



PRESBYOPIA, CORNEAL INLAY, AND MONOVISION INFORMATION

What is Presbyopia? As part of the normal aging process, most people find it difficult to focus on objects which are near to them and have a need for reading glasses. Presbyopia is the name for this condition; presbyopia occurs naturally as people age. Presbyopia is the reason that reading glasses (magnifiers) become necessary, typically starting at age 40, even for people who have excellent unaided distance vision. Monovision is one treatment option for presbyopia a corneal inlay is another.

LASIK and PRK can correct eye problems such as nearsightedness, farsightedness and astigmatism. However, these optical conditions are fundamentally different from presbyopia, the loss of adjustability of focus for near viewing. Laser vision correction surgery cannot currently correct presbyopia. However, it can make it possible to see things up close without reading glasses.

What options are available for presbyopia? 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 vision in both eyes and reading glasses can be put on to read. Bifocal contact lenses are available, as are surgical procedures involving the implant of a special lens into your eye, or an inlay into your cornea. 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).

Monovision can also be created on a more permanent basis with laser vision correction surgery. If you are contemplating such correction for yourself, it is important to understand the advantages and disadvantages of monovision.

Monovision is a process of providing both distance and near vision without glasses. This is possible by correcting one eye for distance and one eye for near. It can take up to 12 weeks or more to adapt to this process. Many people over 40 do well with monovision. If for any reason you are not satisfied with your monovision after your treatment, it can often be adjusted by correcting one of the eyes to distance. An enhancement can only take place after the eye has fully healed and stabilized. On the other hand, once distance vision correction is achieved in both eyes, adjusting one eye for near vision may not be possible. So, if monovision interests you by not having to depend on glasses for near vision, it is often best to try monovision first to see if you like the effect.

For most people, distance vision and close vision are best when viewing with both eyes optimally corrected and “balanced.” Eye care professionals refer to this as binocular vision. Monovision can impair distance vision and close vision because only one eye is primarily used. Distance vision will not be quite as crisp with one eye corrected for distance as it will with two eyes corrected for distance. Close vision will not be quite as clear with one eye corrected for reading as it will be with two eyes corrected for reading.

Similarly, depth perception can be decreased and night vision or driving at night may be compromised by monovision. Monovision can impair depth perception to some extent because the eyes are not focused together. Because monovision can reduce optimum depth perception, you may wish to ask your doctor to demonstrate it to you during your preoperative evaluation in order to see if you like the effect.

Depth perception and night vision can be helped with the addition of “night driving glasses” which your doctor can prescribe for you. Some patients prefer to wear contact lenses for special activities which require best binocular distance vision (e.g. golf, tennis, hunting). Tasks which require intensive or prolonged close vision (such as detailed crafts, extensive reading or reading of very fine print) may require additional reading glasses. Keep in mind that an additional reading light will help with

smaller print. Or, you may require mid-range vision glasses (for example: computer screen distance). Discuss with your doctor what near range of vision will work best for your lifestyle.

Presbyopia normally increases as you age and so your near vision will change. Because we account for this change, your monovision should provide you with functional vision for most of your up close activities for several years. Our goal with monovision is to provide you with the best possible vision with the least amount of dependence on glasses.

PATIENT MONOVISION STATEMENT: I understand that if I have both eyes treated for distance vision, I will need reading glasses after my laser vision correction procedure. This is due to presbyopia and typically begins sometime after the age of 40. I understand that an alternative to reading glasses is monovision, where one eye is corrected for distance and the other eye is corrected for close-up vision. If I choose the monovision system, I understand the process as explained in this form and by the staff and my surgeon.

CHECK ONE:

I WANT monovision. I understand that monovision focuses one eye for distance vision and one eye for near vision. I will need to adapt to monovision, which can take up to 12 weeks or more. I may still need to wear glasses for some tasks such as night driving and prolonged reading. I understand that monovision can be reversed with additional laser and that any cost for this is not included in any acuity plan.

Right Eye:	<input type="checkbox"/> Distance	<input type="checkbox"/> Near
Left Eye:	<input type="checkbox"/> Distance	<input type="checkbox"/> Near

I do NOT want monovision. I want both eyes focused for distance vision. I understand that today after the treatment I will probably need reading glasses for near vision, including computer work and reading.

I do NOT want monovision. However, I am considering having a corneal inlay to restore near vision in my non-dominant eye after my eyes have healed from my Lasik procedure. I understand that to prepare my eye for the inlay my non-dominant eye may be made slightly nearsighted making that eye slightly better for near tasks than my dominant eye after lasik alone. Conversely, that eye may not be quite as sharp as my dominant eye for distance tasks. Sometimes this is called blended vision or mini-monovision.

My NON-DOMINANT eye (eye which may have the inlay) is my: Right Eye Left Eye

Patient's Name (Please Type or Print)

Patient's Signature

Date: _____

Physician's Signature

Date: _____