

NEWYES LASER IRIDOPLASTY INFORMED CONSENT

I, Mr, Mrss, _____ as the patient or legal representative, with Identification card or Passport number _____, recognize that Doctor _____ has informed me about the following topics, related to treatment I will undergo.

A) NEWYES LASER IRIDOPLASTY:

Laser iridoplasty is a procedure that involves applying laser impacts on anterior surface of iris stroma. Thus iris pigmented layer is eliminated, remaining unchanged the deeper layers, with less pigmentation. Iris posterior pigmented layer, the epithelium, will remain untouched.

Goal of treatment is to reduce superficial pigmented layers of iris to get a clearer appearance, greenish or bluish, with different degrees of intensity, depending on each patient.

B) RISKS AND COMPLICATIONS:

Laser iridoplasty can produce complications you should know and accept.

- Procedure is performed in the office under topical anesthesia.
- Complications that can occur after treatment are following:
 - Iris hemorrhage.
 - Iris inflammation, which is usually transient and needs topical and general drugs to control it.
 - Elevation of intraocular pressure.
 - Iris peripheral adherences to cornea, or central ones to lens.
 - Iris irreversible atrophy with a non reactive pupil to light (Urrets-Zavalía Syndrome), due to acute and reflex nerve or vascular damage.

WARNING: Used laser and technique are accredited long time ago, but **NEWYES** application is new for both. These treatments were started up in January 2012, thus don't have sufficient experience.

IMPORTANT: Neweyes laser treatment is not indicated in patients suffering glaucoma, anterior or posterior uveitis (ocular inflammation) and self-immune collagen diseases, or metabolic disorders as diabetes. Also is not indicated in anticoagulated patients (**SINTROM**) or having antiplatelet drugs (**PLAVIX, AAS, ADIRO**).

• **Relevant to the health implications:**

This procedure doesn't affect any visual essential structure.

- Laser iridoplasty is useful to get clearer eyes, from brown color to green or blue, but this change is usually irreversible.
- It is not possible to warrant a 100% of effectiveness. Sometimes final color can be irregular by dots, or the clearing process can continue on time.
- Otherwise, **NEWYES** laser effect could be limited. Then will be necessary more laser sessions to improve final outcome, if there are not contraindications.

C) PARTICULAR PATIENT RISKS:

- The patient may revoke this document before treatment at any time.
- This written report is complementary to **DOCTOR** verbal information.

Thus I **DECLARE:**

That I have been assisted by Dr _____, who, after listen to me and visiting me, has informed that:

My diagnostic is

My indicated treatment is

- I have been informed with sufficient advance to laser treatment, in order to understand, assess and think about all related aspects.
- I have had enough time to ask for the doctor any doubt or question.
- I'm fully aware that I will undergo laser treatment, and as such, there's no total guarantee of success.
- I assume the potential risk of complications about this technique, that I have informed previously.
- I told the doctor the whole truth about my general and eye diseases, allergies and drugs I usually take, in order to prevent unnecessary risks.

I GIVE MY CONSENT:

1. To undergo NEWYES LASER, and any other complementary procedure to carry it out.
2. To take to me didactic photos or videos, with total respect of my anonymity.
3. To the presence of authorized personnel during laser procedures.

Doctor's signature
Nº Col.

Patient's signature
ID card Nº

Witness's signature
DNI Nº

Barcelona _____ 20__