

# **Treatment Agreement and Informed Consent for Extended Wear of Contact Lenses**

*Please read the following consent form very carefully.  
Do not sign this form unless you read and understand each page.*

## **> Introduction & Definitions**

“Extended wear,” means the wearing of contact lenses for extended periods, including sleep, for one or more consecutive nights. It is our aim to fully inform you about the risks, side effects and complications of extended wear. Extended wear is an elective eyecare modality. If you do not wish to accept the risks associated with extended wear, you can elect to wear contact lenses on a daily basis, or consider other alternative refractive corrections such as spectacles, refractive surgery or orthokeratology. Each of these alternatives has associated advantages and disadvantages, all of which should be understood if you are to give informed consent to any of these forms of correction.

## **> Background**

The main benefit of extended wear is the convenience of not having to insert and remove your contact lenses as frequently. Extended wear reduces the time you are exposed to the blur and inconvenience of your uncorrected vision. Minimizing lens handling saves time and, considering the cost of lens solutions, money. The likelihood of contaminating contact lens surfaces with bacteria is reduced when lenses are handled less. However, a relatively small number of bacteria trapped under the lens during sleep may be more harmful to the eye than a larger number on a lens that is removed, cleaned and disinfected before sleep.

**It is extremely important for you to understand that as the lens wearer you must bear a significant responsibility for the ongoing health of your eyes during extended wear.**

Further information below outlines many important aspects of self-management and your responsibilities, and you should read these sections carefully.

## **> Possible Complications of Extended Wear**

It is not possible to predict all the possible complications of extended wear. However, some conditions are more commonly associated with extended wear, including:

- discomfort and, in severe cases, pain
- temporary or permanent loss of vision
- swelling or inflammation of the cornea
- small blood vessels growing into the cornea
- formation of small bumps under the eyelids
- accumulation of debris or mucus on or behind the lens, which may reduce vision and/or comfort with the lens
- internal inflammation of the eye
- abrasions of the front surface of the eye
- infection with potentially harmful microorganisms (microbial keratitis)

Most of these conditions occur infrequently, are of limited consequence and are reversible, especially with early attention. However, permanent loss or reduction of vision can result should one of the more serious side effects occur, the most notable example being microbial keratitis. This disease has the potential to permanently scar the cornea and may even lead to blindness in extreme cases.

**You can significantly reduce the risk of complications by following the advice contained in this document and the associated instruction sheets.**

**If it is determined at any time during the period of this agreement that extended wear of contact lenses presents a particular risk to your eyes, you will be advised accordingly. Not all eyes are suitable for extended wear.**

### **> Your Responsibilities**

By signing this informed consent form, you accept the following responsibilities:

- to choose to wear contact lenses on an extended wear basis and to accept the risks of complications
- to satisfy yourself that you fully understand all possible complications and their consequences
- to ensure that you have obtained satisfactory answers to any questions relating to this agreement or any details of what extended wear involves
- to advise your practitioner if you or any other member of your family have any medical or eye related conditions, if you are currently being treated for a medical or optical condition or if you know of any reason which may invalidate your consenting to this agreement
- to notify the optometrist if you wish to discontinue extended wear
- to attend all follow-up visits scheduled by the practitioner
- to follow all instructions provided by the practitioner, especially those in the section entitled, "what to do in the event of a problem"

### **> Discontinuation**

This agreement is limited to your decision to wear silicone-hydrogel lenses on an extended wear basis. Should you elect to discontinue extended wear during the period covered by this agreement; neither you nor your optometrist will be held liable under the terms and conditions contained herein. Discontinuation of extended wear will not affect your future care from the practitioner in any way.

You are of course free to discontinue contact lens wear at any time for any reason. However, should you wish to re-commence extended wear after a period of discontinuation, it will be necessary to repeat the adaptation process. Hence, you should always notify your optometrist of any decision to discontinue or to recommence extended wear. This way the optometrist can supervise your return to extended wear.

Should you discontinue extended wear and revert to daily contact lens wear, you understand and agree that the risk of eye infection and other adverse events is still greater than that experienced by people who do not wear contact lenses, and that good principles of contact lens hygiene must be practiced to minimize those risks.

**Patient Informed Consent**  
for Extended Wear of Contact Lenses

*PATIENTS MUST BE AT LEAST 18 YEARS OF AGE (or have a Parent/Guardian sign) AND HAVE FULL LEGAL CAPACITY TO SIGN THIS DOCUMENT*

In signing this Treatment Agreement Form, I certify that I have read the preceding information and understood the contents.

Basic procedures of lens care, alternative vision correction, cleaning and disinfection methods and the advantages and disadvantages of extended wear have been explained to me by my optometrist. My optometrist has also answered any questions I have concerning the consent form. Although it is impossible for my optometrist to inform me of every possible complication, he has answered all my questions to my satisfaction, has assured me that he will advise me of new risks if they develop and this product or my rights as a patient.

I fully understand the risks, complications and benefits that may be derived from extended wear. Should any complications or emergencies occur, I agree to contact my optometrist immediately at the contact numbers provided. I also agree to wear the lenses in such a way as is prescribed and am willing to follow the advice of my optometrist and the information that has been provided to me.

My decision to commence extended wear of contact lenses has been voluntarily and freely made.

This agreement commences on \_\_\_\_\_

Patient full name	Patient signature	Date
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Practitioner full name	Practitioner signature	Date
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Witness full name	Witness signature	Date
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