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Informed Consent for PRK to Correct Nearsightedness, Farsightedness and/or Astigmatism

Introduction

This information is provided so that you can make an informed decision about having PRK for the purpose of vision correction. PRK is an abbreviation for **P**hoto-**R**efractive **K**eratotomy, a procedure using a computer-controlled excimer laser. PRK is a surgical treatment to correct nearsightedness, farsightedness and/or astigmatism, and represents one of several treatment options for this purpose. In PRK, the surface lining cells of the cornea are removed, and the excimer laser is used to sculpt the underlying cornea, thereby correcting the eye's optical prescription.

PRK is now typically advised instead of LASIK in situations wherein creation of a flap (as in LASIK) would not be prudent in your surgeon's opinion. In certain cases, the cornea is too thin centrally to support both creation of a flap and the necessary laser sculpting, without compromising the stability and biomechanical integrity of the tissue. In these cases vision correction may be achieved with PRK where it would be ill-advised by LASIK.

PRK is an elective procedure: You could continue wearing contact lenses or glasses to obtain adequate visual acuity. Like all surgery, PRK presents some risks, many of which are listed below. There may be other risks not known to your doctor, which may become known later. Despite the best of care, complications and side-effects may occur; should this happen in your case, the result might be that vision could be adversely affected.

You are encouraged to review this information as part of the process of making an informed decision regarding PRK. Only you and your doctor can determine if you should have PRK surgery, based upon your own visual needs and medical considerations. Any questions you have regarding PRK or other alternative therapies should be directed to your doctor.

Alternatives to PRK

The alternatives to PRK include eyeglasses, contact lenses, or other refractive surgery procedures such as Laser-Assisted In-Situ Keratomileusis ("LASIK"), radial keratotomy ("RK"), or conductive keratoplasty ("CK"). Each of these alternatives should be explained if appropriate in your case.

In giving permission for PRK surgery, I declare that I understand the following information:

I understand that my surgeon will use an excimer laser programmed to correct my nearsightedness, farsightedness and/or astigmatism.

I have received no guarantee as to success or perfection of the outcome in my particular case.

The long-term risks and effects of PRK surgery beyond 10 (ten) years are not completely known.

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

1. There is no guarantee that PRK will completely eliminate my reliance upon eyeglasses and/or contact lenses. It is possible that the treatment could result in undercorrection, overcorrection, or a change in astigmatism that may or may not require the use of glasses or contact lenses.
2. If I currently need reading glasses, I will likely still need reading glasses after this treatment. It is possible that dependence on reading glasses may increase or that reading glasses may be required at an earlier age if I have PRK.
3. Further treatment may be necessary, including use of a variety of eyedrops, use of contact lenses, or additional PRK surgery.
4. Best possible vision, even with glasses or contacts, may become worse.
5. There may be a difference in the correction between the eyes, making the wearing of glasses difficult or impossible. Fitting or wearing of contact lenses may be more difficult.

PRK Consent

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 side effects of PRK, associated with the normal healing: mild discomfort or pain (first 24 to 48 hours), corneal swelling, double vision, a scratchy or foreign-body feeling in the eye, ghost images, light sensitivity, and tearing.

Possible long-term complications of PRK:

1. Haze: Loss of perfect clarity of the cornea, usually not affecting vision, which usually resolves over time. If post-PRK haze does not resolve, surgical intervention may be necessary to treat (and thereby reduce or remove) the haze that has appeared.
2. Glare: Sensation produced by bright lights that is greater than normal and can cause discomfort or annoyance.
3. Halo: Hazy rings surrounding bright lights may be seen, particularly at night.
4. Loss of best vision: A decrease in my best vision even with glasses or contacts.
5. Intraocular Pressure (IOP) elevation: An increase in the pressure inside the eye, which can usually be resolved by drug therapy or discontinuation of post-treatment medications.
6. Infrequent or rare complications after PRK surgery include: itching, dryness of the eye, slight foreign body sensation in the eye, double or ghost images, inflammation of the cornea or iris, persistent corneal surface defect; persistent corneal haze severe enough to affect vision; ulceration or infection of the cornea; irregular astigmatism; cataract, drooping of the eyelid; and a slight increase in possible infection risk due to use of a bandage contact lens in the immediate post-operative period.
7. Extremely rarely, corneal transplant surgery may be necessary to treat complications of PRK.
8. Extremely rarely, partial or complete loss of vision can occur in an eye that has had PRK.

It is not possible to state every complication that may occur as a result of PRK. Some complications or a poor outcome may manifest weeks, months, or even years after the original surgery.

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

PATIENT’S STATEMENT OF ACCEPTANCE AND UNDERSTANDING

The details of PRK have been presented to me in detail in this document and explained to me by Dr. Devgan and the staff. All of my questions have been answered to my satisfaction. I desire and consent to PRK surgery.

I also give permission for Dr. Devgan to record my procedure on video or photographic equipment, for purposes of education, research, or training of other health care professionals. I also give permission to use data about my procedure and subsequent treatment to further understand PRK. I understand that my name will remain confidential, unless I give subsequent, written permission for it to be disclosed outside my ophthalmologist’s office.

Patient Signature	Date	Witness	Date
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