



iLux® Treatment Of Dry Eye

Dry eye condition can cause eye discomfort and blurred vision. Healthy eyes make a tear film that protects the eyes. The tear film has a water layer, a mucus layer, and an oily layer. Sometimes, the gland that makes the oily layer becomes blocked. Gland blockage is one cause of dry eye condition.

The iLux® System is a medical device that treats dry eye. Your eye doctor will put numbing drops into your eyes to make your eyes more comfortable. The eye doctor will then place the device pads around the eyelids. It will warm and massage the eyelids. This help the oils from the blocked eyelid glands flow into the tear film.

The goal of an iLux® treatment is to make your eye more comfortable. Your eye(s) may not feel better the first few weeks. Your eye(s) may not feel completely better if you have some diseases, have had dry eye a long time, or have an eye gland disease. The iLux® treatment will help for 6 to 12 months. You may need to have a treatment once a year. Talk to your eye doctor about how well iLux will work for you and how often you will need a treatment.

It is your choice to have an iLux® treatment. Here are some other options:

- Dry eye can damage the surface of the eye if it is not treated, but your eyes may not bother you enough to have treatment.
- There are other treatments for dry eye such as eyelid scrub with warm compresses, eye drops, punctal plugs that keep tears in the eye, or surgery to open the tear ducts.

As with all procedures, there are risks with iLux®. While your eye doctor cannot tell you about all risks, here are some of the most common or serious:

- Eye injury or burn, eye or eyelid pain, scratch on the front of the eye
- Eye infection or sty (a red, sore lump near the edge of the eyelid)
- Eyelid irritation (redness, burning, tearing, itching, discharge, foreign body sensation), swelling of the eyelid glands, swelling of the lining of the eye
- Changes in your vision or sensitivity to light

The cost of this iLux® procedure is \$350 for treatment of all eyelids.

Consent. By signing below, you consent (agree) that:

- You read this informed consent form, or someone read it to you.
- You understand the information in this informed consent form.
- The eye doctor or staff answered all your questions about iLux®.

I consent to have iLux® treatment for (please circle):

Right Eye: Upper Lid / Lower Lid

Left Eye: Upper Lid / Lower Lid

Print Patient Name

Signature

Date