

M A M C

REFRACTIVE SURGERY CENTER



LASIK/IntraLase®/PRK

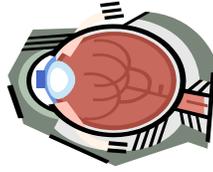
INFORMATION

PAMPHLET

253-968-5516
M-F 0700-1600
MAMC Hospital Tower/7S

COMMANDER'S AUTHORIZATION MEMORANDUM
MUST BE SUBMITTED AT THE TIME OF INITIAL SCREENING

LASER SURGERY INFORMATION PAPER



Use the patient questionnaire as a guide. If you have any of the problems mentioned below, please bring it to the attention of RSC staff. Showstoppers include, but are not limited to, the following:

1. Your vision has to be “Bad” enough. This means that it has to be 20/50 or worse. A good guide is your drivers’ license. If you have a provision on your DL that requires you to wear glasses to operate a vehicle then you are likely a good candidate.

2. Not enough time left in service. It is mentioned in the Commander’s Authorization Memorandum; but you must have 18 months left on active duty AFTER THE SURGERY. This is not negotiable unless you are deploying and are affected by stop loss.

3. When your time comes up for an Evaluation/Initial Screening, you are required to have your contact lenses out for a specific amount of time:

- Soft Contact Lenses for less than 10 years: out for 2 weeks
- Hard/PMMA lenses and those who have worn soft lenses for longer than 10 years: 4 weeks

NO EXCEPTIONS. We can tell if you have been wearing the contacts so be honest or it could affect your status in the program.

Contact lenses can change the shape of your cornea (clear part in front of the eye). In order to get results on how your eye is shaped normally, it is imperative that your contact lenses be out for the specified length of time. You do not want us making a permanent correction with the wrong data and your initial screening will likely have to be rescheduled for a later date. No contact lens usage after the initial screening until directed by RSC staff.

4. This surgery in only authorized for AD/AGR soldiers.

This information paper is for personnel who desire laser surgery. Please read the information carefully and follow each step to expedite the process. This paper contains information, rules, and guidelines you must follow if you are interested in having laser surgery. The RSC has one of the highest clinic patient workload at MAMC. Please have patience when dealing with RSC staff, and abide by the appointment times and dates you are given. If you cannot make the appointment given to you, contact your unit POC immediately. If you scheduled your appointment directly, call **968-5516** at least 48-hours in advance to reschedule your appointment. **A “no-show” for the briefing or evaluation appointments will result in you being removed from the program.**

PLEASE KEEP ALL OF YOUR APPOINTMENTS.

1. LASER SURGERY IS AN “ELECTIVE” SURGERY. IT IS NOT A MANDATORY OR REQUIRED SURGERY. YOU MUST ***VOLUNTEER*** FOR IT AND BE ACTIVE DUTY TO BE CONSIDERED FOR THIS PROCEDURE.

2. You must have an eye exam within 24 months of the date of your screening exam. If you have an eye exam more than 24 months old, you must obtain a current one from your primary health care facility.
- a. The information here will explain to you why you need glasses and two procedure possibilities that may be offered.
 - b. **Initial Screening**: This appointment is a lengthy and in-depth exam to evaluate you medically and determine if you can possibly benefit from laser refractive surgery. We say “possibly” because there are **NO** guarantees with any surgery. This will be discussed in more detail later in this packet and at the briefing.
This exam usually takes one hour. You may be dilated. This will blur your vision – normally for 24 hours, but it may last up to 72 hours. Because of our limited space, we ask that anyone that comes with you wait in the main waiting room, not back in the clinic area.

You will need to bring your glasses with you to the Initial Screening.

Ask any and all questions that you may have at this time. Make sure that you understand this packet and the process. Answering your questions and addressing your concerns is one of the most important parts of our job. If you have any concerns do not leave the clinic until you have talked about them with the Head Nurse/Refractive Technician.

- c. **The Pre-Op Exam**: After you have had your evaluation and the doctor determines that you are a good candidate for surgery, the clinic manager will discuss the optimum time for your pre-op and surgery dates. Each pre-op exam is scheduled with a specific surgery date. Normally surgery is done two to four weeks later. Again, you need to know your schedule in order to make the appointment. Remember, you will be on convalescent leave afterwards. During the pre-op exam, you will be dilated and meet the surgeon. The dilation will blur your vision- normally for 24 hours, but may last up to 72 hours. Expect this, and if you feel that you will not be able to drive, you need to make prior arrangements. This will be a long appointment, usually 4-5 hours.

d. **Surgery Day**

The Head Nurse or Refractive Technician will make the appointment with you and tell you what time to show up. This procedure is done here in the clinic. The surgery itself take only about 30 minutes, but there are a number of things that need to be done in preparation, so you may be asked to be here for three hours before your procedure.

Due to the sensitivity of our laser, you need to shower the morning of your surgery and you cannot wear/use any product that has a smell to it (i.e. cologne, perfume, deodorant, hairspray, some shampoos, etc). Females cannot wear any eye makeup for three days before the surgery. **Do not take any medications, drugs, or eye drops prior to your surgery unless told to by a member of the laser staff. Make sure you identify any allergies at this time.** You need to wear clean, comfortable clothes and no jewelry except rings. These rules **WILL** be enforced. They are for your protection and safety. You may eat before this procedure.

Your vision will be extremely blurry at best after the procedure. The staff will review your limitations and give you your postoperative instructions. **Make sure to follow them. You will not be able to drive, so please arrange for someone to drive you to and from your procedure. You also will not be able to return to work. Make your arrangements in advance.**

- e. **Follow-up Care**: This is the most important part of our care for you. These follow-up appointments are necessary and required. We have good results with these surgeries, **but there is always a chance for complications.** This is why we have follow-up appointments. Some

problems can develop so subtly that you do not notice them until it is too late for it to be properly treated. With regular follow-up appointments at the appropriate time from the date of your surgery, we can limit most problems and/or properly treat them **if** they arise.

*After your surgery, take all medications as directed. Even though you may not feel pain, you should take your medications as prescribed and directed by the RSC staff.

You must attend all postoperative appointments.

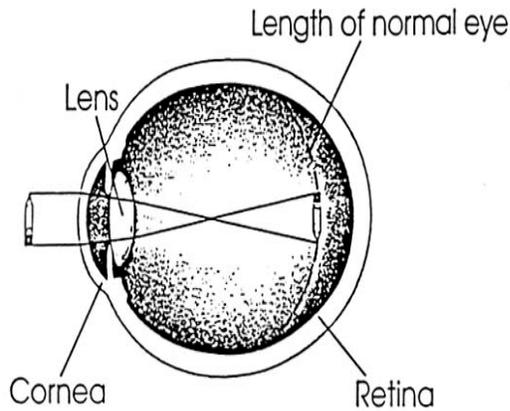
A summary of your postoperative appointments will look like this:

1 day after surgery LASIK OR INTRALASE
4-7 days (for PRK)
4-6 weeks
3 months
6 months
1 year

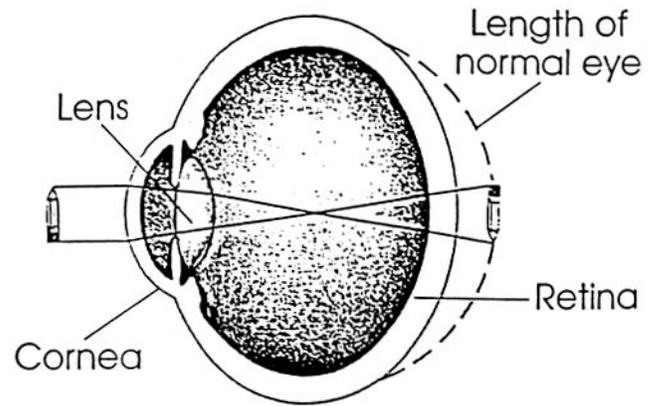
Now, this is just the standard projection, and can vary. There may be more if your doctor feels like it is necessary. Make sure that you make **all** of your follow-up appointments; and if you need to reschedule, make sure that it is within a reasonable time frame. If you do not make your postoperative appointments, the Laser Center will notify your chain of command. If you are not on official government business, the hospital commander may recommend UCMJ action be taken. Normal leave is not official government business. If you must reschedule any appointments with the Laser Center, please call 968-5516. **THIS LINE IS FOR EMERGENCIES AND APPOINTMENT PROBLEMS/CHANGES ONLY.**

Refractive Surgery

Refractive surgery improves vision by permanently changing the shape of the cornea, the clear front window of the eye. When treating **myopia**, or **nearsightedness**, refractive surgery techniques reduce the curvature of the cornea to lessen the eye's focusing power. Images that focused in front of the retina, due to an elongated eye or steep corneal curve, are pushed closer to or directly onto the retina.



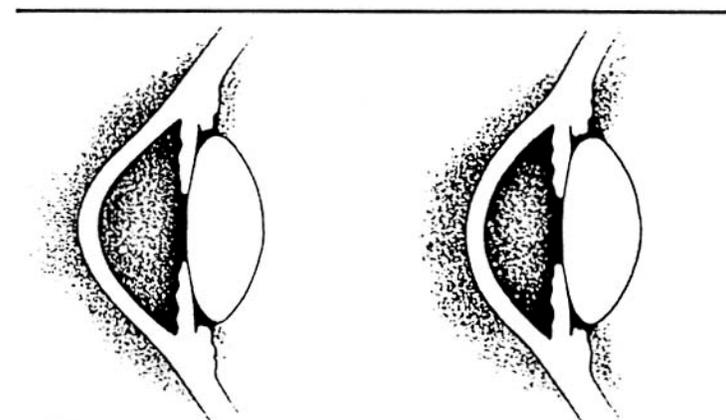
A myopic (nearsighted) eye is too long. Instead of focusing on the retina, images fall in front of it, and vision is blurry.



A hyperopic (farsighted) eye is too short. Instead of focusing on the retina, images focus beyond the retina, and vision is blurry.

When treating **hyperopia**, or **farsightedness**, refractive surgery techniques make the cornea steeper to increase the eye's focusing power. Images that focused beyond the retina, due to a short eye or thin cornea, are pulled closer to or directly onto the retina.

Astigmatism occurs when the cornea is more curved in one direction than the other. If astigmatism is significant, light passing through the cornea is scattered. Images reaching the retina are distorted and vision is blurred. When treating astigmatism, refractive surgery techniques selectively reshape portions of the cornea to make it symmetrical and smooth so that images focus clearly on the retina.



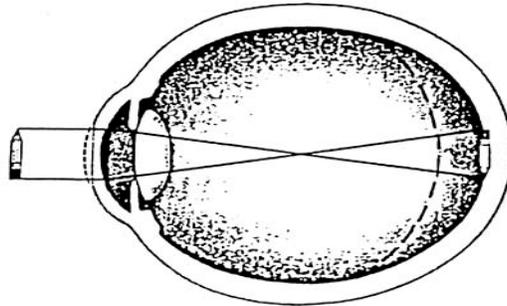
Astigmatic cornea and normal cornea

Common refractive surgery procedures include:

- Photorefractive Keratectomy (PRK)
- Laser in Situ Keratomileusis (LASIK) – IntraLase®
- Astigmatic Keratotomy (AK)
- Intrastromal corneal rings

Photorefractive Keratectomy (PRK)

PRK is a surgical procedure in which the surgeon uses a laser to remove micro-thin layers of tissue from the cornea. The tissue is removed in a controlled pattern programmed into the computer by the surgeon.

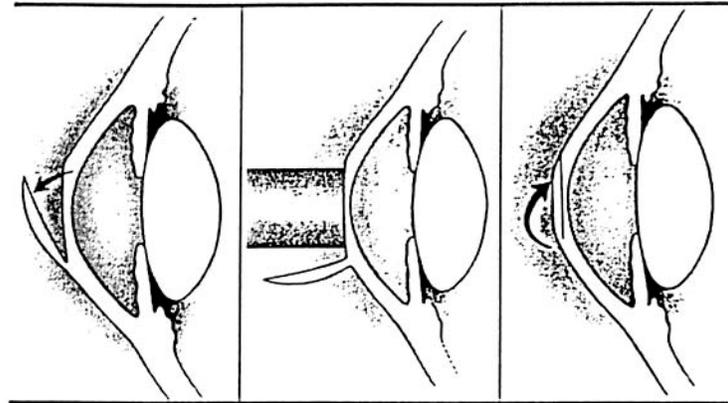


*PRK flattens the central cornea
to reduce myopia*

When treating myopia, or nearsightedness, the surgeon uses the laser to flatten the corneal surface in a circular pattern. In comparison, when treating astigmatism, the laser is programmed to remove tissue in an elliptical pattern, selectively reshaping some portions of the cornea to form a smooth symmetrical surface. This procedure requires precise evaluation of the astigmatism so that the correct amounts of the laser energy are delivered to the appropriate areas of the cornea.

Laser In Situ Keratomileusis (LASIK)

LASIK is a combined microsurgical and excimer laser procedure used to correct myopia, hyperopia and astigmatism. In LASIK, a laser is used to create a thin flap in the cornea. The excimer laser is applied beneath the corneal flap. The flap is then replaced and allowed to heal. No stitches are necessary.



Corneal tissue flap is lifted (left); laser sculpts exposed surface of cornea (center); tissue flap is replaced (right)

IntraLase® LASIK (bladeless)

IntraLase® LASIK is similar to traditional LASIK except that it is a 100% blade-free technique. Instead of using a microkeratome to create the corneal flap, a separate laser is used to create the flap. IntraLase® uses tiny, rapid pulses of light which forms a separation between the top layers of the cornea and the lower layers. The flap is then folded back so that the surgeon can apply the LASIK treatment to correct your vision. Because there is no mechanical blade being used, IntraLase® creates a smoother, more stable flap and decreases the risk of intra-operative complications.

Refractive Surgery: Complications and side effects

As with any type of surgery, each refractive surgery technique has some potential complications and side effects. They include:

- Fluctuating and blurry vision;
- Light sensitivity and glare;
- Under- or over-correction;
- Haze (except LASIK);
- Haloes;
- Temporary discomfort;
- Reading glasses needed at an earlier age.

Rare complications include:

- Cataract;
- Persistent pain;
- Serious infection;
- Permanent vision loss.

Which Method is best?

There is no best method for correcting refractive errors. Discuss your needs and lifestyle with your ophthalmologist (Eye M.D.) to determine the best procedure for you.

Are you a good candidate for refractive surgery?

You might consider refractive surgery if you:

- Wish to decrease your dependence on glasses or contact lenses;
- Are free of eye disease;
- Can accept the inherent risk and potential side effects of the procedure;
- Have the appropriate refractive error.

While refractive surgery does not offer some people an alternative to dependence on glasses or contact lenses, it's not for everyone. You may not be a good candidate for refractive surgery if you are generally satisfied with glasses or contact lenses and unwilling to accept the uncertainty in the outcome of refractive procedures. Even after refractive surgery, certain people may still need to wear glasses or contacts.

Surgery, contacts and glasses each have their benefits and drawbacks. The best method of correcting your vision should be decided after a thorough examination and discussion with your Ophthalmologist.

Important Facts

Ninety-five percent of people who have had refractive surgery can pass a standard driver's license exam that requires a visual acuity of a least 20/40 without glasses or contacts.

Additional enhancement surgeries may be required to achieve your desired results.

You may still need glasses or contact lenses to achieve your best vision even after refractive surgery.

Fitting contact lenses may be difficult or impossible because of corneal changes following refractive surgery.

Reading glasses may still be necessary for middle-aged and older adults. Refractive surgery does not alter the aging process of the eye and does not prevent presbyopia. In fact, you may need reading glasses at a younger age.

If you have specific occupational goals, check with your prospective employer about regulations concerning refractive surgery.

NOTE: Ensure you have multiple phone #'s where we can reach you keep them updated.

Give us your FULL AKO OR CONUS EMAIL ADDRESS: In case we cannot reach you via telephone, we will send out an email.