

## PRK - ADVANCED SURFACE ABLATION

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

Please Initial One  
\_\_\_\_\_ I have watched the  
video on my email.

\_\_\_\_\_ I have watched the  
video on the website

1. I understand that I am having an advanced surface procedure because of occupational reasons or because my cornea is too thin, or has an abnormal configuration as demonstrated by the corneal maps, such that it would not be safe to perform LASIK. I am aware that there are risks inherent in the advanced surface procedures and that no procedure is without risk, especially in patients with thinner or unusually shaped corneas.

2. I understand that the realistic expectations for results, as well as many of the risks and complications inherent in PRK are the same as in LASIK. I understand that I will potentially need post-operative glasses or contact lenses in order to “fine tune” the vision if an enhancement is not possible. I will need reading glasses if I am in my mid-40s or older and I do not elect to have monovision. I may possibly need night driving glasses if I elect to have monovision.

3. I realize that unlike the LASIK procedure, PRK does not incorporate a corneal flap. The advantage to this is that there can be no intra-operative or post-operative flap complications. However, the disadvantage of not having a flap is that it can take up to a month or more for the surface to heal and for the vision to become clear. Although it is ultimately the patient’s decision, this is why we tend to perform surgery on only one eye at a time.

4. I am aware that PRK entails removing the surface cells (epithelium) of my cornea, applying the laser to the surface of the cornea, and then placing a soft contact lens on the eye for about a week following the surgery. Because I do not have a flap, during the early postoperative period (the first week), I will experience discomfort in the eye in the form of a foreign body sensation and/or aching in and around the eye.

5. Like LASIK, if the eye is overcorrected, undercorrected, or astigmatism is induced where no astigmatism existed before, I understand that I may need a touchup or enhancement procedure. In almost every case, this will entail performing PRK again. However, unlike LASIK which can be enhanced at 3-4 months after the initial procedure, to accurately enhance the eye following PRK, we generally have to wait 8-10 months. In this way, we can be assured that the eye measurements are stable enough to enhance with the maximum degree of accuracy.

6. Like LASIK, I understand that following PRK, I have the chance of experiencing glare, halos, star bursts at night, and/or decreased ability to discern subtle shades of gray (decreased contrast), especially at night. I understand that the probability of developing these annoying side effects is less with a wavefront procedure, but even with the wavefront ablation, the probability of experiencing these side effects is not zero.

7. Unlike LASIK, I understand that scarring of the surface of the cornea is possible following any of the surface procedures. This is especially true with the higher amounts of nearsightedness (-6.00 diopters and above). Accordingly, I understand that Dr. Mandel uses a medicine known as Mitomycin-C which is applied to the surface of my cornea at the time of surgery. Although Mitomycin-C is an FDA approved drug, I understand that this is an “off label” use of Mitomycin-C. This means that it is not FDA approved for this application. I realize that there is the potential for complications as a result of the use of Mitomycin-C, but that to date there are no known reports of complications using Mitomycin-C associated PRK. However, even with Mitomycin-C, scarring can occur. Scarring may result in the need for further surgery and may result in permanent loss of vision.

8. I understand that, like any surgical procedure, infection is possible following PRK. If this occurs, the infection will be treated vigorously with antibiotic drops. However, even with intense treatment, a corneal infection can result in severe corneal scarring which significantly limits vision, necessitating the use of a hard contact lens or even a corneal transplant in order to achieve acceptable vision. In some very rare cases, the infection can be so severe as to cause permanent uncorrectable loss of vision in the eye.

9. Except for occupational reasons, I am having PRK because it was determined that my cornea was either too thin or the configuration of my cornea was too abnormal to safely undergo the LASIK procedure. The reason why the LASIK procedure is unsafe in thin or abnormally configured corneas is because of the risk of developing progressive thinning and protrusion of the cornea known as ectasia or keratoconus.

I may in fact have the potential to develop ectasia or keratoconus even with no laser intervention based on the fact that my cornea is thin and/or abnormally shaped. I understand that even PRK may hasten the development of ectasia or even precipitate the development of ectasia. Although this is much less likely than if I were to have the LASIK procedure, the probability of developing ectasia is not zero even with the advanced surface procedures. If ectasia occurs following the advanced surface procedure, then I am aware that I will be obligated to use a hard contact lens, have corneal crosslinking with or without Intacts, or undergo a corneal transplant operation in order to see well.

**I have watched Dr. Mandel’s, web presentation, which reviews the realistic expectations, limitations, side effects and the risks and complications of PRK. I have also reviewed the LASIK section. I have read this outline along with the video. I was given a copy of this outline to keep for my records.**

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PATIENT SIGNATURE

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DATE

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