

LASIK:

Basic steps for great results



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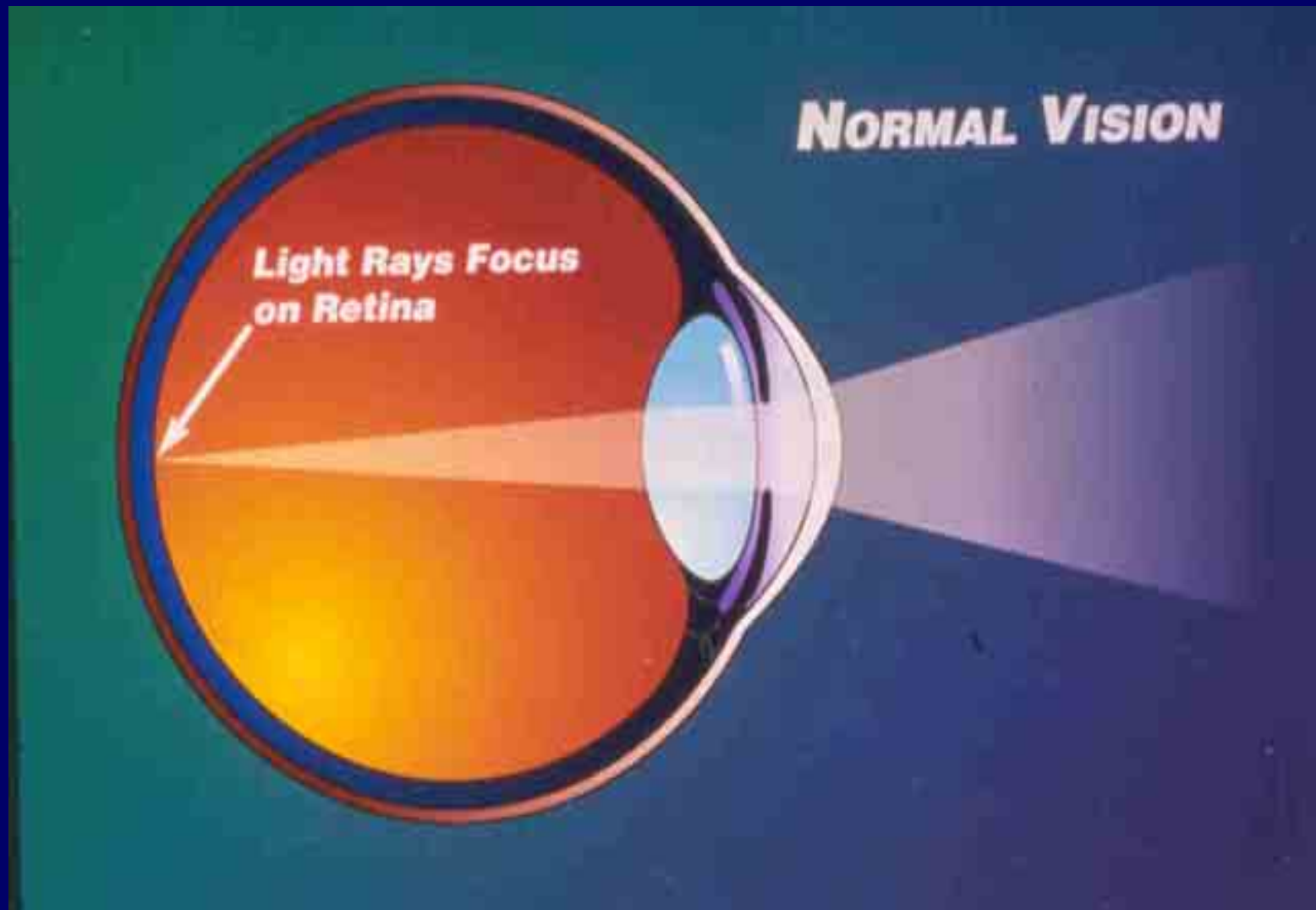
LaserVision.gr Eye Institute

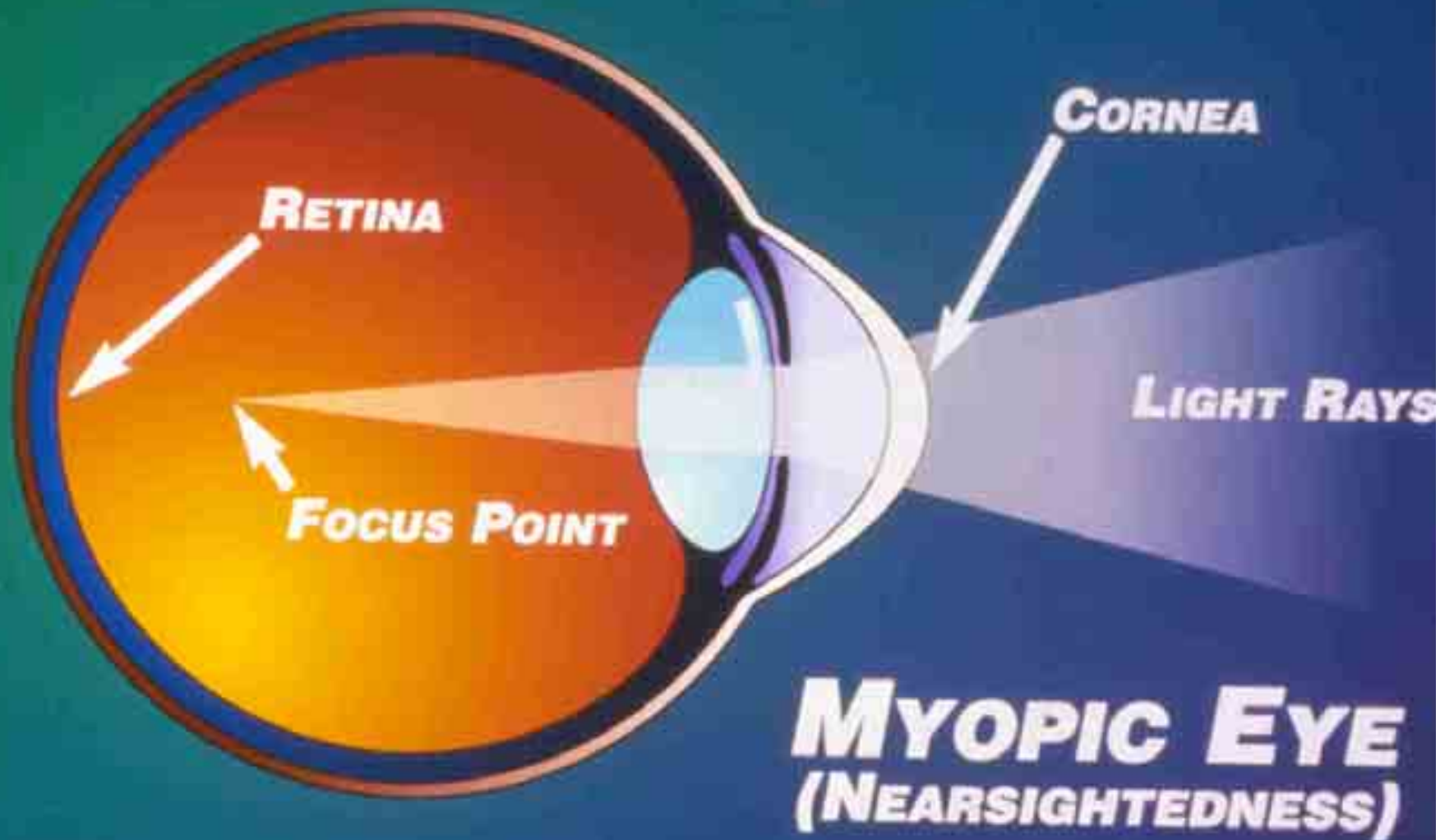
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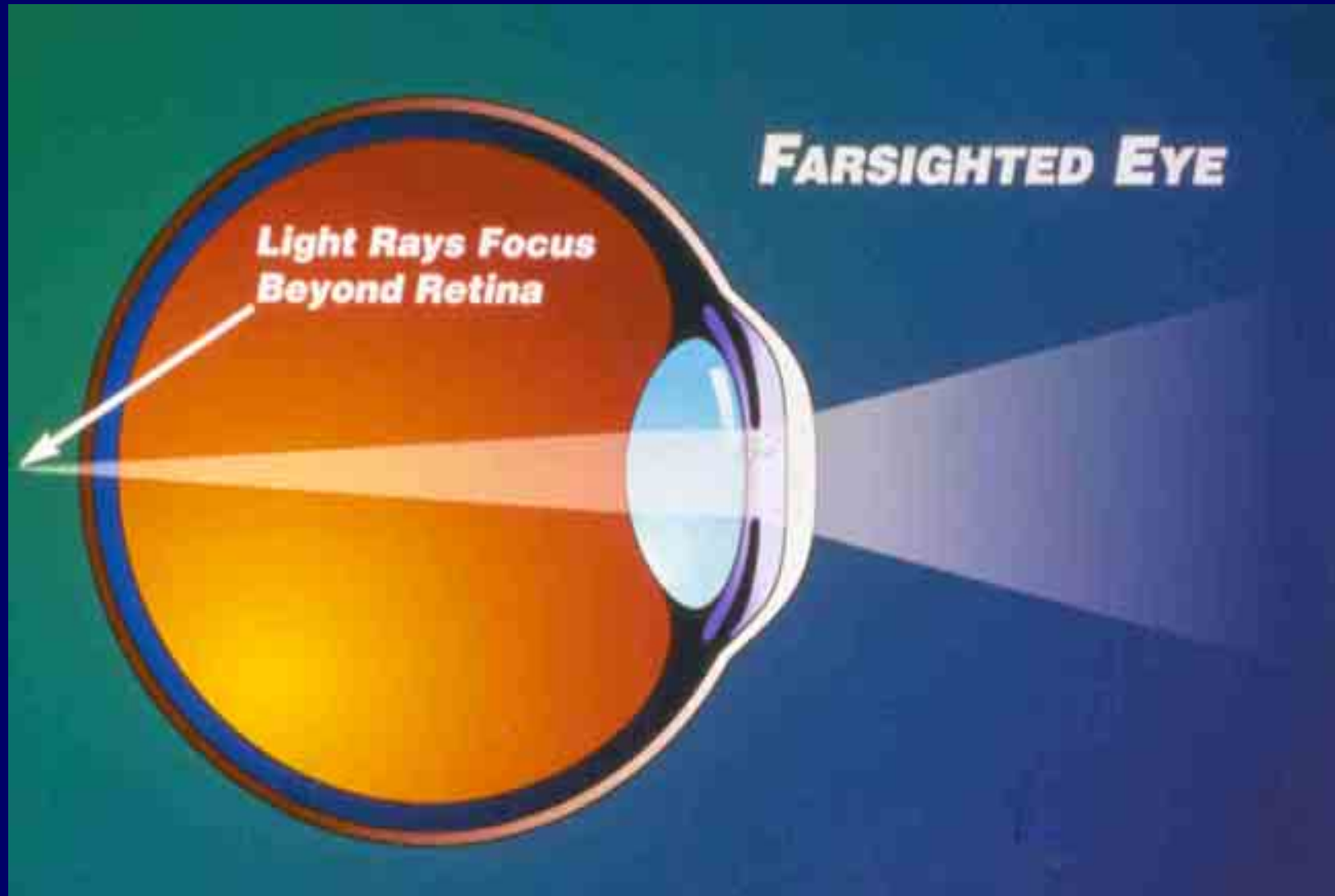




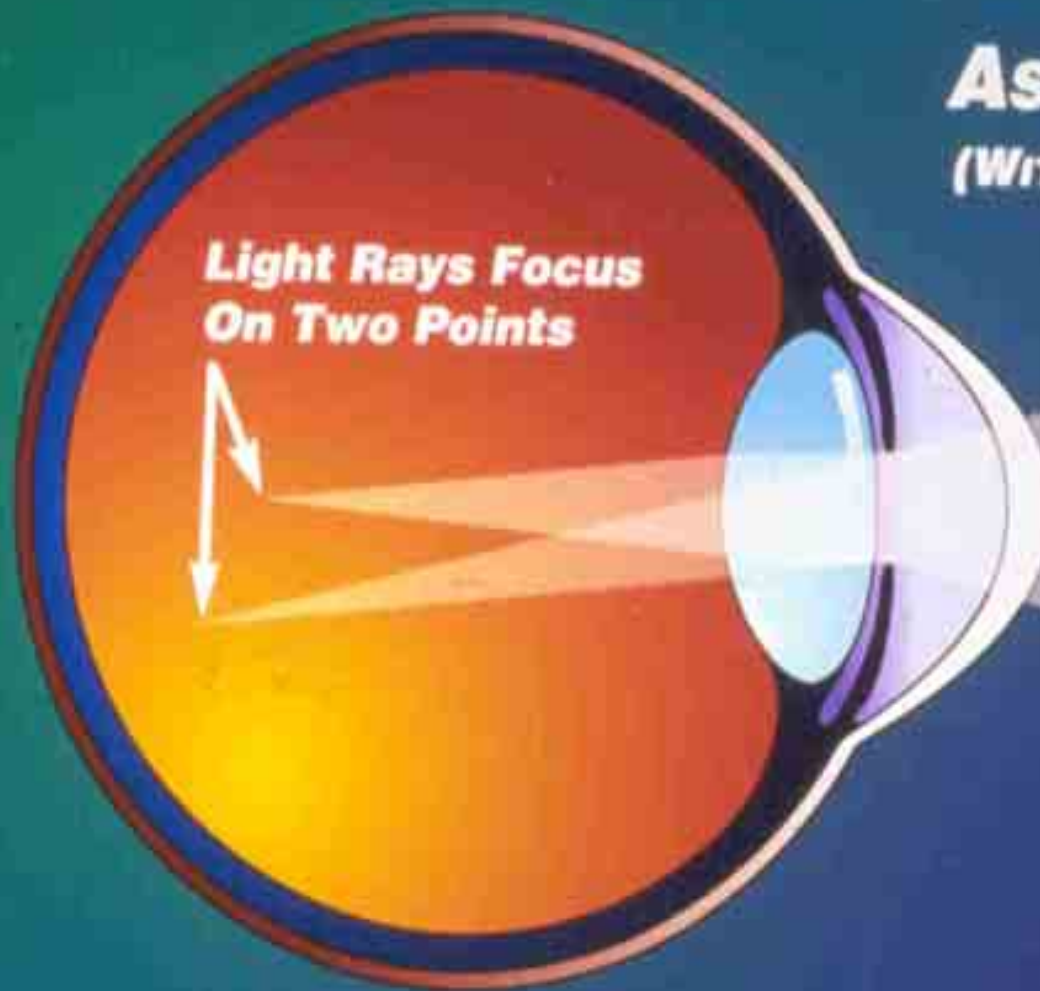
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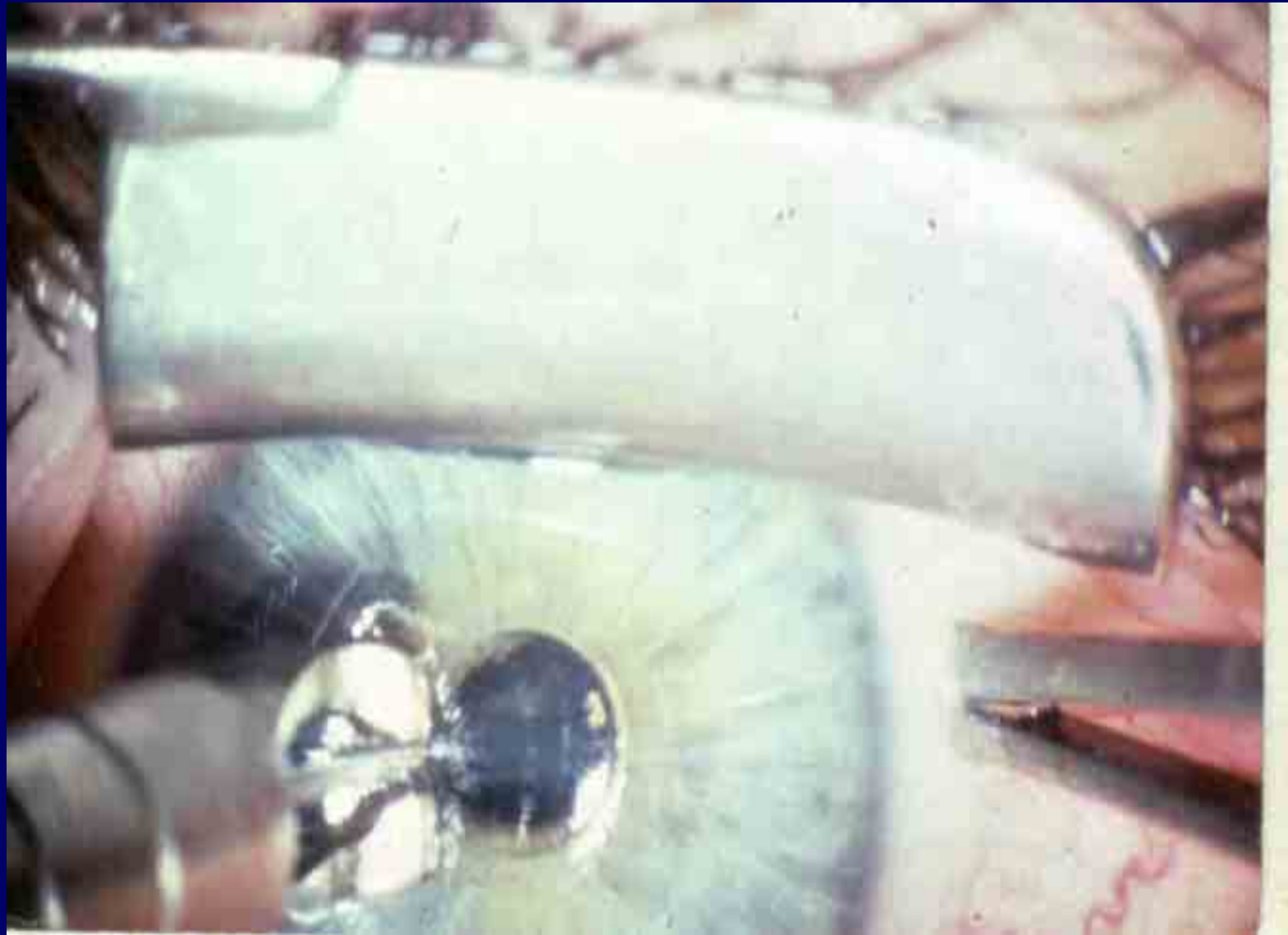


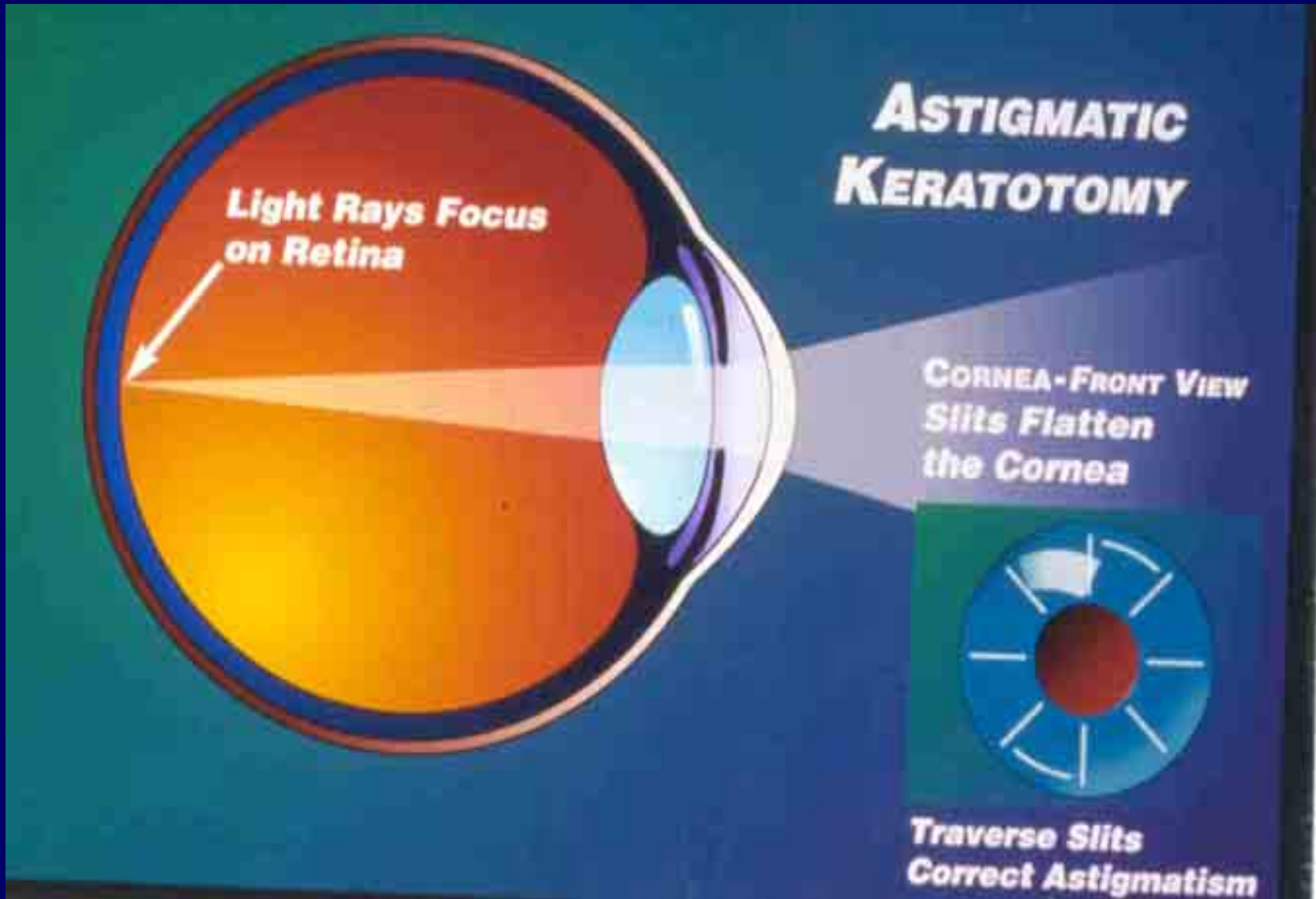




ASTIGMATIC EYE **(WITH NEARSIGHTEDNESS)**

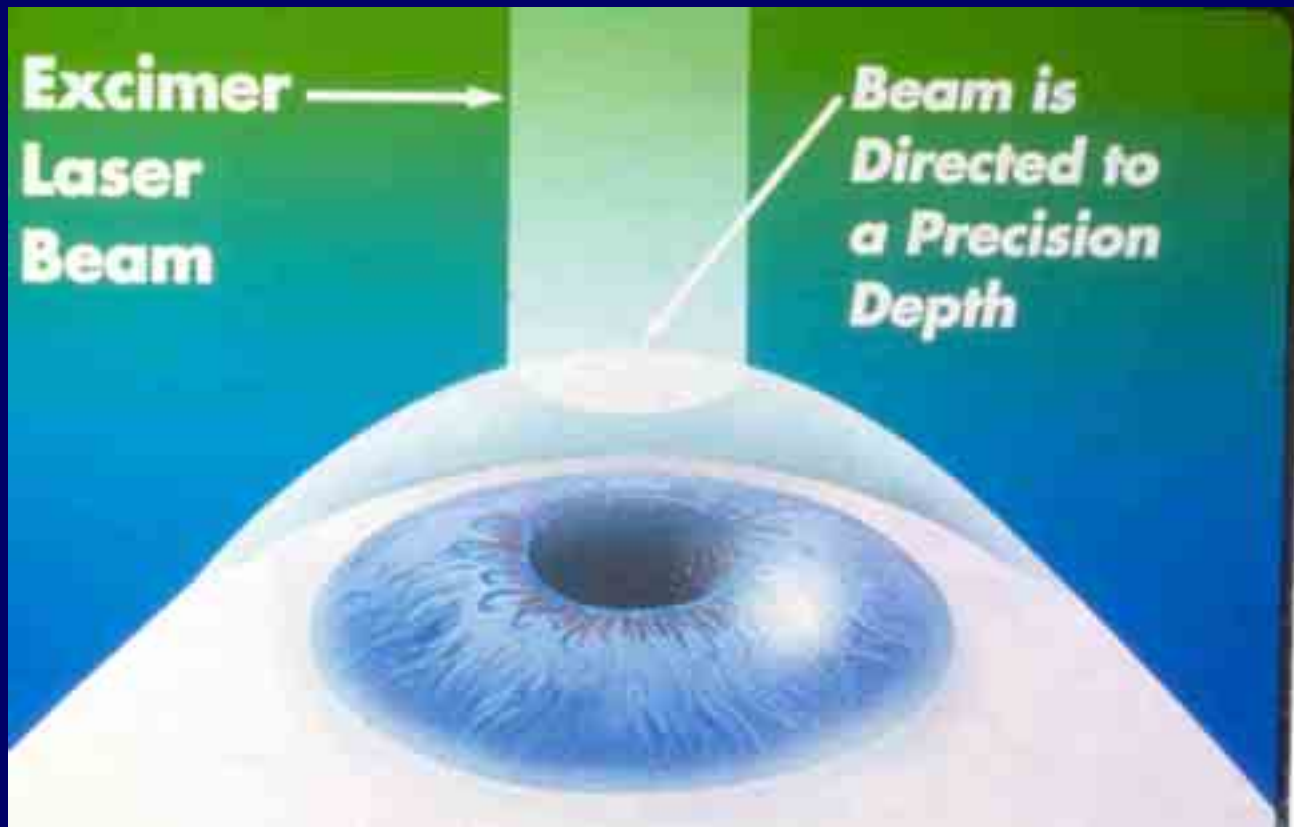


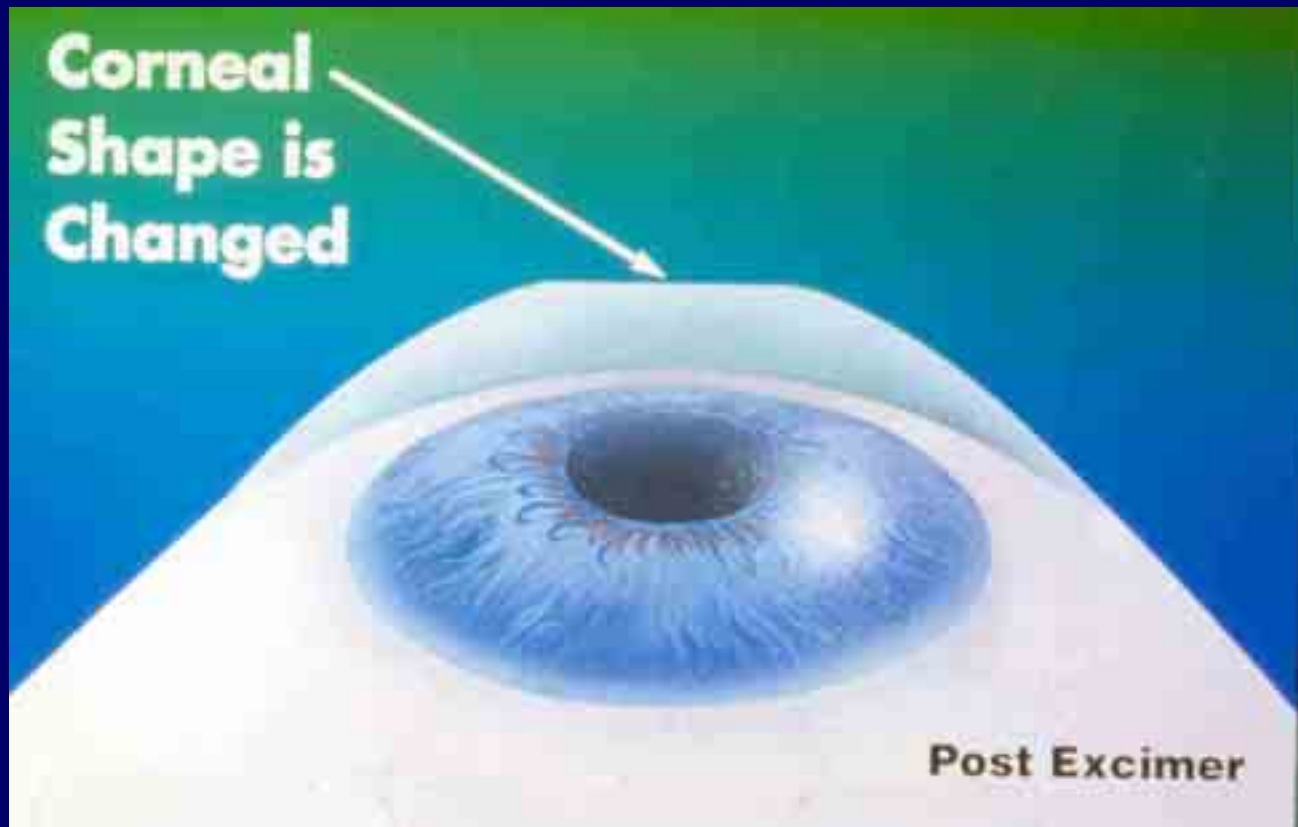


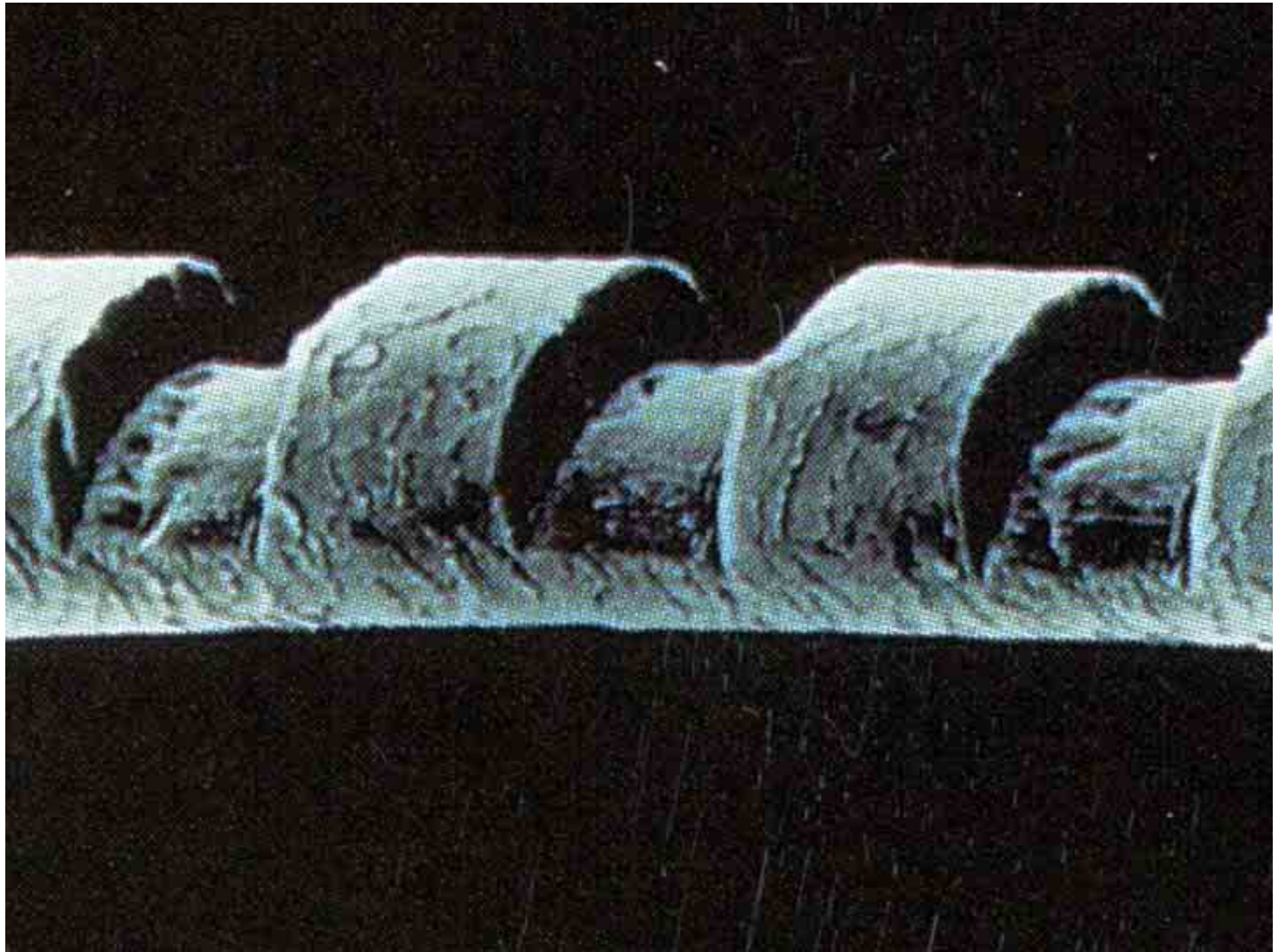


**Corneal Flap is
Hinged Back** →





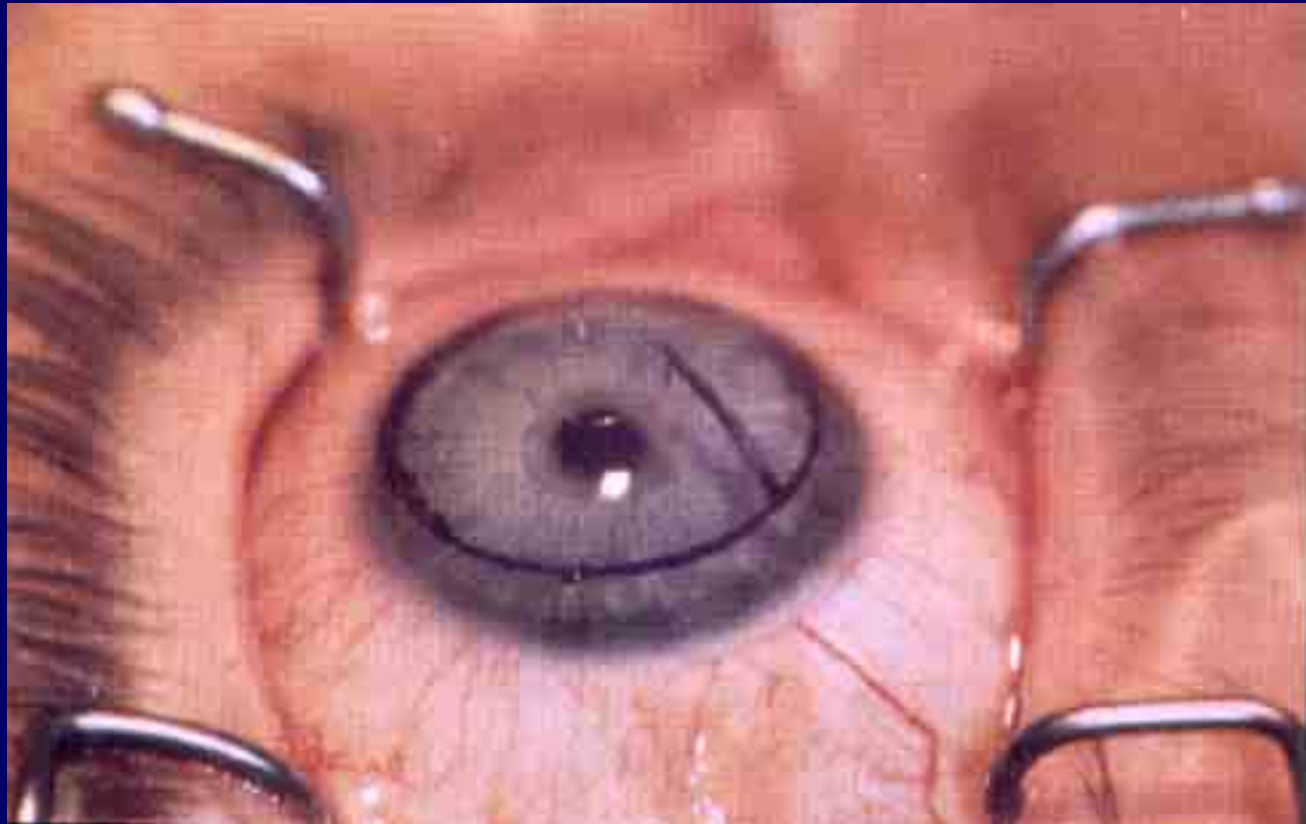




LASIK

- Has been around for over 10 years
- About 2 million eyes in the US in 2001
- One of the safest procedures in Medicine
- Permanent vision correction





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The procedure

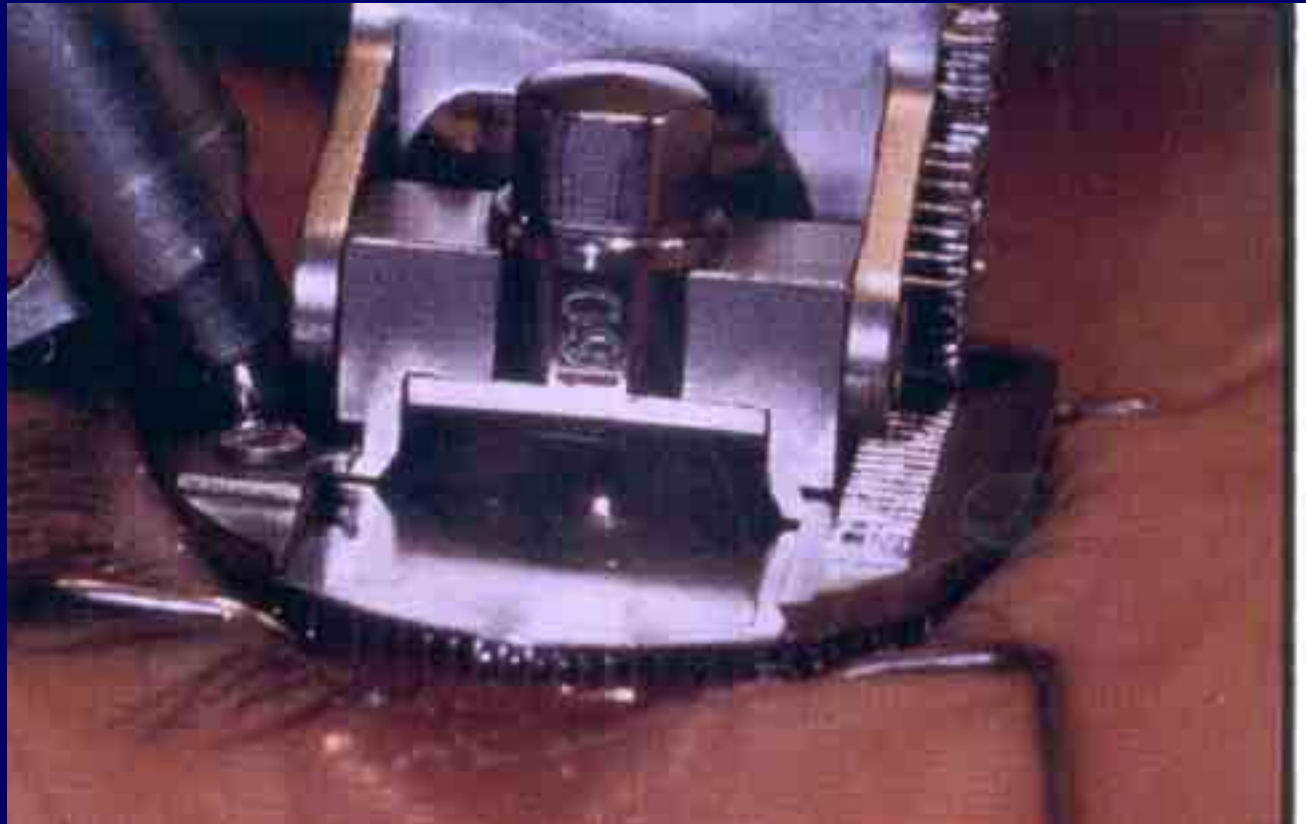
- About 10 minutes
- Eye is anesthetized with drops
- Minimal discomfort
- Rest for the rest of the day
- Medications for 1 week



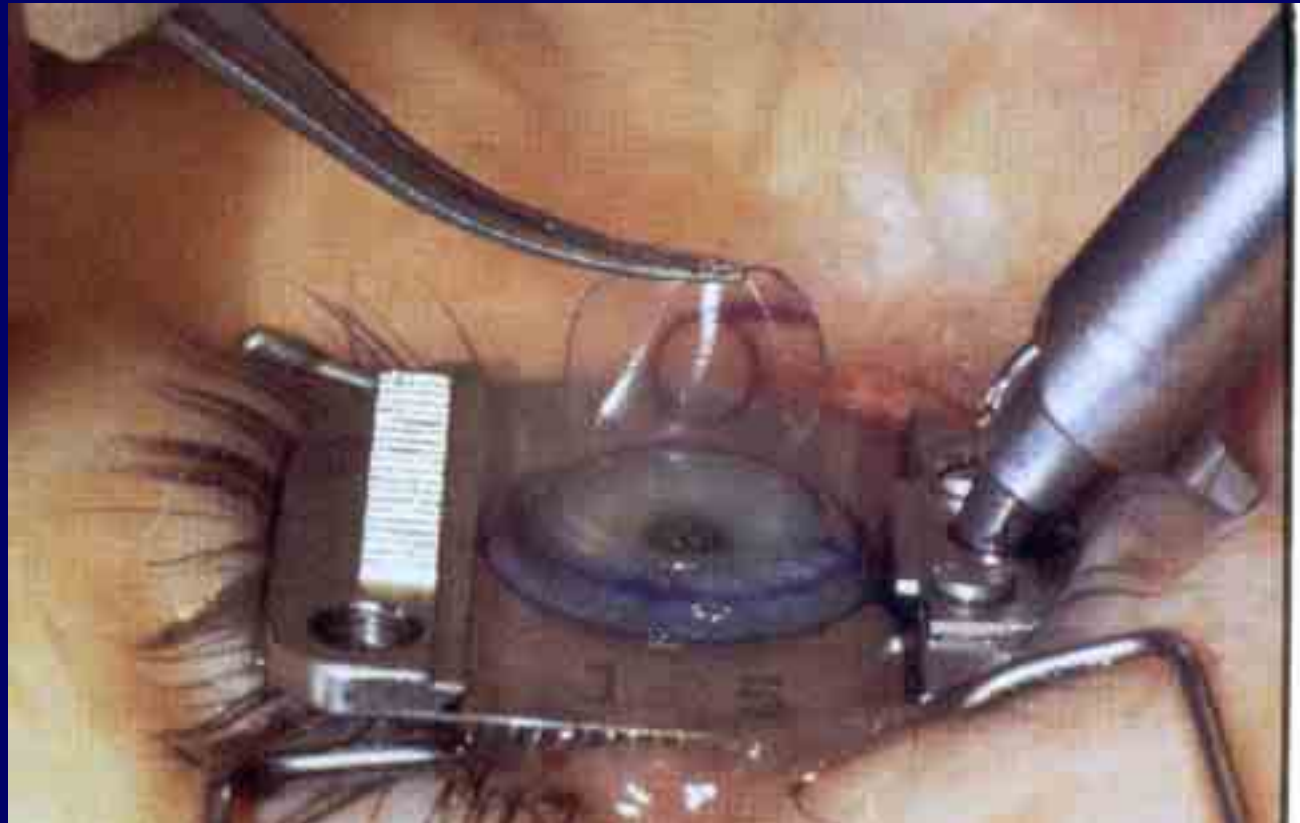
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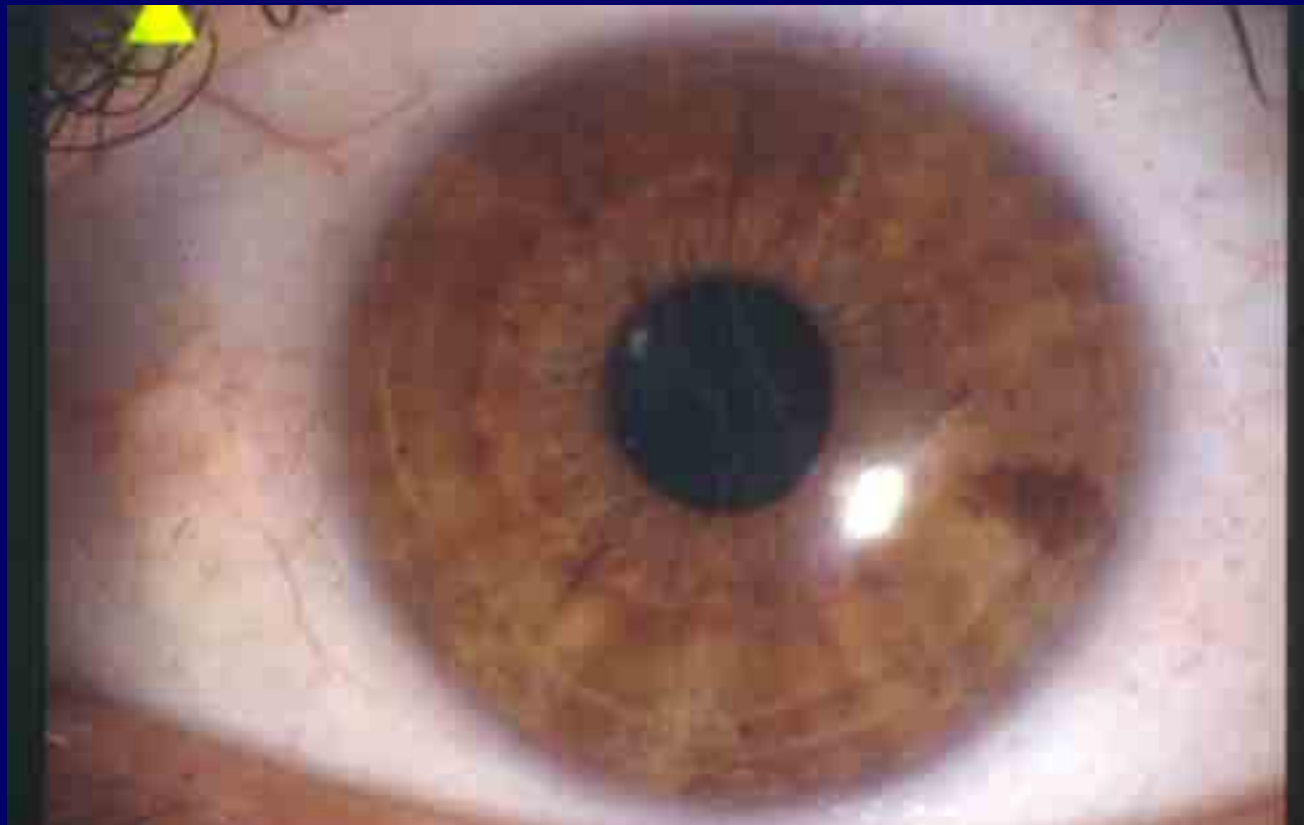


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One of the initial LASIK cases, 1994



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LASIK Advantages

- Minimal discomfort
- Rapid visual recovery
- Both eyes can be done
- Stable correction

Possible complications

- Glare/Halos
- Over/under correction
- Astigmatism
- Flap wrinkles
- Haze
- Infection

Other Options

- INTACS
- PHAKIC IOLs
- BIOPTICs

Patient Selection

- Not quite “easy”
- No “cookbook” approach
- A-Physiologic and Anatomic factors
- B-Emotional and Psychological Characteristics

First “INFO”

- ? Referred patient
- Why does the pt want surgery
- Has the pt had previous consultations

History Very Important

- FHx Keratoconus? Or PK
- Medical Dx and Meds
- CL history very crucial (RGP vs SCL)
- Presbyopia, any bifocals or previous experience with monovision

Summarize with Pt

- What are their expectations?
- Va CC and SC
- What is their TOPO, Pach, Pupil, IOP, RE, Hydration state, Seasonal state

Presbyopia

- In the over 40 Pts discuss CL and spec correction for near
- In the under 40 Pt, demonstrate reading with cyclo (best effect if CL users)
- Remember: not all pts understand presbyopia
- How does your pt spend his/her typical day?

Monovision demo

- Be different, show your pt that you care prior to suggesting LASIK
- CL or specs trial of mono (remember myope presbyopes see better at near with specs and hyperopes with CLs)

Personality Warning signs

- Pts request warranty...
- RGPcls
- LISTEN to your staff!
- What exactly have they read on the web?
- Again what is their daily activities?

Excessive CL use!

- Clinical signs of CL over-use
- They need an “exception”
- 10 days off sCLs
- \$ weeks off RGP CL use per decade of use
- Myopic shift in sphere and cyl seen following cessation of CLs (especially RGPs)

Problem Pts:

- Impatient/Hostile
- Pts that repeat findings not discussed
- Most Pts will still “hear” selective info
- The 50 y/o who wants to be 25...
- The Pt with 3 pages of typed questions...

The problem Pt

- Asks not only your surgical experience but type of equipment and has opinion of his own
- Pt is unhappy with previous procedure
- Pt is “shopping” for a competitive price
- The divorcee...

The problem Pt:

- Engineers: expect textbook tissue response
- Teachers: Always very demanding
- Pts with multiple problems desperate for a “good” outcome
- The confused patient

Physiologic Contraindications

Systemic:

- RA/ Collagen VD
- IDDM
- Immunomodulated pts

Physiologic Contraindications

Ocular:

- AMD
- Eyelid diseases
- Functional “Monoculars”
- POAG with ON damage, most cataracts, small orbits, high buckles, ? Previous Vit
- RE outside your range

Physiologic Contraindications

Ocular:

- Bizarre keratometric and refractive data
- ? Poor pupil dilators and wide pupils
- Very dry eyes, severe eyelid imbrication and lagophthalmos (may require smaller MK cut)

Physiologic Contraindications Corneal:

- Neurotrophic Keratitis
- Fuchs' dystrophy
- Very flat (myopes) Very steep (hyperopes)
- Scars in Vaxis
- Hx of HSV keratitis
- Previous refractive surgery?
- KCN, other K ectasias

Thank you

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