PHOTOREFRACTIVE KERATECTOMY (PRK)
PRE-OPERATIVE INSTRUCTIONS

We are so pleased you chose the Alabama Vision Center for your vision correction surgery. Please adhere to these pre-operative instructions:

- You are scheduled for laser vision correction on this date: ________________
- Report to the Alabama Vision Center at this time: ________________
- There is no need to arrive earlier. The entire process should take approximately one and a half hours.

<table>
<thead>
<tr>
<th>MEDICATIONS</th>
<th>PURPOSE</th>
<th>DOSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIGAMOX</td>
<td>PREVENTS INFECTION</td>
<td>1 DROP 4X DAILY STARTING 1 DAY PRIOR TO SURGERY</td>
</tr>
<tr>
<td>VALIUM (or DIAZEPAM)</td>
<td>PROVIDES RELAXATION BEFORE SURGERY</td>
<td>TAKE 1-2 PILLS 30 MINUTES BEFORE SURGERY AS DIRECTED</td>
</tr>
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</table>

- Wash eyelids with baby shampoo or Ivory soap for 2 days before surgery
- Avoid make-up around your eyes for 2 days before surgery
- No cologne or perfume on the day of surgery
- Make sure your soft contacts are out 3 days before your pre-operative exam and PRK surgery; contacts should be out 2 weeks before custom PRK. (3 weeks for gas-permeable)
- You must bring someone with you to drive the day of surgery
- Read (but do not sign) the entire PRK consent form. Bring it with you the day of surgery
- $250 will be due on the day of your pre-operative exam (check, cash, credit card) and deducted from your total PRK cost.

$_________________________________ total cost.

We thank you for choosing our ophthalmologists for your surgery and look forward to caring for your vision!

(Over for Additional Instructions)
PHOTOREFRACTIVE KERATECTOMY (PRK) POST-OPERATIVE INSTRUCTIONS

It is important to go home immediately after surgery and sleep for several hours. Wear the eye protection provided while sleeping for the first 24 hours. Blink fully and completely without squeezing.

What symptoms are normal immediately after surgery?

- Mild discomfort and a “scratchy or burning sensation”
- Slight redness
- Excess tearing
- Slight swelling or puffiness of the eyelid
- Sensitivity to light
- Hazy or blurry vision; some ghosting or double images

Vision will fluctuate some for several months. After 1 week, most of these symptoms will diminish. Most patients can return to work 3-4 days after surgery.

What medications should I take and when?

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<tr>
<td>EXTRASTRENGTHTYLENOL</td>
<td>Reduces Pain</td>
<td>Every 4-6 hours as needed for pain</td>
</tr>
<tr>
<td>VIGAMOX*</td>
<td>Prevents Infection</td>
<td>1 drop 4x a day as directed</td>
</tr>
<tr>
<td>FML (Shake well!)</td>
<td>Reduces Inflammation</td>
<td>1 drop 3x a day as directed.</td>
</tr>
<tr>
<td>ACULAR*</td>
<td>Reduces pain and inflammation</td>
<td>1 drop 3x daily on the day of surgery and the day after surgery</td>
</tr>
<tr>
<td>SYSTANE PF*</td>
<td>Lubrication</td>
<td>1 drop 4x a day for 2-3 months (start after surgery)</td>
</tr>
</tbody>
</table>

*Close your eyes for 2 minutes after taking any eye drop*
What precautions should I take immediately after surgery?

- Do NOT rub your eye(s) for 2 months.
- Do NOT resume driving until instructed by your doctor to do so.
- Avoid swimming and hot tubs for 7 days following surgery. Normal showering and bathing is acceptable. Try to keep water from entering the eyes.
- Avoid irritating chemicals such as shampoo, smoke, etc.
- Avoid wearing eye makeup for 7 days following surgery. We recommend that any partially used eye makeup be discarded because it may harbor unseen bacteria that could cause infection.
- You may exercise normally. Perspiration in the operated eye(s) may cause stinging, but it will not be harmful.
- If you already use eye drops of any kind, ask your surgeon when you should start using them again post-operatively. Discard partially used bottles of medication you have been using prior to surgery because they may contain harmful bacteria.

What should I do if there is a problem?

Have questions regarding these instructions?
Experiencing pain outside of what is described here?
Noticing a significance loss in vision?

CALL THE Alabama Vision Center at 888-841-EYES (3937)

Follow Up Tomorrow at This Time: ____________________________
Location:__________________________________________________
Photorefractive Keratectomy (PRK) Information

A. What is Refractive Surgery?  Any surgical procedure that reduces or eliminates one’s need for eyeglasses or contact lenses. Photorefractive Keratectomy (PRK) is a type of refractive surgery performed on the cornea.

B. Why refractive surgery may be right for you.
A desire to reduce or eliminate your dependence upon corrective eyewear for your daily activities is the proper reason for undergoing refractive surgery. Do you wish to see the alarm clock in the morning or drive a car without glasses? These are reasonable goals and are most often, but not always, attainable with PRK.

C. Why refractive surgery may not be right for you
- If you expect a perfect outcome. No surgical procedure can assure you of a perfect outcome and it is not possible to guarantee that your goals will be achieved. We strive to achieve the best results in surgical vision correction through professional and technological excellence. We use the most modern laser surgical equipment available to perform PRK. PRK offers most patients a high probability of reducing or eliminating the need for corrective eyewear. However, PRK may not be as accurate, predictable, or precise for correcting vision as eyeglasses or contact lenses.

- If you expect perfect vision under all conditions. Like most refractive surgical procedures, PRK changes the shape of the cornea. Rarely you may need a pair of glasses (or contact lenses) to drive comfortably at night, or to see from the back of a theater. If you will be unhappy wearing eyewear for occasional needs, then refractive surgery may not be right for you.

- If you expect an instant result. In most cases, PRK offers patients a rapid recovery of vision with little discomfort. However, results are not instantaneous. It may take several months for the shape of the cornea to stabilize following surgery. You must be willing to be patient for your full recovery of vision. During this time, you may need to wear temporary eyeglasses (usually placed in existing frames). In some cases an enhancement procedure may be needed for a small additional charge.

D. Your goal for surgery: improved distance vision in both eyes or monovision?
1. Presbyopia: It is important that you understand that PRK does not prevent the age-related loss of the eye’s ability to vary its focusing power. This results from changes in the crystalline lens (inside the eye), a condition called presbyopia. After age 40, the eye gradually becomes a single-focus optical system, which can view either near objects or distant objects clearly, but not both. During your consultation, you must determine if your goal is to improve distance vision in both eyes or to leave one eye slightly nearsighted for monovision.

2. Monovision: If you are over 40 and both your eyes are fully corrected for distance vision, you may need reading glasses for near work. As an alternative to reading glasses, you may elect to leave one eye slightly nearsighted (an outcome called monovision). If you are over 40 and a contact lens wearer, you may have already experienced monovision by wearing one contact lens that has slightly less power. With PRK, you may have monovision by leaving one eye slightly nearsighted. If you try monovision and do not like it, your undercorrected eye can be enhanced for distance vision. Discuss monovision with your doctor so that an appropriate surgical plan may be made.

E. What is PRK?
PRK is a type of refractive surgery used for correcting nearsightedness and/or astigmatism. It is a procedure preferable to other commonly performed refractive procedures (such as LASIK) in patients with thin corneas, small corneas, conjunctival scarring, corneal abnormalities, and severe dryness. During PRK, the superficial layer of the cornea (epithelium) is removed exposing the underlying corneal tissue. The epithelium may be removed using the excimer laser, manually or with ethanol (all three methods are painless and effective). The underlying corneal tissue is then sculpted specific to your prescription with the excimer laser. A thin contact lens is then placed to protect the cornea and provide added comfort. This is usually removed several days later as the vision improves. If you elect to have surgery performed, you should understand the risks, benefits, and alternatives of your decision. PRK is an elective procedure. There are no emergency conditions or other reasons that require or demand that you have it performed.

Initials: ________
You can continue wearing glasses (and in most cases, contact lenses) and have adequate visual acuity. This procedure, like all surgery, has some risks and benefits, which are not limited to the ones listed in this handout. You should also understand that there might 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 affected even to the extent of making your vision worse.

**F. Alternatives to PRK**

If you decide not to have PRK, there are other methods of correcting your nearsightedness and/or astigmatism. These alternatives include but are not limited to eyeglasses, contact lenses and Clear Lens Extraction.

**G. Risks of PRK**

**a. Vision threatening complications:**

1. Irregular healing could result in a distorted cornea. This would mean that glasses or contact lenses might not correct my vision to the level before undergoing PRK. If this distortion in vision is severe, a partial or complete corneal transplant might be necessary to repair the cornea.

2. Other complications threatening vision could occur including, but are not limited to, infection, corneal swelling, total blindness, and even loss of my eye.

**b. Non-vision threatening side effects:**

1. There may be increased sensitivity to light, glare, and fluctuations in the sharpness of vision. These conditions usually occur during the normal stabilization period of one to three months, but they may be permanent.

2. An over-correction or under-correction could occur causing me to have blurred distance vision which may resolve spontaneously, may require glasses or contacts, or may need an enhancement to correct.

3. There may be a “star-bursting” or halo effect around lights at night. I understand that this condition usually diminishes with time, but could be permanent. 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. My physician will clear me to drive after PRK.

4. There may be a “balance” problem between my two eyes having PRK. This phenomenon is called anisometropia and may cause eyestrain or make depth perception more difficult.

5. PRK may not prevent or eliminate my need for reading glasses.

6. There is a natural tendency for eyelids to droop with age. Eye surgery may hasten this process.

7. There may be pain or foreign body sensation, particularly during the first 24 hours after surgery.

8. Temporary glasses (for distance or reading) may be necessary while healing occurs.

9. The postoperative effects of PRK beyond 35 years presently are unknown. Unforeseen complications or side effects could occur.

10. Visual acuity I may initially gain from PRK could regress, and my vision may go partially back to the level it was immediately prior to having the procedure.

11. The correction from PRK may not be perfect. 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 may need glasses to refine my vision for some purposes after some point in my life, and that this might occur soon after surgery or years later.

12. I may be given medication in conjunction with the procedure. I must have someone take me to and from my surgery. I may not drive following the procedure until my doctor says I can.

13. If I currently need reading glasses, I will still likely need reading glasses after PRK.

Initials________
14. If residual refractive errors exist after surgery or if there is regression, enhancement surgery can be performed once vision is stable UNLESS it is unwise or unsafe. Enhancement surgeries are generally performed no sooner than three months after the first surgery. An assessment will be made by my surgeon at which time the risks, benefits, and alternatives of an enhancement will be discussed.

15. As with all types of surgery, there is a possibility of complications due to anesthesia, drug reactions, or other factors, which may involve other parts of my body. Since it is impossible to state every complication that may occur from this surgery, this list of complications may not be complete.

16. I understand that I should plan to have surgery performed on my eyes on separate days.

Post-Operative visits included with PRK
Visits-Post operative care up to one year after your surgery date is included in the cost of your PRK. Medical Conditions not related to your PRK are not included in this post-operative period and may have an additional charge to you or your insurance company. We are happy to file your insurance company for these medical conditions. Plug insertions due to dry eyes is considered a medical condition and is not included in your post-operative visits.

Enhancement Cost
The cost of an enhancement is not included in the cost of PRK surgery. There is a nominal charge for this procedure that is due at the time of enhancement.

Initials:________
Photorefractive Keratectomy (PRK) Consent Form

PATIENT'S STATEMENT OF ACCEPTANCE AND UNDERSTANDING

I fully understand the risks, benefits, and alternatives of the procedure known as PRK that have been explained to me by my ophthalmologist and through my reading of the handout entitled PRK Information. I understand that I will not be able to drive the day of the procedure and must have someone drive me home. I further understand that I cannot drive during day or night until I am cleared by my ophthalmologist to do so. I have been given an opportunity to ask questions and my ophthalmologist has answered all my questions to my satisfaction. I give permission for my ophthalmologist to record on video or photographic equipment my procedure for purposes of education, research, or training of other health care professionals. I also give permission for my ophthalmologist 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 or the Center where my PRK procedure will be performed. I understand that the practice of medicine is not an exact science and that no guarantee has been made to me as to the results of the procedure. I understand that complications may occur known or unknown. Despite these risks of both known and unknown complications, I agree and give my consent for PRK to be performed on my eyes as indicated below by Dr. Kloess or Dr. Velazquez.

**Right Eye**

______________________________      ___________________________           _______________
Printed Name of Patient        Signature of Patient         Date

_______________________________        ___________________________            __________________
Printed Name of Witness        Signature of Witness          Date

**Left Eye**

_______________________________      ___________________________      __________________
Printed Name of Patient        Signature of Patient         Date

_______________________________        ___________________________            _________________
Printed Name of Witness        Signature of Witness          Date

Price M. Kloess, M.D. / Andrew J. Velazquez, M.D.

Physician Signature:  _______________________________________         Date:  __________________

LM 10-2006/8-2013