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## **Refractive Surgery Retreatment (“Enhancement”) Consent Form**

In the event that a desired outcome is not achieved following LASIK/LASEK/PRK, you may elect to pursue a retreatment, or “enhancement” in order to improve your visual outcome. Prior to undergoing retreatment, you must have a complete eye examination, and discuss the potential benefits, risks, and alternatives with your surgeon. This consent form summarizes these issues. However, it cannot include every conceivable potential complication, and therefore it is not intended and should not replace the personal discussion with your surgeon. You are encouraged to ask questions at any time, about LASIK/LASEK/PRK retreatment in general or any of the issues described in this form.

### **PROCEDURE:**

The retreatment procedure in many ways is similar to the original procedure. For **LASIK** retreatment, the eye is prepared with antiseptic solution and anesthetic drops are applied. Depending on the length of time that has elapsed since your primary LASIK procedure, your surgeon may elect to lift the original flap or create a new one. If the old flap is to be lifted, it is done in the following manner: Your surgeon will outline the edge of the flap while you are in a seated position at the slit lamp. You will then be taken to the excimer laser suite where the flap will be lifted. Additional application of the excimer laser is performed and the flap is then replaced and allowed to seal. Antibiotic and anti-inflammatory drops are applied and a “bandage” soft contact lens is placed on your eye for at least 24 hours. If it is not possible to safely lift the original flap, it may be necessary for you to come back, after the eye has healed once again, to have a new flap “cut” as was done in the original procedure. For **LASEK/PRK** retreatment, the eye is prepared with antiseptic solution and anesthetic drops are applied. The surface (epithelial) cells are removed or peeled back. Additional application of the excimer laser is performed. Antibiotic and anti-inflammatory drops are applied and a “bandage” soft contact lens is placed on your eye for at least 3 days.

### **INDICATIONS:**

LASIK/LASEK/PRK retreatment is used to treat an under-response or over-response after the primary procedure, which is causing you to have significant visual symptomatology.

### **CONTRAINDICATIONS:**

LASIK/LASEK/PRK retreatment should not be performed if any of the following conditions are present: patients with unstable or unreliable refractions, uncontrolled diabetes, expectant or nursing mothers, patients who have visually significant cataracts, active ocular inflammatory diseases, insufficient corneal thickness, or irregular astigmatism. If you believe that you have any of these conditions, you must inform your surgeon.

### **POTENTIAL RISKS AND COMPLICATIONS:**

**This form cannot list every conceivable complication.** We will discuss many of the risks that can be associated with LASIK/LASEK/PRK retreatment. Although they are exceedingly rare, all are possible. Most of these potential problems are actually MORE likely after an enhancement than after the primary procedure, as indicated below.

1. Corneal infection that cannot be controlled by antibiotics or other means. In the unlikely event of a severe infection involving the central cornea, corneal transplantation may be required in order to restore vision.
2. Blurred Vision: During the first several weeks following LASIK retreatment, your vision may be blurry and can fluctuate. The use of frequent lubricating drops may help your vision stabilize. It is important to understand that the healing process is very individualized and may vary from patient to patient.
3. Light Sensitivity: Certain patients may experience increased light sensitivity for 1 to 2 days following their procedure. In most cases it resolves spontaneously.

4. Discomfort: Some patients may experience mild discomfort or foreign-body sensation in the first few days following retreatment. In most cases, it is self-limited. In order to provide more comfort, a soft contact lens is placed on the eye after the procedure. This is usually removed **by the doctor on the following day**, but may be left on for longer periods of time at the doctor's discretion. **IF THE LENS FALLS OUT PRIOR TO YOUR SCHEDULED VISIT, PLEASE CALL OUR OFFICE/ANSWERING SERVICE AND ASK TO SPEAK TO THE DOCTOR ON CALL.** Do NOT attempt to replace this lens yourself!
5. Altered night vision ("glare", "halos" around lights): You can experience altered night vision, which may last several months. This generally diminishes with time, although it may be permanent.
6. Under-response/Over-response: Your final result is very much dependent on your cornea's ability to absorb the energy emitted by the excimer laser. Some corneas may absorb too little (under-response) or too much (over-response) laser energy. It is impossible to predict your particular response. In some cases, a second retreatment may be possible. In other cases, corrective lenses may be required.
7. Regression: In certain individuals, the effects of retreatment may diminish with time. In some cases, a second retreatment may be possible.
8. Loss of Best-Corrected Visual Acuity: Following the re-treatment procedure, a small percentage of patients may be unable to read down to the same line on the letter chart as they did previously. This may be due to microscopic corneal irregularities and may persist.
9. Loss of Near Vision: If you are over 40 and are having re-treatment for residual nearsightedness (myopia), your **UNCORRECTED** vision in that eye for any objects closer than 16 inches **WILL ACTUALLY GET WORSE** following the retreatment procedure. The option of leaving the eye under-corrected ("mono-vision") should be discussed with your doctor prior to the procedure.
10. Inflammation under the flap ("diffuse lamellar keratitis", or "Sands of the Sahara" syndrome. This condition applies to LASIK only. This condition is rare and usually responds to frequent topical anti-inflammatory agents and /or irrigation of the interface.
11. Flap wrinkles. This condition applies to LASIK only. Surgical repositioning, "ironing" (or debridement) of the surface of the cornea, or even suturing of the flap may be necessary to alleviate the problem. If unsuccessful, it may result in irregular astigmatism that cannot be corrected by glasses. Rigid Gas Permeable (RGP) contact lenses may be required to restore vision.
12. Growth of surface corneal cells (epithelium) under the flap. This condition applies to LASIK only. In some cases, the flap must be lifted and the cells must be removed in order to prevent permanent corneal changes. This condition known as EPITHELIAL INGROWTH is MORE likely following retreatment

**ALTERNATIVES:**

Residual refractive errors or regression of refractive effect can be treated with a glasses prescription or contact lens fitting. Although these do have an associated "hassle factor" they are both safer than any form of surgery. Other surgical procedures, such as INTACS, CK, or RK are also alternatives in some cases.

**CONSENT FOR REFRACTIVE SURGERY RE-TREATMENT**

I have read this consent form and have had a chance to discuss re-treatment with my eye doctor. I have had the opportunity to ask questions and they have been answered to my satisfaction. I fully understand the risks of LASIK/LASEK/PRK retreatment as they have been discussed on this form. I agree to adhere to the post-operative instructions given to me. I consent to have this procedure performed on my RIGHT/ LEFT/ BOTH (circle one) eye(s) by the doctor indicated below, and his assistants.

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_