



Orthokeratology Informed Consent Form

I understand that orthokeratology (ortho-k) is an optical method for vision correction for myopes. The effect is due to changes of the corneal shape using specially designed rigid gas permeable lenses. After stabilization of the treatment, some children can see clearly in the daytime without the need to wear spectacles. Children with higher amount of myopia may need a pair of spectacles to correct the remaining myopia and/or astigmatism.

I understand that ortho-k can slow the progression of myopia in children and the effectiveness is patient dependent. I have been informed that for myopic control, the treatment is recommended for children under the age of 12 years and ortho-k lens wear has to be maintained probably until the age of 14 or 15 years. My child may require more than one pair of lenses during the first year of the treatment and the number of lenses required is patient dependent. I have been informed that lenses should be replaced yearly to ensure safe and healthy lens wear.

I understand that before the amount of myopia has completely been reduced, my child may be required to temporarily wear spectacles or disposable soft contact lenses to correct remaining myopia during the daytime to aid vision. I know that ortho-k is only a temporary measure and regular (nightly or bi-nightly) ortho-k lens wear is necessary to maintain the effect. Once lens wear is discontinued, the myopic reduction effect will be lost.

I understand that corneal response and speed of the treatment is subject dependent and a number of visits for eye examination will be necessary. I agree that if there is any unexpected problem, I will bring my child back immediately to my optometrist (name: \_\_\_\_\_) for consultation. In the absence of adverse events, regular after-care visits (3-6 monthly) are still essential to ensure the health of my child's eyes. I understand that failure to show up for any visits can lead to potential eye problems or reduced treatment effect.

Potential Problems associated with lens wear (not exhaustive)

- Mild lens binding on awakening
• Mild (superficial) corneal damage which will normally heal after a few hours
• Mild irritation
• Solution allergy
• Fluctuating vision on certain days after myopia reduction (this could happen if lenses did not centre properly during the night)

I understand that these complications can be kept to a minimum if proper instructions and lens usage were followed and that it is also my responsibility to ensure that my child attend all visits diligently to ensure safe and healthy ortho-k lens wear. I also understand that severe complications in contact lens wear can include corneal infection and possible vision loss.

Fee Schedule

The fee for the ortho-k treatment is \$ \_\_\_\_\_ and this amount include:

- (1) A preliminary consultation which includes comprehensive internal and external eye examinations to evaluate degree of myopia and/or astigmatism, ocular health and suitability for ortho-k treatment. Measurements of the corneal topography will also be made to determine appropriate lens parameters. The consultation also includes advice on other potential contact lens wear problems not listed above as well as other alternatives for my child. I understand that to evaluate the refractive and corneal topographic changes, my child may need to wear trial lenses overnight or trial lenses may be ordered for an overnight trial, depending on which brand of lenses is used.
(2) The fee includes a \*pair of high DK (>=100 barrers) ortho-k lenses. If the lenses do not produce desirable results, a second \*pair may be ordered within \_\_\_\_\_ months and this \*pair of lenses will also be covered by the fee charged.
(3) An early morning visit (within 2 hours after my child awakes) is necessary after wearing new lenses overnight (every new lens).
(4) Following successful overnight lens wear, follow up visits will be 1 week, 2 weeks, 1 month, and then every \_\_\_\_\_ monthly after commencing ortho-k lens wear for the first year.
(5) A solution starter kit (a small bottle of multipurpose solution and a lens case) for each new \*pair of lenses. I understand that additional charges will be incurred for a bottle of saline (for rinsing of lenses), a daily cleaner (for daily cleaning of lenses) and enzymatic cleaner (for weekly cleaning of lenses).

(\*piece (of lens) - if only one eye requires ortho-k treatment)

I understand that if I lose or damage a lens, or if I need a spare pair of lenses, I will be charged \$ \_\_\_\_\_/lens.

Refund policy

If the treatment effect is not satisfactory after \_\_\_\_\_ months, the treatment may be discontinued if deemed appropriate by my optometrist and a refund of \_\_\_\_\_ will be paid. I understand that I would need to return all the ortho-k lenses prescribed before.

I have also been given information about general contact lens wear and care. I have had the opportunity to discuss details of the treatment with my optometrist and my questions have been satisfactorily answered.

I understand that there is no guarantee on the outcome for my child and that my optometrist will do his/her best to ensure that my child have the best possible result.

I agree to follow the instruction and advice given to me by my optometrist diligently, including monitoring compliance of lens usage and care at home and bringing my child in for regular aftercare. I agree to communicate any concerns, complications, or difficulties arising from the treatment to my optometrist at the earliest opportunity. I also agree that should I note any pain (reported by child), redness, or eye discharge I will immediately stop lens wear and contact my optometrist immediately at \_\_\_\_\_ (mobile phone for after office hours).

Name of child \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

(Name \_\_\_\_\_)

This form ONLY serves as a general informed consent form that any ortho-k practitioner may use, to attempt standardization of basic ortho-k information given to patients who wish to attempt ortho-k. Blank spaces are for the individual practitioner to complete accordingly based on his own practice.

HKAOK does not dictate and will not bear any responsibility on how the form will be used.