

Contact Lens Wear Informed Consent

This is your Contact Lens Informed Consent document, a copy will be kept with your patient records in the practice and another given to you.

- I understand wearing contact lenses increases the risks of eye infections & associated complications. The annualised incidence of ulcerative keratitis (where significant permanent loss of vision could occur) was estimated to be 0.41 per 1,000 persons per year using daily-wear soft contact lenses¹. As way of comparisons the equivalent risk of significant permanent loss of vision in cataract surgery is reported as 1 in 1,000 and 6.6 in 1,000 for LASIK². So in all cases real but very small.
- I am aware of different modes of contact lens wear such as daily disposable, monthly disposable etc
- I acknowledge wearing contact lenses is an elective decision by me and there are alternatives, such as glasses or refractive surgery
- I have had the opportunity to ask questions and know that my Eye Care Professional is available for advice and guidance
- I understand I must not swim, shower or bathe in my lenses
- I understand I must never clean, rinse my case or contact lenses with water
- I understand the importance of regular contact lens aftercare & general eye exams (two separate clinical entities). I understand lenses cannot be supplied to me if I have not attended for my most recent recommended contact lens aftercare and/or general eye exam
- I understand lenses can tear or be damaged throughout normal wear
- I understand that daily disposable contact lenses must be discarded after removal for whatever reason & are not suitable for sleeping in or reuse
- I understand the significantly increased risks associated with sleeping in contact lenses and that I should not sleep in my lenses unless I am advised that I can
- I understand the instructions for placement & removal of my lenses
- I understand I must have up-to-date spectacles
- I understand the cleaning regime & the importance of cleaning my contact lenses and I must always use fresh solution to clean and disinfect my lenses.
- I understand my solutions are:
..... and how to use them, I also understand these should not be changed without consulting my Eye Care Professional
- I understand opened solutions should be discarded after(please read package instructions)
- I understand contact lens cases (if used) should be replaced at 1 monthly/3 monthly intervals
- I understand the best clinical care for myself is achieved by obtaining all my lenses, solutions, eye drops and all eye exams, including for contact lenses and other types of eye exam as advised by my Eye Care Professional, at this practice and that obtaining different forms of eye care and products from different places is not in my own clinical interests
- I understand different types, specifications and prescriptions of contact lenses should not be substituted without the prior authorisation of my Eye Care Professional
- I understand I will need to maintain membership of a practice care-plan to be provided with clinical care and products at this practice

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In case of any irritation, discomfort, loss of vision or eye redness my lenses must be removed immediately. If symptoms persist seek medical advice, do not delay.

During Business Open Hours call:.....

Practice Details.....

Out of hours call:or Phone 111 or go to A & E at the nearest hospital

My maximum wearing schedule is Days per week hours per day

My lenses must be disposed of after a maximum of 1 use, 2 weeks, 1 month, 1 year of opening regardless of number of days worn.

My next appointment is on.....I understand

I should attend wearing my contact lenses for at least two hours unless advised otherwise, bringing my contact lens case and glasses to the appointment, as necessary tests may preclude me wearing contact lenses for a while after the appointment.

I have received a copy of this information

Name of Patient.....

Signature.....Date.....

Ref:

1. (N Engl J Med 1989; 321:779–83.).

2. Wu YT-Y, Ho A, Naduvilath T, Lim C, Carnt N, Keay LJ, Edwards KP, & Stapleton F. The risk of vision loss in contact lens wear and following LASIK. Ophthalmic Physiol Opt 2020; 40: 241–248)