

Surgical Information Package

LASIK

» LASER IN-SITU
KERATOMILEUSIS

PRK

» PHOTOREFRACTIVE
KERATECTOMY

Wavefront

» WAVEFRONT-GUIDED
TREATMENT

LASIK eye centres

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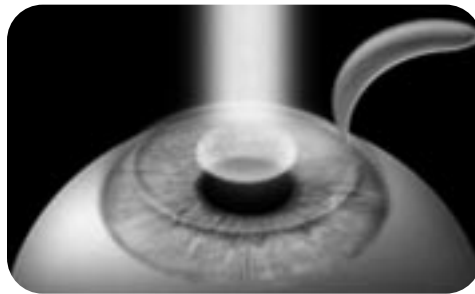
A. Introduction

» LASIK Eye Centres provides this package of information to you to assist you in making an informed decision about whether to undergo laser refractive surgery.

» LASER IN-SITU KERATOMILEUSIS

» LASER IN-SITU KERATOMILEUSIS - ("LASIK")

LASIK is a form of outpatient corneal surgery in which, under local anesthesia, a surgeon uses a specialized and precise flap-making instrument, called a microkeratome, to create a thin flap of corneal tissue. This flap is raised and laid back while still attached to the cornea. The surgeon then uses an excimer laser to remove a pre-determined amount of corneal tissue from the exposed bed of the cornea. The amount of tissue to be removed is calculated based on the pre-operative determination of the power of your eye; these measurements are usually in agreement with recent prescriptions for your glasses and/or contact lenses. The flap is replaced and within minutes natural forces hold the flap down on the cornea. Usually, within a few hours, the surface epithelium ("skin") of the cornea begins to grow over the cut edge of the flap to seal it into position. LASIK can be used to correct nearsightedness (myopia), farsightedness (hyperopia), and astigmatism.

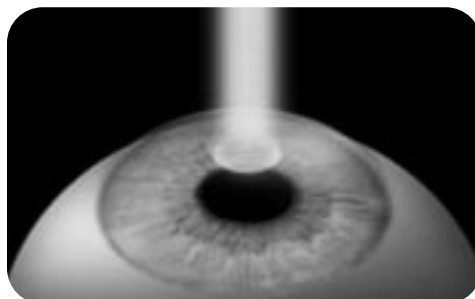


OR

» PHOTOREFRACTIVE KERATECTOMY

» PHOTOREFRACTIVE KERATECTOMY - ("PRK")

PRK is a form of outpatient corneal surgery in which a surgeon removes the front surface of the cornea called the epithelium, and then reshapes the corneal bed with the laser in the same way as LASIK. After the procedure you will wear a soft contact lens (bandage lens) until the epithelial layer regenerates. Healing responses vary from patient to patient. This technique is usually used for people whose cornea may be too thin to allow for the creation of the corneal flap required for LASIK. PRK can be used to correct nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. Variations on PRK include LASEK (laser epithelial keratomileusis) and 'touch-less' laser eye treatment.



PLUS

» **WAVEFRONT-GUIDED
TREATMENT**

» **WAVEFRONT-GUIDED TREATMENT - ("Wavefront Treatment")**

As technology advances, additional treatment options become available to patients. One such procedure is wavefront treatment (also referred to as "custom ablation" or "custom treatment").

Eyeglasses and contact lenses address what's known as 'low-order aberrations', of which nearsightedness, farsightedness, and astigmatism are symptoms. Wavefront treatment corrects additional visual imperfections called 'high-order aberrations' (e.g., halos, spikes, starbursts, some night vision problems, etc.), improving visual acuity and visual quality beyond that which is possible with eyeglasses or contact lenses, or other, less evolved laser eye treatments. These high-order aberrations are mapped, and a customized laser treatment plan is developed to correct them.

Wavefront treatment involves creating a sophisticated corneal map of the eye and then combining that with an analysis of the visual system of the eye using a Wavefront analyzer, or aberrometer, which studies the way the eye bends light rays, improving visual quality potential. A precise measurement of all the aberrations of the eye provides a broader treatment range and allows patients to be treated that might have otherwise been ineligible. The entire visual system is analyzed, from the corneal surface through the crystalline lens of the eye, all the way to the retina, which is at the back of the eye. This combined analysis is then applied directly to the cornea via laser treatment.

These steps represent a far more detailed assessment and treatment of the visual system than available previously, whereby visual imperfections are virtually eliminated. Wavefront treatment can be done in conjunction with either LASIK or PRK, allowing one the opportunity to potentially see 20/20 or even better.

» **LASIK or PRK, plus
WAVEFRONT TREATMENT**
are referred to collectively as the
PROCEDURE in the following
materials.

This material describes:

- (i) the nature of the Procedure;
- (ii) the risks, benefits, and potential complications of the Procedure; and
- (iii) alternative treatments.

Please read this material carefully

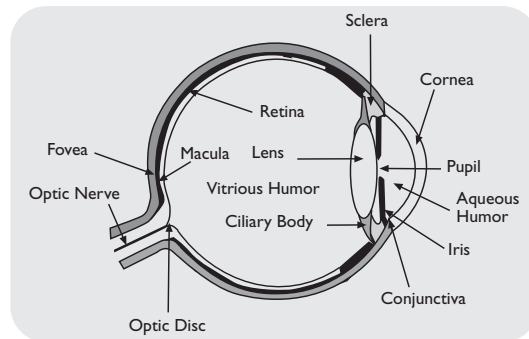
This material is in addition to, but does not replace, your discussions with your surgeon and the optometrist. We encourage you to ask questions of and discuss the Procedure with your surgeon and optometrist before you decide to have the Procedure.

This is a living document. Refractive surgery is a rapidly changing field, and our processes continue to improve based on technological and methodological advances. Changes and updates to this document will be made as technology evolves—this ongoing process will continue as new segments are drafted and approved.

B. How the Eye Works

» LASIK and PRK are performed on the cornea.

The globe of the eye possesses a transparent wall at the front called the cornea. The cornea acts as the major focusing lens of the eye. The cornea itself consists 90% of tissue called the stroma, with an overlying skin called the epithelium. Removal of stromal tissue from the cornea does not usually lead to regeneration of stromal tissue. Removal of epithelial tissue (the "skin") does lead to regrowth of epithelium. Therefore, removal of stromal tissue can produce permanent recontouring of the cornea, thereby changing its focusing power:



C. Elective Surgery

» LASIK and PRK are elective surgical procedures.

» There is no medical condition or emergency condition requiring that you have LASIK or PRK. They do not correct all levels of refractive error and are not for everyone. We cannot guarantee that LASIK or PRK will improve your vision, or that it will eliminate your need for glasses or contact lenses. After the Procedure, you may still need glasses or contact lenses for some purposes, either immediately after the Procedure or years later. It is not realistic to expect that the Procedure will always result in perfect vision. It is also remotely possible that your vision will not remain stable, either because the Procedure leads to short-term and long-term changes in the cornea or because your eye may change over time.

D. Who is Eligible for Procedure?

Who is Not Eligible?

» To be eligible for LASIK or PRK you must be 18 years of age or older and not have had a significant change in your glasses or contact lens prescription for the last twelve (12) months.

» Certain conditions may interfere with the healing process or cause additional problems, risks or complications, which may require additional care or may make you a questionable candidate for the Procedure. Those conditions include, but are not limited to:

- a. Eye inflammation or infection;
- b. Severely dry eyes;
- c. Excessive corneal disease or scarring;
- d. Degenerative disease of the cornea;
- e. Uncontrolled diabetes;
- f. Use of certain drugs;
- g. Pregnancy and nursing mothers;
- h. Inadequate corneal tissue;
- i. Certain rheumatological conditions (e.g., lupus, rheumatoid arthritis)

» If you have or have been advised that you may have any of these conditions, you should discuss them thoroughly with your optometrist and your surgeon.

E. Financial Responsibility

» Patient financing is available

» Medicare and health insurance organizations do not pay for LASIK or for PRK. Neither do most insurance companies. The Centre charges a single combined fee for its services and the fees of your surgeon and your optometrist if required (the "Centre Fee"). Patient financing is available, if required.

The Centre Fee covers certain pre- and post-operative services. Post-operative services include a 24-hour check and assessments at one week, one month and three months. The Centre Fee does not cover the cost of glasses or contact lenses, the cost of plugs, or the cost of certain medications. You will be responsible for paying the Centre Fee before services are provided. If you book and then cancel your Procedure, a portion of the Centre Fee is refundable. If you decide to obtain some of your post-operative care elsewhere, you will not receive a partial refund of your Centre Fee, and you will be responsible for arranging and paying the costs of that post-operative care.

LASIK Eye Centres has a number of co-managing Optometric Physicians that provide pre- and/or post-operative care for a standard fee, which may be deducted from the Centre Fee, upon arrangement prior to the Procedure.

F. Role of the Surgeon (MD), Role of the Optometrist (OD)

» Your surgeon (ophthalmologist) and your optometrist are trained health care professionals experienced in the pre-operative, operative and post-operative management of LASIK and PRK. The Clinical Assistants are extensively trained in the diagnosis and treatment of refractive eye problems, and/or ophthalmic medical assistance, and act under the supervision of the ophthalmologist.

Surgeon

» Your refractive surgeon has a Medical Doctorate degree and four years' post-graduate medical training, specializing in ophthalmology. Additionally, your surgeon is highly experienced in the medical and surgical management of refractive errors and eye diseases.

Optometrist

» Your optometrist has attended four years of optometry school and has attained a Doctor of Optometry degree, is highly trained in diagnosing and treating refractive errors by non-surgical means, and has experience in providing pre and post operative care for LASIK and for PRK. Your optometrist may be able to assume responsibility for your care as early as the week following surgery. Your optometrist will communicate closely with your surgeon to ensure the best possible surgical result.

G. Informed Consent

» You have the right to consent to or to refuse any treatment or procedure at any time prior to its performance. Consent is a process that involves many steps and the patient, Centre staff, and surgeon have important roles to play. **Please ensure that your questions are answered and your concerns are addressed.**

1. Counsellor

Before your surgery, a Centre staff member will ensure that you have received and read a copy of the Surgical Information Package and the Consent Form(s). You should review them thoroughly, and the Counsellor will address any questions that you have, review the Consent Form(s) with you, and complete much of the information on the Form(s) in preparation for the surgeon's signing and witnessing your signature.

2. Optometrist

During your pre-operative evaluation, an optometrist will examine your eyes to determine if you are a candidate for LASIK or for PRK according to criteria that are set by the surgeon. An optometrist will provide you with an explanation of the Procedure, the risks, complications, expected benefits, the alternatives (if any), and any particular conditions that might affect your decision to undergo the Procedure.

3. Surgeon

To assist you in making an informed decision, your surgeon will provide you with a description of the Procedure, the risks, complications and expected benefits, and the alternatives. This information must be provided in language and terms that you understand; therefore, you must ensure that your surgeon is aware if you have unanswered questions or if you do not understand any topic. Your surgeon will also provide you with a specific post-operative plan, to which you will also need to consent. Your surgeon does not have to explain risks that are commonly understood, extremely remote, or those that your surgeon does not know about, even if those become known at a later time. However, your surgeon must provide you with information that would be material for a reasonable person in your position to use in deciding whether or not to undergo the Procedure.

4. Research

In the event that your surgeon is conducting a research study that involves LASIK or PRK, there are two options for prospective patients.

First, you could decline to enter the study and have LASIK or PRK performed in the standard fashion according to LASIK Eye Centres policy.

Second, you could consent to enter the study after discussion of all risks, benefits and treatment alternatives.

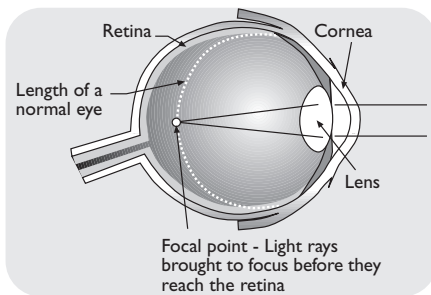
5. Patient Consent Form

If, after reading this material and speaking with the counsellor, optometrist, eye care professional, and your surgeon, you decide to undergo the Procedure, you will need to sign the Patient Consent Form(s), indicating that you have been advised of the nature of the Procedure, its risks, benefits and alternatives, and that you are making an informed decision to undergo the Procedure. You can request a copy of your Consent Form(s).

H. Refractive Errors

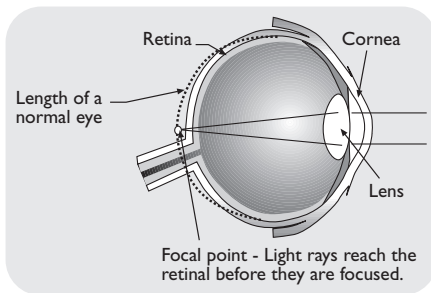
» Understanding how the eye works

» In order to decide whether to undergo the Procedure, it is helpful to understand how the eye works. The eye is like a camera. The cornea is the clear, dome-shaped window that forms the front wall of the eye. The retina is the light-sensitive tissue in the back of the eye that connects to the brain. The retina acts like the film in a camera. The cornea at the front of the eye acts as a lens that focuses light onto the retina, producing an image on the retina that gets transmitted to the brain and interpreted as vision. The curve of the cornea determines the power of the corneal lens and whether the incoming light rays from distant objects focus directly onto the retina. When light does not focus directly on the retina, the eye has a refractive error. This means that with the appropriate "refractive correction" lenses, incoming light rays become focused onto the retina, producing clear vision.



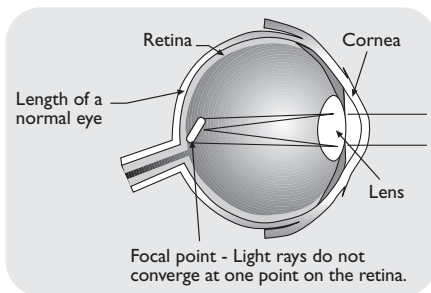
1. Myopia/Nearsightedness

In the normal eye, the cornea focuses light rays directly on the retina, resulting in clear vision without glasses or contact lenses. In **myopia**, or **nearsightedness**, the eye is longer than normal. The light rays come together at a point in front of the retina, and are out of focus on the retina. Distant objects are blurred, while nearby objects can be clear.



2. Hyperopia/Farsightedness

In **hyperopia**, or **farsightedness**, the eye is shorter than normal. The light rays come together at a point behind the retina, and are therefore out of focus on the retina. Nearby objects can appear blurry, while distant objects are clearer. Very farsighted patients will report that even distant objects appear blurry.



3. Astigmatism

In the normal eye, the cornea is curved the same in the horizontal and vertical directions, like a baseball. When the light rays hit the cornea, they focus at a single point. In **astigmatism**, the curve of the cornea is not the same in the horizontal and vertical directions. The cornea looks like a football, with a steep curve on one side and a flat surface on the other. As a result, light rays entering the cornea do not focus at a single point, causing distorted vision. Many people with myopia or hyperopia have some degree of astigmatism.

In all of these conditions, the person needs some type of corrective lens, such as glasses or contact lenses to focus the light properly. LASIK and PRK are used to change the shape and curve of the cornea in order to correct or reduce these types of refractive errors.

I. Description of the Procedure

» The procedure is performed on an outpatient basis at the Centre

» You will be able to go home after the Procedure, but **you will need to arrange for someone to drive you home** and bring you back the next day for a follow-up visit. The Procedure generally requires twenty (20) minutes of operating room time, but the actual duration of the Procedure may vary according to the type and amount of correction needed.

A mild sedative, such as Valium or Ativan, may be taken to help you relax. You will be given eye drops to numb your eyes. During the Procedure, you will be lying on the laser bed or reclining chair and your eyelids will be held open with a device called a lid speculum. You will be asked to focus on a special fixation light in a microscope.

» LASIK

Looking through a microscope, your surgeon will use an instrument, called a microkeratome, to create a flap of tissue in the cornea. This flap is then lifted up like the page of a book to expose the tissue just below the cornea's surface.

Next, looking through the microscope, your surgeon uses a device called an excimer laser to reshape the cornea by removing an ultra-thin amount of the exposed tissue of the cornea. A computer inside the excimer laser is used to control how much corneal tissue is removed. Your surgeon then replaces the flap over the cornea.

No stitches (sutures) are generally required to keep the corneal flap in place. A scar gradually develops around the edge of the flap increasing the flap adhesion further (note that the scar is located well away from the centre of your vision).

You must wear protective shields or eye patches for the first several nights to prevent rubbing your eyes, and you will be required to use eye drops on a regular basis for a few weeks after the Procedure. You may need to use lubrication eye drops for several months after the Procedure. In very rare circumstances you may need to wear a special contact lens on a temporary basis after the Procedure. Generally your vision will be stable in a matter of weeks.

» PRK

The PRK technique is used for people whose cornea may be too thin to allow for the creation of the corneal flap required for the LASIK procedure. During PRK a small area on the corneal outer surface is gently polished away. The laser reshapes the corneal surface in exactly the same way as for the LASIK procedure.

After the Procedure, your surgeon will place a soft contact lens on the cornea to protect the eye and reduce discomfort while healing. Until the contact lens is removed, your vision will be blurred. The blurriness may go away within a short time or your vision may be that way for a number of months. You will be required to use medicated and lubricating eye drops to assist the healing process. It will generally take a few weeks for your vision to stabilize.

For the first few days after either Procedure, you may experience discomfort,

ranging from scratchiness, to actual pain. During this time, your vision may be blurry and/or may fluctuate between being clear and being blurry. In some cases, a patient's vision improves immediately after the Procedure, but later becomes blurry. These conditions affect patients differently. While they may not bother certain patients, other patients may not be able to tolerate the discomfort or lack of visual acuity, even on a temporary basis.

The final outcomes of PRK and LASIK are identical; the difference is the healing time.

» Wavefront treatment is performed in the same session as your LASIK or PRK treatment, using the same excimer laser.

» Wavefront Treatment

This is an additional treatment that can be performed in conjunction with either LASIK or PRK. Data for this customized treatment is gathered during using the Wavefront Analyzer during your pre-operative exam, by scanning the entire visual system of the eye.

You should not drive for at least twenty-four (24) hours after your Procedure, and in no event should you drive until your vision is clear.

You may need glasses or other corrective lenses after the Procedure on a temporary or permanent basis. **LASIK or PRK will not prevent, and may unmask, the need for reading glasses, particularly for patients over forty (40) years of age.**

You will be asked to consent to having the Procedure recorded, video taped and/or photographed. The Procedure may be video taped for clinical purposes and may also be photographed for research and academic purposes. These recordings are not available for patient use or reproduction. The Procedure can be performed without being recorded.

J. Risks

» All surgical procedures, including LASIK, PRK, and Wavefront treatment, involve risks.

» All surgical procedures, including LASIK and PRK, involve risks of unsuccessful results, complications, infection, serious injury, or even death, from known and unforeseen causes. Neither your surgeon, nor your optometrist, nor the Centre nor its staff, can promise or guarantee that the Procedure will be effective or make your vision better than it was before the Procedure.

It is possible that the Procedure or a complication arising from the Procedure could make your vision worse or could injure your cornea or your retina, which could result in partial or total blindness, or could require a cornea transplant. Certain inflammatory conditions can cause severe post-operative complications such as cornea or flap inflammation, or thinning of the corneal flap, which could result in permanent loss of vision. In addition, because the Procedure is fairly new, very little is known about the long-term effects of the Procedure. During your pre-operative examination, the likely outcomes (e.g. uncorrected vision) will be conveyed to you based on the level of your particular refractive error. Although it is not possible to list every **potential risk or complication** that may result from the Procedure, many of them are described following.

1. Halos/Starbursts

Some patients do not see as clearly at night or in dim light and may notice an optical effect called a "halo" or a "starburst" around lights and illuminated objects after the Procedure. Patients who notice these effects may need to wear glasses to drive at night. These effects are for the most part temporary, but could be permanent and uncorrectable. Further, these conditions are more likely to occur in patients with high levels of nearsightedness or farsightedness and for patients with larger-than-average pupil size.

2. Equipment Malfunction

The microkeratome and excimer laser are maintained according to manufacturer specifications. Despite this maintenance, the microkeratome or the excimer laser could malfunction, requiring the Procedure to be stopped before completion. In some instances, this could result in a loss of vision, or rescheduling of the Procedure.

3. Under-correction or Over-correction

The exact removal of tissue performed by the laser is overridden in some cases by the healing response of the eye. While the treatment of your refractive error is designed to completely neutralize your refractive error (unless otherwise discussed with your surgeon) this treatment is aimed at the "average" eye. If your eye tends to heal in a different way from the "average," your refraction may result in an over- or under-correction of the refractive error. A patient's tolerance for under-correction or over-correction varies. In the majority of instances, the over- or under-correction can be corrected with glasses, contact lenses or additional surgery. In other instances, it can be permanent and not amenable to surgery because of structural stability issues or the presence of an irregular corneal surface.

4. Increased Light Sensitivity of the Eye/Fluctuating Vision

Patients may be extremely sensitive to light and glare or find that their visual acuity fluctuates after the Procedure. These conditions are generally temporary and usually go away within one (1) to three (3) months after the Procedure; however, in some cases they could be permanent.

5. Optical Imbalance

If the surgeon performs the Procedure on each eye on different days, the eyes may not be able to balance and focus properly until the Procedure is performed on both eyes because there will be a power difference between the two eyes.

6. Infection, Hemorrhage, Blockage, Drug Reactions and Other Complications

Other risks include severe infection that cannot be controlled by antibiotics, hemorrhage, corneal swelling, retinal detachment, venous or arterial blockage, cataracts, drug reaction, or other complications. These complications range from minor, temporary problems to major, permanent

conditions, including but not limited to perforation of the cornea, retinal damage, loss of an eye and can cause partial or total blindness.

7. Regression

The cornea is living tissue. Once tissue has been removed from the cornea during the Procedure, the surface epithelium ("skin") can thicken to compensate for the change in shape that has occurred. This happens to a variable degree among treated patients, accounting for the reason why some patients have a stable immediate result (minimal epithelial thickening) and others regress (more significant epithelial thickening). Regression is more likely to occur in very nearsighted patients. In some cases, the patient can have another laser surgery to improve distance vision. In other cases where tissue availability for safe laser retreatment is limited, the regression is corrected with glasses and/or contacts.

8. Increased Pressure in the Eye

The steroid drugs used during the first week after surgery may, on rare occasions, cause increased pressure in the eye. This raised pressure needs to be closely monitored and may require additional topical and/or oral medications if significantly elevated. It is important for you to return to the Centre or your optometrist for scheduled follow-up visits to monitor your eye pressure in order to modify the medication schedule as needed.

9. Fragility on Impact

For at least three (3) months after the Procedure, the eye should be considered fragile to direct trauma. When participating in sports or other activities involving possible contact with the eye during this period, you should wear protective eyewear. In any event, it is advisable to protect your eyes from direct trauma after the Procedure as much as possible.

10. Eyelid Droop

The eyelids have a natural tendency to droop with age. The eyelid speculum that is used in the Procedure may hasten this process.

11. Corneal Ectasia

A certain amount of corneal tissue must remain under the flap after the laser has achieved tissue removal. This is believed to relate to the long-term stability of the cornea. In rare instances, imprecision in the accuracy of the keratome cut, coupled with inaccuracy of the pre-operative corneal thickness evaluation can result in less tissue being left under the flap than intended. This can have two effects: it can either result in bulging of the cornea thus reversing the intended flattening effect of the treatment, or it can lead to progressive deformity of the cornea with thinning and increasing curvature changes, and the cornea can develop an irregular shape. In more severe instances, the condition of progressive deformation is called ectasia and the patient may need a corneal transplant in order to restore his or her vision. The probability of this occurring with currently employed modern technology is thought to be approximately one in 10,000.

12. Faulty or Improperly Created Flap

The corneal flap may be too thin, too thick, uneven, and too short, may wrinkle, become displaced or may not heal properly. This condition could be temporary, requiring that LASIK be postponed until the surgeon can create a new flap, or could cause permanent damage to the cornea. In addition, there is a risk that the "hinge" of the flap may be cut off from the cornea (also known as a "free flap"). In some instances, the surgeon can still perform the laser treatment, reposition the detached flap on the cornea, place a contact lens bandage on the eye to promote healing, but in some instances he or she may choose to wait to perform laser treatment until after the flap heals. If, however, a "free flap" is lost, the patient could experience permanent corneal damage. If the damage or distortion in vision is severe, a partial or complete corneal transplant may be necessary to restore vision.

13. Debris under the Flap or Infection under the Flap

Sometimes after the surgeon creates the flap during LASIK, there may be a small amount of debris or tissue under the flap. Debris can result from the instruments used or consist of tear-film oil or floating material. The surgeon may decide in the immediate post-operative period to irrigate beneath the flap to remove this debris. Small amounts of debris can generally be monitored in the clinic without surgical intervention. In most cases, debris that is left behind is cleared in time by the body's own clearing systems.

Infection, on the surface of, or beneath the flap is a rare event, estimated to occur at a rate of one in 10,000. Infection is managed by starting antibiotic eye drops and in most instances, taking cultures of the cornea. Your surgeon might even need to lift the corneal flap to culture and treat the infection. If the infection results in significant scarring of the cornea, a partial or complete corneal transplant may be necessary to restore vision.

14. Diffuse Lamellar Keratitis or "Sands of the Sahara"

In some cases, patients experience a temporary complication caused by an inflammatory reaction between the flap and the corneal bed of the eye. This condition has been called "Sands of the Sahara" or Diffuse Lamellar Keratitis (also known as "DLK"). The exact cause of this complication has not been determined. Patients with DLK may not show any symptoms at all or may experience blurred vision and tearing, which can last from several days, up to several weeks, which can delay the healing process. DLK can generally be treated with topical or oral steroids, with possible need for surgical intervention (the surgeon irrigates beneath the corneal flap).

15. Epithelial Erosion

The epithelium is the surface layer of cells that protects the cornea as the "skin" over the stromal layer of the cornea. If the epithelium is cut or removed, it generally grows back. In LASIK, the surgeon creates a flap, consisting of epithelium and stroma, and holds the flap back while performing the Procedure. The epithelium in some people is not as well attached to the underlying stroma; such eyes are at increased risk for epithelial scratches or epithelial sliding, especially as the flap-maker is passing over the corneal surface to create the flap. In some cases, we can

identify eyes at risk and advise about the increased risks associated with surgery. There are, however, rare patients where there are no pre-operative clues. In addition, older patients are more likely to have areas of weakened "skin" or slips during flap creation. In such instances, the surgeon places a bandage contact lens over the cornea at the end of the LASIK to assist in healing and to reduce discomfort. Patients who experience an epithelial slide or abrasion or erosion may experience a longer recovery period and may be at risk for complications including infection, inflammation, recurrent erosions, flap wrinkles or epithelial ingrowth. The surgeon may postpone and reschedule LASIK until the eye heals, or he or she may choose to not treat the second eye at the same session following a severe slide or erosion on the first eye.

16. Epithelial Ingrowth

Epithelial ingrowth is a condition in which epithelial cells from the surface of the cornea grow under the edge of the flap. If the cells continue to grow, they can affect the underlying tissue causing astigmatism, flap edge thinning and reduction of vision. This condition is generally treated by medication and observation, although further surgery to remove the epithelial cells from the interface may be necessary.

17. Dry Eyes

Dry eye is a common, but generally temporary, complication arising from LASIK or PRK. This condition can usually be treated with lubricating eye drops and occasionally with temporary inserts or "plugs" that prevent the normal drainage of tears into the nose. Dry eye generally improves within a few months after surgery, but in some instances can continue for longer periods of time, and may require long-term use of lubricant drops and permanent plugs. Patients who have dry eyes prior to LASIK or PRK are likely to experience dry eyes after the Procedure.

18. Vascular Occlusion

When the suction ring is applied to the eye during the flap-making process, the pressure in the eye increases significantly and many patients will notice that the light will dim or go out completely in the eye. When the suction ring is removed, the vision is restored to the eye within a few seconds. There is a remote risk that when the suction ring interrupts the blood supply to the eye, permanent damage to the retina (the film of the eye camera) and loss of vision can result. This possible occurrence has a theoretical probability of less than one in 1,000,000.

19. Microscopic Corneal Surface Irregularities

Microscopic irregularities on the surface of the cornea can cause slight vision loss. One to two percent (1-2%) of patients may lose up to two lines of vision on the eye chart after the Procedure.

20. Excessive Corneal Haze

Although corneal haze is part of the normal healing process, and gradually subsides with little or no permanent effect on vision, if the haze is excessive or does not go away, the patient may need additional treatment.

K. Retreatment

» At LASIK Eye Centres, we experience an overwhelming success rate with our patients in only one refractive treatment.

L. Cataracts, Amblyopia, Strabismus, Presbyopia

21. Elevated IOP (Intraocular Pressure)

Because a steroid drop is used post-operatively to control the healing response, some patients may experience a rise in their intraocular pressure (IOP). You will need to be monitored and may require an additional medication to control the pressure until you have completed your prescribed steroid medication.

» Due to each individual's prescription level and unique physiology, an additional treatment or enhancement, may be required. A patient may be a candidate for a LASIK retreatment or enhancement procedure. Eligibility will be determined by the terms and conditions outlined in the LASIK Eye Centres protocol. The patient must generally wait at least three (3) months after the first LASIK and must have adequate corneal tissue and stable vision, and meet other conditions of the LASIK Eye Centres retreatment protocol. Results cannot be predetermined or guaranteed.

There are currently two methods used for retreatment. One involves re-lifting the flap created from the first surgery and reshaping the underlying corneal tissue. The second involves making a new flap. Both methods involve all the risks of LASIK.

Our goal is to help you achieve a life free from the dependence on glasses or contacts. It should be noted, however, that all patients eventually require the need for reading glasses as part of the unrelated and natural aging process of the eye.

» The Procedure does not correct vision defects that do not arise from refractive errors, such as cataracts, amblyopia, strabismus or presbyopia. Patients with such conditions may be subject to additional risks and additional side effects and should discuss their condition with the surgeon and optometrist before deciding whether to have the Procedure.

1. Cataracts

Cataract is a condition that, if not treated, can cause reduced vision, correctable by cataract surgery. LASIK or PRK will not prevent cataracts, nor will it reverse the effect of a cataract that is beginning to appear.

2. Amblyopia

Amblyopia is a medical condition that develops in early childhood in which a person who has reduced vision in one eye relies on the other eye to focus. LASIK or PRK will not reduce or eliminate amblyopia. It will not improve the vision in the amblyopic eye. If the patient experiences side effects or complications from the Procedure in the eye that is able to focus, he or she could experience a loss of vision because that eye would no longer be able to compensate for the other.

3. Strabismus

Strabismus is an eye disorder caused by a weakness in the eye muscles in

which the eyes may not be aligned properly. LASIK or PRK will not correct, reduce, eliminate or prevent strabismus. Patients with strabismus may develop double vision as a result of or as a side effect of the Procedure.

4. Presbyopia

As we age, the crystalline lens of the eye may lose its ability to accommodate to nearby objects. This condition, known as presbyopia, usually begins around the age of 40, and can most often be comfortably corrected through the use of eyeglasses.

M. The Significance to You of a Surgical Complication

» Visual outcome

» The occurrence of a complication may or may not lead to a poor visual outcome. However, in the event a complication does occur, and it leads to an unsatisfactory visual outcome, this would mean that your vision could be blurred, doubled, distorted, or have halos or other disturbances, and these would NOT be correctable with glasses or contact lenses. In the event this should happen, your surgeon will discuss and offer you advice on further treatment, which may involve medications or more surgery. If the outcome cannot be corrected by medications or more external surface corneal surgery, the only way of restoring the vision may be a corneal transplant. It is believed that with current techniques and technology, the combined risk of all causes of a corneal transplant being necessary is approximately one in 10,000 or less.

N. Alternatives

» Other methods of correcting vision include eyeglasses and contact lenses.

» Eyeglasses are safe, relatively inexpensive and most people can wear them reasonably well. However, depending on the nature of the correction, the lenses may be thick, and may reduce or increase the size of the visual image.

Contact lenses are another non-surgical alternative. Contact lenses come in a variety of materials, and comfort, effectiveness, and ease of use varies. Since contact lenses rest directly on the cornea, not everyone is able to tolerate them. If fitted and used properly, contact lenses are effective, relatively safe and easy to use. Complications arising from the use of contact lenses include allergic reactions, infections, scratches, ulcers, or other injuries to the cornea.

For those persons with mild myopia (four diopters or less), Intacs™ might be a possible alternative. Intacs™ are surgically implanted plastic half rings that change the shape of the cornea. Intacs™ can be removed at a later date if so desired. Complications from Intacs™ may include difficulty with night vision, glare, halos, blurry or double vision and fluctuating distance vision. The FDA-approved labeling of Intacs™ indicates that up to 7% of these devices were removed for complications during the FDA phase III clinical trials.

» RK is seldom performed

» ALK is a procedure that existed before LASIK, and is now not performed at all.

Other methods of refractive surgery available include Radial Keratotomy (RK) and Automated Lamellar Keratoplasty (ALK).

RK is seldom performed at the time of writing (2003) because the excimer laser can achieve the same effect as the incisions without the need for placing incisions, which effectively lead to a weakening of the structure of the cornea to achieve the refractive surgical effect.

O. Patient Process and Procedure

»Prior to your pre-operative assessment day

- You may have a Pre-operative Evaluation done with your own eye care professional but you are responsible for their fee.
- If you are having a Pre-operative Evaluation done with your own doctor, you are still required to have Pre-operative Diagnostic Assessment at our clinic on or before your surgery date. We are unable to confirm your candidacy for LASIK or PRK until our tests are completed.
- Please arrange alternative transportation for after your Pre-operative Diagnostic Assessment as your vision will be blurred and you will have difficulty reading and driving.
- In consideration of others and to ensure your visit is as comfortable as possible, please do not bring children with you to the clinic. The duration of your visit will be approximately 2 hours.
- LASIK Eye Centres will not be held responsible for any costs incurred for travel and/or accommodation, lost employment income or any additional expenses incurred due to the patient being deemed a non-candidate, requiring re-treatments, re-scheduling, or delays.

»Prior to your surgery day

- If you choose to have post-operative care with your own eye care professional, please discuss your appointments prior to your surgery date. Follow-up visits with your eye care professional must take place at 1 week, 1 month and 3 months following LASIK, with additional visits required for PRK.
- Please be prepared to give LASIK Eye Centres, the name of your own eye care professional responsible for follow-up.
- Please arrange alternative transportation for after your surgery.
- Depending upon your occupation, you may need to arrange to be away from work for up to 4 days following your surgery.
- There are generally no restrictions on eating or taking medications before or on your surgery day, however, please advise us of any medications you are taking.
- You will not be driving long distances for approximately 3 days after LASIK and 7 days after PRK.
- Travel and accommodation are your responsibilities, however, our Call Centre will be happy to provide you with referrals.
- If traveling from outside Canada, please remember proper identification, particularly your passport. You will require two pieces of official identification: your passport, plus your birth certificate, certificate of citizenship, or

naturalization certificate. It is also advisable to bring additional official picture ID, such as a Driver's License.

Laser vision correction is a medical procedure and, as such, you might be required to extend your stay due to the healing process of your eyes. Any additional travel and/or accommodation fees will not be the responsibility of LASIK Eye Centres.

Please remove all eye makeup a minimum of 3 days prior to surgery. For your own safety, surgery will be cancelled if makeup is present.

Please review the consent form as this is to be signed on the day of your surgery.

»The day of surgery

Please note that you might feel nervous, anxious or excited prior to your procedure. This is a completely natural, normal response.

Please refrain from wearing perfume or cologne on your surgery date. Please do not use any hair products that contain alcohol such as hair spray or mousse.

Please pre-arrange alternate transportation for after your surgery.

Please be aware that after your surgery your eyes will be irritated and light sensitive. This usually dissipates within 24 hours after surgery.

We recommend avoiding alcohol 24 hours prior to and 48 hours after your surgery, as this tends to dehydrate the tissues.

Wear comfortable clothing on your surgery day. Avoid clothing such as wool that may generate lint in the surgical suite.

In consideration of others, and to ensure your visit is as comfortable as possible, please do not bring children with you to the clinic. The duration of your visit will be approximately 2 hours.

» After surgery

Please be advised that your follow-up care is as important as the actual procedure.

Wear the sunglasses provided. Most other varieties do not provide adequate protection.

You are required to return to our clinic within 24 hours after your surgery for your first mandatory post-operative appointment. Your appointment time will be given to you immediately after your surgery.

Following your 24-hour visit there are 3 additional, mandatory visits required

(5 for PRK). Should you choose your own eye care professional to provide the follow-up care, post-operative examinations are required at 1 week, 1 month and 3 months from the surgery date for LASIK, with additional appointments at 6 months and 1 year for PRK.

If you choose to use your own eye care professional, your doctor will require pre- and post-operative forms. After your 24-hour post-operative appointment you will receive, via fax or mail or in person, your refractive surgical report and post-op form for your own eye care doctor.

Each post-operative appointment in our clinic takes approximately 15 minutes; it helps us to evaluate the healing process of your eyes and to guard against infection.

» Activity restrictions

Please refer to activity schedule provided.

» Contact lenses can warp the corneal surface

Contact Lenses

Contact lenses can "warp" the corneal surface, which changes the corneal curvature and leads to a measurement of your refraction that is not representative of your true refraction. In order to properly calculate the treatment to correct your refractive error, you will have to stop wearing contact lenses at some stage prior to surgery. The time interval that you must go without wearing contact lenses depends on the type of lens that you use and the length of time you have used them.

1. Soft contact lenses may not be worn for at least one (1) week prior to the pre-operative exam. Soft contact lenses may not be worn for at least one (1) week prior to the Procedure.

2. Soft toric lenses may not be worn for at least one (1) week prior to the pre-operative exam. Soft toric lenses may not be worn for at least one (1) week prior to the Procedure.

3. Gas permeable lenses may not be worn for at least four (4) weeks prior to the pre-operative exam (or 8 weeks if you have worn them for more than 20 years or 12 weeks if you have worn them for more than 30 years). Gas permeable lenses may not be worn for at least six (6) weeks prior to the Procedure.

4. True hard lenses (PMMA) may not be worn for at least twelve (12) weeks prior to the pre-operative exam. True hard lenses (PMMA) may not be worn for at least twelve (12) weeks prior to the Procedure.

Exceptions to the above rules exist and you can discuss these with your eye physician.

If you fail to follow this advice, you will increase the risk of complications and also reduce the effectiveness of the Procedure.

P. Directions

» Suite 101,
1281 West Georgia Street
Vancouver, BC
Canada



From the United States

Take the I-5 to Peace Arch Crossing, the I-5 becomes #99 in Canada
Travel North on #99 and cross over the Oak Street Bridge
Continue North on Oak Street to West Broadway and turn left
Travel 8 blocks and turn right onto Burrard Street
Take Burrard Street Bridge to downtown Vancouver
Turn left on Georgia Street (no left turns after 3:00 pm)
Our office is just past Bute Street, and just before Jervis Street on the right hand side.

» Metered parking is available, but please be aware of parking restrictions.



Q. Booking your own Accommodation?

» The hotels listed below will provide preferred rates to LASIK Eye Centres patients.

HOTELS:

Pacific Palisades Hotel

1277 Robson Street, Vancouver, BC
1-800-663-1815
www.pacificpalisadeshotel.com

Best Western Sands by the Sea

1755 Davie Street, Vancouver, BC
1-800-663-9400
www.bestwesternsandshotelvancouver.com

R. Recommended Activity Schedule

» For Uncomplicated Bilateral Lasik Surgery

Day of surgery

- The day of surgery should be a day of rest.
- Always be very careful about activities where the eye may be poked, rubbed or touched.
- Always avoid rubbing eyes. Rubbing is never a good idea – instead use lubricating drops for irritation.
- Avoid staring without lubricating the eyes.

24 hours after surgery

- Take a bath instead of a shower. Avoid getting soap or water in the eyes.
- Restrict movement to light activities. Work should probably be avoided. Work at home is acceptable.
- Driving short distances after the eye examination is acceptable if adequate vision is confirmed at the post operative evaluation.
- Reading and watching television is acceptable as long as adequate eye lubrication is maintained.
- Flying in airplanes is acceptable but keep eyes generously lubricated (every 30 minutes) – airplanes have very dry air.

48 hours after surgery

- Driving can be resumed if adequate vision is confirmed at post-operative evaluation.
- Shower, but continue to avoid any soap or water in the eyes.
- Apply face make-up but not eye make-up.
- Do office work.
- Use computers, but it is very important to keep eyes well lubricated.

Day 3 activities

- Exercise without risk to the eyes, eg., treadmill, stairclimber, stationary bike
- Sexual activity (avoid touching near the eyes)
- Playing with children (be careful)
- Drinking alcohol

Day 7 activities

- Applying eye make-up (avoid touching the eye)
- Jogging outdoors
- Rollerblading
- Relaxed bicycling, no mountain biking
- Playing golf
- Lifting weights

Activities for 1 month after surgery (maintain eye protection for 6 months following surgery)

- Racquet sports – squash, racquetball, badminton (always wear eye protection)
- Swimming
- Scuba diving, snorkeling
- Sailing
- Sun tanning
- Motorcycling, dirt biking, mountain biking
- Parachuting
- Baseball, basketball, football, soccer, hockey
- Skiing

Activities for 3 months after surgery (maintain eye protection for 6 months following surgery)

Proceed with caution as these activities have a high risk of water being forced into the eyes.

- Water skiing
- Wind surfing
- Kayaking
- Surfing