

LASER SURGERY: RISKS & COMPLICATIONS

Outline of the DVD/Video/Web Presentation
by Mark R. Mandel, M.D.

Please Check One

- I have watched the DVD
that was provided
- I have watched the video
on the website

1. Although the goal of laser surgery is to decrease nearsightedness, farsightedness, and astigmatism such that I will no longer be dependent upon glasses or contact lenses, I realize that I may need glasses (or possibly contact lenses) from time to time for some tasks, especially night driving.
2. If I am over 40 and both eyes are adjusted for the distance, I realize that following my surgery, I will need reading glasses for all near tasks.
3. Blended vision, that is adjusting one eye for the distance and one eye for reading, is a way to help reduce my dependence on both distance and near glasses. For most near tasks I will not need reading glasses. Also, for most distance tasks I will not need distance glasses. However, I realize that if I have blended vision, I may need distance glasses from time to time (especially for night driving) and reading glasses from time to time (especially when reading small print for long periods of time).
4. Night driving symptoms such as glare, halos, and star bursts around point sources of light such as headlights and street lights and a decrease in contrast (i.e. shades of gray) may be very bothersome following surgery. These symptoms usually diminish within the first year, but may be permanent. Having wavefront treatment may reduce the possibility of these symptoms. Although I know that I may need night driving glasses if I have laser surgery, I understand that the glasses will not eliminate these potentially disturbing visual effects.
5. Overcorrection (that is making it so that I cannot see clearly at distance or near), or undercorrection (that is the inability to see as clearly as I would like at the distance) or the creation of astigmatism where none existed before are possible with laser vision correction. Many cases of undercorrection, overcorrection, or induced astigmatism can be "enhanced" with a repeat of the laser procedure or the performance of astigmatic corneal incisions (AK). However, if my distance vision measurement (refraction) is very close to the zero point, or if my cornea is too thin, it may not be worth the risk to have an enhancement performed.
6. Corneal surface irregularities occurring after either PRK/LASEK, EPI-LASIK, or LASIK can occur such that the vision after my laser procedure cannot be corrected back to 20/20 with glasses. If this is troublesome, then I may be required to wear a gas permeable hard contact lens to achieve my best possible vision and/or to decrease distortion or multiple images.
7. I may have an underlying condition of my cornea known as "forme fruste keratoconus". Al-

though Dr. Mandel will do what he can to detect this, it may not be detectable. Additionally, I may develop severe thinning, (ectasia) and protrusion of my cornea (keratoconus) following a laser procedure even if I do not have detectable “forme fruste keratoconus”. If this is the case, I will be obligated to wear a hard contact lens or may need to undergo a corneal transplant operation.

8. Vision threatening disasters can occur with either PRK/LASEK, EPI-LASIK, or LASIK. In PRK/LASEK or EPI-LASIK, central scarring from the laser treatment or from an infection may be so dense that a corneal transplant operation would be required. In LASIK, although scarring is extremely rare, destruction of the flap can result in the need for a corneal transplant. Serious infection resulting in permanent scarring requiring a corneal transplant and/or total loss of the eye is possible with PRK/LASEK, EPI-LASIK, or LASIK. There have been reported cases of total blindness in eyes undergoing the LASIK or EPI-LASIK procedure due to destruction of the blood vessels in the back of the eye or the optic nerve.

I have watched Dr. Mandel’s DVD/Video/web presentation, which reviews the realistic expectations, limitations, side effects and the risks and complications of laser surgery. I have reviewed this outline along with the DVD/Video/web presentation. I was given a copy of this outline to keep for my records.

PATIENT SIGNATURE

DATE

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