1. **Introduction**
   1.1. Laser In-Situ Keratomileusis (LASIK) is currently the commonest procedure for correcting nearsightedness, farsightedness and astigmatism.
   1.2. It is a kind of laser that used to reshape the cornea in order to improve the eye to focus light rays onto the retina. The goal of the LASIK is to negate the need of glasses or contact lens.
   1.3. Presbyopia cannot be treated by the surgery, reading glasses are still needed after the operation.
   1.4. This procedure is contraindicated for:
       1.4.1. Developing eyeballs
       1.4.2. Progressing myopia
       1.4.3. Keratoconus
       1.4.4. Eye infection
       1.4.5. Severe dry eye
       1.4.6. Immunological diseases
       1.4.7. Pregnancy and lactation

2. **Procedural Preparation**
   2.1. Perform pre-operative eye screening.
   2.2. The reason of operation, procedure and possible complications will be explained by the doctor and consent form will be signed before operation.
   2.3. Contact lenses wearers must stop wearing lenses prior to the surgery
       2.3.1. Soft lenses: stop wearing for 1 week
       2.3.2. Soft toric lenses: stop wearing for 2 weeks
       2.3.3. Rigid gas-permeable or hard lenses: stop wearing for 3 weeks
   2.4. On the day of surgery, eating and taking medication as usual are allowed.
   2.5. Stop using eye cosmetics, eye care products, and volatile substances like perfume, cologne and hair spray, etc. on the day of surgery.
   2.6. Wash hair before operation is advised as it will not be allowed for 1 to 2 days after the surgery.
   2.7. Accompanied by a relative or friend when leaving hospital is recommended.

3. **Procedure**
   3.1. During LASIK, the ophthalmologist will use a femtosecond laser or a very thin blade to create a thin flap in the cornea and then fold back the flap.
   3.2. Excimer laser will be applied to ablate and remove a very specific amount of corneal tissue. The flap is then laid back into original position where it heals in place.
   3.3. In general, in the first 24 hours after LASIK, over 80% of vision can be regained; by one week, over 90% can be achieved; by one month 90-95%; complete or near-complete recovery is expected only after 3 to 6 months.
   3.4. The eyes may become red and swollen after surgery; these will take about a week or two to resolve. The white of the eyes can become particularly red in some patients, requiring a few weeks to resolve.
4. **Recovery Phase**
   4.1. On the post-operative day:
      4.1.1. Do not remove the eye shield
      4.1.2. Do not rub the eyes
      4.1.3. Do not use any eye drops unless specifically instructed by the doctor
      4.1.4. Clean only the area around the eye shield if tears come out from the eyes
      4.1.5. Take prescribed medicine if presence of eye discomfort
      4.1.6. Get plenty of rest. When lying in bed, lie in dorsal position (on the back) and prevent lying in prone position (on the stomach)
      4.1.7. Do not drive or operate any machines
   4.2. The day after the operation:
      4.2.1. Do not rub the eyes
      4.2.2. Return to the Laser Refractive Surgery and Cataract Centre for a follow-up appointment, during which the eye shield will be removed by our nursing staff (please keep the eye shield)
   4.3. Within one week after the operation:
      4.3.1. Do not rub the eyes especially when washing face
      4.3.2. Do not let any other fluids get into the eyes except the prescribed eye drops
      4.3.3. Refrain from using any eye cosmetics and/or eye care products
      4.3.4. Wear eye shield at bedtime
      4.3.5. Wear sunglasses or spectacles to protect the eyes from dust and injury

5. **Possible Risks and Complications**
   5.1. Post-LASIK visual acuities depend on a number of factors. Generally, post-LASIK unaided vision can be up to or very close to pre-LASIK fully-aided visual acuities. However, surgical outcomes vary among individuals. The dominant and non-dominant eyes may respond differently. Visual acuities in the two eyes may be different after LASIK.
   5.2. Possible complications after LASIK are: under- or over-correction, glare or halo, reduced night vision, flap displacement or folds, decreased quality of vision, astigmatism, deposits under flap, epithelial ingrowths, keratoconus, cornea infection, etc.
   5.3. Enhancement surgery, spectacles or contact lenses may be required in case of under-correction, over-correction or induced astigmatism.
   5.4. These conditions will gradually resolve or decrease in severity after treatment and rarely lead to severe impact on vision.

6. **Remark**
   6.1. The above mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or different individual. Please contact your physician for further enquiry.
7. Reference


I, ______________________ acknowledged that the above information concerning the operation or procedure has been explained by Dr _____________________. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Name:  
Pt No.: Case No.:  
Sex/Age: Unit Bed No.:  
Case Reg. Date & Time:  

Patient Signature: ______________________
Patient Name: _______________________
Date: ______________________________