



**Dr Andrew Perrott**

Ophthalmologist - Eye Specialist

MB.ChB (UCT), FC Ophth (SA)

## **CONSENT FORM FOR PRK LASER SURGERY**

### **GENERAL INFORMATION**

The following information is intended to help you make an informed decision about having Photo-refractive Keratomileusis (PRK) surgery to correct your vision.

Since it is impossible within the context of this form to state all possible risks of any surgery or procedure, this form cannot provide a comprehensive listing of every conceivable problem.

### **OVERVIEW OF PRK**

I understand that my diagnosis is myopia with or without astigmatism.

PRK permanently changes the shape of the cornea. The surgery is performed under topical anaesthetic (drops in the eye). The procedure involves mechanical removal of the epithelial surface. A thin layer of corneal tissue is then removed with the light of a laser. A contact lens is then placed to aid healing of the epithelium. The removal of thin layers of corneal tissue causes the shape of the cornea to change so that the focusing power of the cornea is altered.

Although the goal of PRK is to improve the vision to the point of not being dependent on glasses or contact lenses, this result is not guaranteed. Additional procedures, spectacles or contact lenses may still be required to achieve perfect vision.

PRK does not correct the condition known as **presbyopia**, which occurs in most people between 40 – 50 years of age which may require them to wear reading glasses. If you presently wear reading glasses, it is likely you will still require reading glasses after treatment. If you do not need reading glasses, you may need them at a later age. PRK surgery will not prevent you from developing naturally occurring eye problems such as glaucoma, cataracts, retinal detachments or degeneration.

### **RISKS AND CONTRA-INDICATIONS**

These can be divided into two categories:

#### **1. NON-VISION THREATENING COMPLICATIONS:**

Many patients may experience some of the following:

- a) Pain and discomfort in the first 48 hours whilst the epithelium heals. Your eyes will feel scratchy, watery and light sensitive. It is worst in the first 24 – 48 hours, but then settles by day 4 – 5.
- b) A delay in the return to best unaided visual acuity. You will not be able to drive for the first 7 to 10 days after surgery.

Tel: 021 531 4317 | Fax: 086 672 1065 | Cell: 082 788 5766  
info@eyelasurgeon.co.za | www.eyelasurgeon.co.za

Suite 108, Vincent Pallotti Medical Centre,

- c) Over-correction or under-correction may occur and PRK surgery may not give you the result you desired. It may be possible or necessary to have additional surgery to fine-tune or enhance the initial result. In the event of an enhancement being required within the first year, this further treatment will be conducted at no additional cost. It is possible that your initial result could regress over time. In some, but not all cases, retreatment, glasses or contact lenses could be effective in correcting vision.
- d) Dry eyes. This is less common than after LASIK and is present to some degree in all cases. This is usually a temporary phenomenon and resolves naturally after a few weeks. Occasionally this can be severe enough to cause discomfort or pain and blurred vision. This may delay recovery of vision by several weeks.
- e) Increased sensitivity to light and decreased vision in dim or artificial light. This may be permanent in some cases. You will be very sensitive to light in the first 3 – 4 days after surgery.
- f) Fluctuation of vision which, in most cases, will resolve without surgical or medical intervention.
- g) Infrequently patients may experience starburst or halo around lights at night. This effect tends to diminish after the first few months, but some elements can be permanent. Very occasionally patients have severe enough problems to make them feel insecure driving at night.
- h) Inflammation. Mild inflammation can occur, but it usually resolves in about a week with treatment.
- i) Other risks. Other reported complications include: ptosis (droopy eyelid), contact lens intolerance, Endothelial cell loss (loss of cell density in the inner layer of cornea resulting in swelling), Retinal Detachment and bleeding. Some complications may require partial (lamellar) or full thickness corneal transplant using donor cornea, corneal scarring and progressive corneal thinning (ectasia). There are also potential complications due to the anaesthetics or other medication used.

## **2. Vision Threatening Complications.**

It is possible that there could be loss of some or all useful vision as a result of the following:

- a) Infection that cannot be controlled by antibiotics or other means.
- b) Inflammation in the corneal stroma. In very rare cases this can be severe enough to cause haze or scarring and permanent reduction of best corrected vision varying from slight blur to significant haze.
- c) Irregular healing of the cornea could result in distorted corneal shape and distorted vision or ghosting which may not be correctable by glasses, contact lenses or re treatment.

### **Contra-indications.**

The treatment should not be performed on persons:

- With autoimmune disease and HIV
- Who are immune-compromised or on drugs which suppress the immune system
- Who are pregnant, nursing or expecting to become pregnant within 6 months of PRK procedure
- Who have keratoconus (steeping of the cornea).
- With uncontrolled vascular disease.

If you know that you have any of these conditions, you should inform your surgeon and discuss the issues before considering PRK surgery.