



Leaders in Eye Care

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## LASIK Monovision Policies

The LASIK monovision procedure is designed to provide both distance and near vision by surgically correcting one eye for distance vision and one eye for near vision. We occasionally will suggest to patients, particularly those patients over 50, to try monovision contact lenses prior to providing LASIK monovision. This gives the patient and doctor an opportunity to "test" the patient acceptance of the monovision prior to a surgical correction.

Our policy concerning possible enhancement LASIK procedures following LASIK monovision differs from our general LASIK enhancement policy. Rarely, an individual who has previously worn monovision contact lenses cannot tolerate LASIK monovision, resulting in a second LASIK to correct the "near eye" to "distance vision". This intolerance is due to the patient's inability to adapt, not as a result of the LASIK procedure.

Following LASIK monovision, should a patient request a second LASIK to "correct both eyes for distance vision", a \$400 fee shall be charged to the patient.

It is also important to realize that the aging process does not stop with monovision LASIK. In other words, until you are approximately 55-56 years old, your reading prescription will continue to weaken requiring stronger "readers" and an increase in the near LASIK eye prescription. Until you are 55 to 56 years old, additional LASIK for your "reading" eye is likely every 2 to 4 years. The fees for these future LASK procedures are not included in your initial LASIK fees.

*I have read and understood the above information concerning my LASIK monovision procedure. I understand that I shall pay an additional \$400 fee (above the LASIK fee I have or will pay) for an additional LASIK to "correct both eyes for distance vision". Should additional future LASIK procedures be required due to the aging process, I understand that I shall pay additional fees at that time.*

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**Patient Signature**

\_\_\_\_\_  
**Date**

Revised: 09/2010

## LASIK Monovision Addendum and Consent

Vision-correcting surgeries such as LASIK and PRK can precisely and accurately correct **vision problems** of the eye such as nearsightedness, farsightedness, and astigmatism. These optical conditions are fundamentally different than **presbyopia, the loss of adjustability of focus for near viewing**. Presbyopia is the reason that reading glasses (magnifiers) become necessary, typically in the mid-40's, even for people who have excellent unaided distance vision. For those that require prescriptive correction to see clearly at distance, bifocals or separate (different prescription) reading glasses become necessary at that age to see clearly at close range.

There are several options available to those who are presbyopic, besides wearing bifocals or separate distance and reading glasses. For example, contact lenses can be worn for distance correction in both eyes, and reading glasses can be put on to read. For some individuals, wearing a contact lens in one eye for distance vision, and a contact in the other eye for reading, affords a reasonable solution. This is called **monovision** (mono for one; one eye for distance, one eye for near vision).

If a person enjoys and functions well with monovision in contact lenses, the same option can be created on a more permanent basis with vision-correcting surgeries such as LASIK or PRK. If you are contemplating such correction for yourself, it is important to understand the advantages and drawbacks of such care.

**At this time, there is no perfect treatment or cure for presbyopia.** The typical solutions described above are all to some extent a compromise of one form or another. For many people, wearing eyeglasses for distance correction is troublesome enough, and wearing bifocals is even less pleasant. Many people dislike bifocals with a distinct line visible in the lenses, and are willing to sacrifice some degree of sharpness and clarity to eliminate the line (progressive, blended, or Varilux® lenses, for example). With increasing use of computers in our home and work, additional problems arise because we view computer monitors at a different distance and a different angle (from the horizontal) than typical written material.

**Reduced depth perception:** For most people, depth perception is best when viewing with both eyes optimally corrected and "balanced" for distance. Eye care professionals refer to this as binocular vision. Monovision can impair depth perception to some extent, because the eyes are not focused together at the same distance. Because monovision can reduce optimum depth perception, it is typically recommended that this option be tried during your LASIK evaluation or with contact lenses (which are removable) prior to contemplating a surgical correction (which is permanent). As we age, our near depth of focus (the ability to see clearly from a reading distance, approximately 15 - 16 inches, to "arms-reach" distance, approximately 24-25 inches) diminishes. This natural decrease in near depth of focus will occur following monovision LASIK but is not caused by the surgery. I understand if I have previously worn "Progressive" or "Invisible" bifocal spectacles my monovision LASIK will likely not result in the same near depth of focus provided by these spectacles.

**Ocular dominance and choosing the 'distance' eye correctly:** This is especially important if you are contemplating monovision surgery. Ocular dominance is analogous to right- or left-handedness. Typically, eye care professionals believe that for most individuals, one eye is the dominant or preferred eye for viewing. Several tests can be performed to determine which eye, right or left, is dominant in a particular person. Conventional wisdom holds that if contemplating monovision, the dominant eye should be corrected for distance, and the non-dominant eye corrected for near. While this is a good guideline, it should not be construed as an absolute rule. A very small percentage of persons may be co-dominant (rather analogous to being ambidextrous), and in rare circumstances a person may actually prefer using the dominant eye for near viewing. The methods for testing and determining ocular dominance are not always 100% accurate.

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