

Myopia Management Informed Consent

_____ (print name) was evaluated by the doctor and has been informed that they are a **candidate for the use of Myopia Management** in an effort to slow the progression of their myopia.

Evidence in the scientific literature demonstrates that some unique spectacle and contact lens designs as well as prescription eye drops may slow the progression of myopia in children. These modalities have been approved by the FDA and Health Canada but not specifically for Myopia Management (with the exception of the MiSight daily contact lens). It is recommended that treatment continues into the mid to late teens; however, you may choose to discontinue treatment at any point if you wish.

Each treatment has its own risks and benefits:

Peripheral Defocus Spectacle Lenses

These specially designed spectacle lenses appear similar to traditional glasses but incorporate multiple segments of peripheral defocus. Children usually adapt over two weeks' time, however, during the adaptation period should avoid intensive physical activities e.g., playing soccer, cycling, scootering, or driving a vehicle of any kind, and wearing them in situations involving more extreme heights such as high staircases or climbing ladders or trees.

Soft Multifocal and Dual Focus Contact Lenses

These contact lenses carry similar risks to other disposable soft contact lenses. The risk of infection or inflammatory events with Daily Disposables is 1/year in 5,000 wearers and with Reusable Soft 1/year in 1,000 wearers.

Orthokeratology Rigid Gas Permeable (rgp retainer) Contact Lenses

These are contact lenses designed for overnight use to both reduce the overall amount of myopia and dependency on glasses in the daytime, and to also produce a mid-peripheral defocus zone to cause a reduction in myopia progression. Your child will experience changing vision over the first two to four weeks of wear. The risk of infection is 1/year in 1,000 wearers.

Low dose Atropine (0.01-0.1%)

These prescription drops are instilled prior to bed. They may temporarily blur the near vision and cause pupil dilation upon awakening: 8% of children experience these side effects, which may be alleviated with the use of glasses. As a pharmacological agent, they also carry a very low risk of an allergic reaction at the front of the eye. Contraindications to use would include children with a history of cardiac and lung disease.

I understand the risks indicated above. While these treatments have been shown to slow myopia progression, they are still considered an **off-label use**. I further understand that there is **no guarantee** or assurance of any treatment outcome for my child and that these treatments may not slow the progression of myopia. Fees do not include eye drops, glasses, contacts, or visits unrelated to myopia management.

Parent's name (print):

Parent's signature:

Staff member (initial): _____

Optometrist of record: _____