

Myopia Control Clinic

Informed Consent for Treatment

Evidence in the scientific literature suggests that some novel contact lens designs and eye drops may slow the progression of nearsightedness in children. However, the United States Food and Drug Administration (FDA) has not approved any contact lenses or eye drops for this specific purpose. All contact lenses used in the Myopia Control Clinic at UC Berkeley Eye Center have been approved by the FDA, just not specifically to slow the progression of nearsightedness. 1% atropine eye drops are approved by the FDA for the treatment of amblyopia and strabismus, however 0.01% atropine eye drop for myopia retardation is still considered off-label use.

There are three ways to potentially slow the progression of nearsightedness in children: corneal reshaping, bifocal contact lenses and/or atropine eye drops. As explained below, each treatment has its own risks. Your child's treatment(s) is/are marked with a check.

Corneal Reshaping

Corneal reshaping contact lenses are worn during sleep and removed in the morning. They temporarily change the shape of the cornea, so that the child can see clearly all day long without glasses or contact lenses. During the first two weeks of overnight lens wear, your child will experience changing vision. When the vision gets worse, s/he may put on glasses to provide clear vision. Although the chance of an eye infection is still very low (about one case per 500 years of wear), it is greater for corneal reshaping contact lenses than usual daytime contact lens wear because the contact lens is worn overnight.

Multifocal Contact Lenses

Soft and rigid gas permeable multifocal contact lenses are worn in the day time and are routinely used to help people over 40 years of age read clearly as well as see far away. Children may not see quite as clearly with these contact lenses as other types of contact lenses, but there are no additional risks compared to regular daily contact lenses.

Atropine Eye Drops

Atropine is an eye drop that typically makes light seem brighter because it makes the pupil (black hole in the middle of the eye) bigger, and blurs near vision because it reduces the ability of the eyes to focus while looking at near. Low concentration (0.01%) atropine has been shown to significantly slow the progression of nearsightedness without increasing pupil size or decreasing near vision dramatically. In a recent large study, only a very small percentage of children complained of problems with low concentration atropine, and glasses can reduce symptoms if your child notices poor reading vision or lights seem too bright.

I understand the risks as indicated above, and I understand that while these treatments are approved by the FDA, they are not approved to slow the progression of nearsightedness. 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 nearsightedness.

Child's name (print): _____

Parent's name (print): _____

Parent's name (sign): _____ Date:

Dispenser's name (sign): _____