some doctors are using a femto second laser to make the flap. I have not seen any need to go to this yet, especially since I would need to add about \$500 an eye to the price for LASIK, just to break even on the cost of the laser. I do not believe it provides good value.
2. I understand that, in using the microkeratome, instead of making a flap, an entire portion of the central cornea could be removed. Dr. Hollis did thousands of cases with free flaps before the invention of the hinge, and this is rarely a problem. It is also possible that the flap incision could result in an incomplete

I have read and understood this page. Patient initials_____

flap, or a flap that is too thin. If this happens, it is likely that the laser part of the procedure will have to be postponed until the cornea has a chance to heal sufficiently to create the flap again.

3. I understand that irregular healing of the flap could result in a distorted cornea. This would mean that glasses or contact lenses may not correct my vision to the level possible before undergoing LASIK. This is very rare but on occasion has happened.
4. Dr. Hollis has done more monovision than anyone anywhere. He used it in 20,000 eyes of cataract surgery routinely. In 100,000 refractive procedures he routinely used monovision in patients over 42 years of age. In monovision the dominant eye is corrected for distance, and the non-dominant eye is corrected for near at 18 inches. Dr. Hollis has reversed this on occasion with maybe only a slightly longer period of adaptation. 99% have adapted by 6 weeks. One percent will say that they see better in the distance when the near eye is covered. They are getting interference. Recently, I made a small adjustment to move the near vision further out with a complete resolution of the problem. If the patient does not adapt, the remaining option is to recorrect the near eye for distance at no charge and for the patient to wear drug store reading glasses for near. Driving glasses may be necessary at night and glasses for near may be necessary for working distances less than 20 inches depending on age and occupational demand.
5. I understand that mild or severe infection is possible. Mild infection can usually be treated with antibiotics and usually does not lead to permanent visual loss. Severe infection, even if successfully treated with antibiotics, could lead to permanent scarring and loss of vision that may require corrective laser surgery or, if very severe, corneal transplantation or even loss of the eye. Dr. Hollis has not seen a loss of the eye in the 100,000 cases he has done.

I understand that other very rare complications threatening vision include, but are not limited to, corneal swelling, corneal thinning (ectasia), retinal detachment, hemorrhage, venous and arterial blockage. These occur with or without LASIK and may not be directly caused by this procedure.

NON-VISION THREATENING SIDE EFFECTS

1. I understand that there may be increased sensitivity to light, glare, and fluctuations in the sharpness of vision. I understand these conditions usually occur during the normal stabilization period of from one to three months, but they may also be permanent. Dr. Hollis thinks that the new Alegretto Wavelight laser has eliminated most of these problems. Most patients seemed to tolerate these problems even with the old lasers.
2. **I understand that there is an increased risk of eye irritation related to drying of the corneal surface following the LASIK procedure. These symptoms may be temporary or, on rare occasions, permanent, and may require frequent application of artificial tears and/or closure of the tear duct openings in the eyelid.**

Patient Initials ____

3. I understand that an overcorrection or undercorrection could occur, causing me to become farsighted or nearsighted or increase my astigmatism. Small amounts of tissue are removed with each procedure, so these minor problems may be treated with a touch up.
4. **After refractive surgery, a certain number of patients experience glare, a “starbursting” or halo effect around lights, or other low-light vision problems that may interfere with the ability to drive at night or see well in dim light. Although there are several possible causes for these difficulties, the**

I have read and understood this page. Patient initials _____

risk may be increased in patients with large pupils or high degrees of correction. For most patients, this is a temporary condition that diminishes with time or is correctable by wearing glasses at night. I understand that my vision may not seem as sharp at night as during the day and that I may need to wear glasses at night or take eye drops. I understand that it is not possible to predict whether I will experience these night vision or low light problems, and that I may permanently lose the ability to drive at night or function in dim light because of them. I understand that I should not drive unless my vision is adequate. These risks in relation to my particular pupil size and amount of correction have been discussed with me. Dr. Hollis has seen a decreased incidence of this since using the Wavelight Allegretto laser.

Patient Initials _____

5. I understand that I may not get a full correction from my LASIK procedure and this may require future enhancement procedures, such as more laser treatment or the use of glasses or contact lenses.
6. I understand that, after LASIK, the eye may be more fragile to trauma from impact. Evidence has shown that, as with any scar, the corneal incision will not be as strong as the cornea originally was at that site. I understand that the treated eye, therefore, is somewhat more vulnerable to all varieties of injuries, at least for the first year following LASIK. I understand it would be advisable for me to wear protective eyewear when engaging in sports or other activities in which the possibility of a ball, projectile, elbow, fist, or other traumatizing object contacting the eye may be high.
7. I understand that there may be pain or a foreign body sensation, particularly during the first 12 hours after surgery.
8. I understand that temporary glasses either for distance or reading may be necessary while healing occurs and that more than one pair of glasses may be needed.
9. Dr. Hollis had radial keratotomy in 1979. Also LASIK in his right eye 12 years ago. Radial keratotomy was not stable, and Dr. Hollis is overcorrected, but had 26 years out of glasses. Even if corrected again, he could still be back in glasses in a few years. Dr. Hollis is stuck with glasses or soft contact lens at the present time.
10. I understand that visual acuity I initially gain from LASIK could regress, and that my vision may go partially back to a level that may require glasses or contact lens use to see clearly. Dr. Hollis has not seen a tendency for patients to need additional surgery at 10 years.
11. I understand that the correction that I can expect to gain from LASIK may not be perfect. I understand that it is not realistic to expect that this procedure will result in perfect vision, at all times, under all circumstances, for the rest of my life. I understand I may need glasses to refine my vision for some purposes requiring fine detailed vision after some point in my life, and that this might occur soon after surgery or years later.
12. I understand that I may be given medication in conjunction with the procedure. I therefore, understand that I must not drive the day of surgery and not until I am certain that my vision is adequate for driving.
13. I understand that if I currently need reading glasses, Dr. Hollis usually uses mono vision on all patients over 40 years of age. In his experience 99 % adapt by 6 wks and do not need reading glasses. 1% are retreated after 6wks and need drug store readers.

I have read and understood this page. Patient initials _____

14. Enhancement surgeries can be performed when vision is stable. If the enhancement is performed within 2 years following surgery, there generally is no need to make another cut with the microkeratome. The original flap can usually be lifted with specialized techniques. In order to perform an enhancement surgery, there must be adequate tissue remaining. If there is inadequate tissue, Dr. Hollis has corrected patients on the underside of the flap, or on the surface. An assessment and consultation will be held with the surgeon at which time the benefits and risks of an enhancement surgery will be discussed.
15. I understand that, since it is impossible to state every complication that may occur as a result of any surgery, the list of complications in this form may not be complete.
16. In some cases there's a difficulty in making a flap. PRK is the exact same correction done on the surface, without a flap. Dr. Hollis needs permission to switch to PRK if it's better for the patient. It is his experience that the results are the same with either procedure. By proceeding, it is possible to keep you from having a later procedure.

I give permission for Dr. Hollis to perform PRK if needed

Patient signature _____

FOR PRESBYOPIC PATIENTS (those requiring a separate prescription for reading, typically above 42 years of age): The option of monovision has been discussed with my ophthalmologist. The expense of the doing both eyes is less than doing than just one, therefore a \$100 surcharge is requested when only one eye is done.

HOLLIS LASIK EXTENDED SERVICE AGREEMENT

Attention: HOLLIS LASIK Patients

If you are within your one year follow-up period we are offering a 2 year extension of services for \$300. This includes both eyes and gives refractive surgery procedures for up to 3 years if required at no additional cost.

PATIENT'S STATEMENT OF ACCEPTANCE AND UNDERSTANDING

The details of the procedure known as LASIK have been presented to me in detail in this document and explained to me by my ophthalmologist. Signing of this document does not obligate me to surgery. The decision for surgery, at the recommendation of the Ophthalmologist, is mine and I am responsible for having all my questions answered to my satisfaction before surgery.

Patient Name

Date

Witness Name

Date

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

Revised 07/17/2008 BH

I have read and understood this page. Patient initials _____