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## iLux® Treatment of Dry Eye

**Dry eyes 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 glands that make the oily layer become blocked. Gland blockage can cause dryness. Dry eyes can damage the surface of the eye if it is not treated.

**The goal of iLux® treatment is to make your eyes more comfortable.** *Contact lenses & makeup must be removed* before the iLux treatment. Numbing drops will be applied before the iLux device is placed against your eyelids. The iLux treatment uses *light energy* to soften blocked oil glands & a *massage* to release the oil into your tear film quickly and comfortably. The iLux® treatment can last up to 6 to 12 months. For best results follow your doctor's directions for after-treatment care.

**The iLux® System is a medical device that treats dry eyes.** Your eyes may feel drier for the first few days following treatment. Improvement may not be noticeable for you if you have some eye diseases or are a long-time dry eye sufferer. As with all procedures, there are risks with iLux®. While your eye doctor can tell you about the risks, some side-effects can be but are not limited to: eye injury or burn, eye or eyelid pain, scratched eye, eye infection, stye, eyelid irritation, redness, burning, tearing, itching, discharge, foreign body sensation, eyelid gland swelling, swelling of the eye lining, changes in your vision, or sensitivity to light. Talk to your doctor about how well iLux can work for you and how often you will need the iLux treatment.

**It is your choice to have an iLux® treatment.** There are many treatments for dry eye such as eyelid scrubs, warm compresses, eye drops, punctal plugs, or surgery. Talk to your doctor about the best options for your dry eyes.

**The cost of this iLux® procedure is \$350 for treatment of all eyelids & is not covered by insurance.**

By signing below, you consent (agree) that:

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

**I consent to have iLux® treatment:**

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**Print Patient Name**

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**Signature**

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**Date**