

LASIK Consumer Report

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CHAPTER I

Introduction

LASIK surgery can be extremely successful in freeing patients from their glasses or contact lenses. It is important, however, that patients are realistic in their expectations of the surgery and comfortable with the surgery itself, as well as the surgeon, the clinic and its staff. LASIK does have risks, and as someone considering the procedure, you should be aware of those risks. The LASIK CONSUMER REPORT is written to help educate you about the entire LASIK experience.

LASIK has enhanced my life beyond description. I hope this report will help you sift through the barrage of today's LASIK marketing messages. In my opinion, it is simply not prudent to tolerate "corners being cut" when it comes to your eyes. Please, insist on the highest standards.

To learn more about the promise offered by Lasik surgery, I invite you to explore this site and review the Lasik Consumer Report. For more information about the procedure, or to inquire into a free Lasik surgery consultation, please visit my practice's web site at www.boxerwachler.com.

CHAPTER II

Are You a Candidate For LASIK?

LASIK is a procedure that reshapes the cornea to improve vision.

LASIK can treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism. These are conditions that require the use of glasses and contact lenses for clear vision. With some exceptions, LASIK generally treats myopia between -0.5 and -10 diopters, hyperopia between +0.5 and +6.0 diopters, and astigmatism between 0.5 and 6.0 diopters.

Patients who have had previous eye surgery may qualify for LASIK. LASIK can be performed after previous radial keratotomy (RK), photorefractive keratotomy (PRK), and cataract surgery. LASIK can be performed on "lazy eyes" and eyes with nystagmus.

Alternative Procedures to LASIK

1. Intacs™

For lower degrees of nearsightedness (less than -3.00 diopters), Intacs-micro precision implants placed within the cornea, which sharpens vision by flattening the cornea-may be an option. Intacs micro-prescription inserts are removable and exchangeable, and this procedure avoids operating in the center of the cornea. Intacs can be performed in patients with keratoconus as well.

2. LTK

For lower degrees of farsightedness (less than +2.50 diopters), LTK (Laser Thermokeratoplasty)- a three-second, no-touch laser procedure that uses heat spots to steepen the cornea and refocus light rays-may be an option. LTK improves vision in patients with farsightedness and presbyopia.

3. No-Cut LASEK

For the same range of LASIK, No-Cut LASEK is an alternative to LASIK. The difference is that there is no flap of the stroma of the cornea. The surface skin is loosened with a solution and moved to the side. The top of the cornea is reshaped with the same laser used in LASIK. The skin is replaced, thereby covering the cornea. The recovery of vision is slower, but the end result can be predicted to be similar to LASIK. This is an alternative for patients uncomfortable with the flap aspect of LASIK.

Even though glasses or contact lens prescriptions may fall within the diopter ranges above, there are conditions that make these procedures inappropriate until the conditions are treated or resolved. These include:

Eye Conditions

- Uncontrolled glaucoma
- Visually significant cataract
- Eye Infection
- Dry eye
- Retinal tears and detachments

Systemic Conditions

- Uncontrolled diabetes
- Pregnancy

For purposes of this CONSUMER REPORT, LASIK will be emphasized as it represents the majority of vision correction procedures performed.

CHAPTER III

What to Expect From LASIK

The Goal

LASIK allows individuals greater independence from glasses or contacts by enabling them to have functional natural vision. LASIK has changed the lives of thousands of people (myself included), freeing them from their dependency on contact lenses and glasses. However, one needs to be realistic about the limitations of the vision-correction procedure.

It is impossible to guarantee exact results due to the unique healing factor of each patient and potential variability of surgical technique, eye measurements, and equipment. Excellent surgeons can largely control the latter three variables.

Individuals should not expect "perfect vision" even though surgeons will aim for it. Although over 50% of patients can achieve 20/20 vision, it is not essential to be 20/20 to be satisfied and functional in most, if not all, daily activities. The success rates can be as high as 90-97% with patients achieving 20/30 vision or better (20/25, 20/20). Such patients can function most if not all times without their glasses or contact lenses. If the vision is less than 20/30, then an enhancement LASIK procedure, glasses or contacts are options for additional improvement in vision.

It is important to have realistic expectations of vision improvement to maximize your level of satisfaction.

The Procedure

You should expect the procedure to be relatively quick, usually under 15 minutes per eye. It should be painless. Immediately after the surgery, your vision may be fuzzy. This is normal.

Typically, it takes six to eight hours to notice the initial recovery in vision, so it is important to be patient. The day of the surgery it is important to keep your eyes closed after surgery to allow for proper lubrication of the eye's surface during recovery. Before you leave the clinic to go home, your eyes should be examined again (usually 15 minutes to an hour following the procedure) to ensure that the flap is in good position. Valium (or an equivalent medicine) may be given as a sleeping aid.

It is normal to experience some stinging or foreign-body-in-the-eye sensations after the procedure and patients should expect to use anti-inflammatory and antibiotic drops for the first four to seven days following the surgery. Frequent use of artificial tears (minimum of one drop four times a day) over the first month is helpful to lubricate the surface during the healing phase.

By the next morning, patients should notice a dramatic improvement in vision. Patients are often thrilled to be able to read the alarm clock and look out the bedroom window and see trees or houses. The quick recovery of functional vision is impressive and often described as miraculous.

Patients should have up to an 80-90% improvement in vision by the next morning after LASIK and can return to most routine activities promptly.

It is not uncommon for patients to experience glare and halos at night during the first few weeks after surgery. This typically improves within the first three months following surgery and should not interfere with nighttime activities. The glare and halo effect may be more pronounced in those with greater degrees of myopia, hyperopia and astigmatism.

Additionally, patients must wear a shield or patch while napping or sleeping during the first week. The shield is important to protect the eye from being accidentally touched. It is essential to avoid rubbing or bumping the eye during the first month following surgery so as not to displace the flap.

To monitor healing, patients should see the doctor the day after surgery, again at 1 month, 3 months, 6 months, and one year following the surgery. If a retreatment is required, this is typically determined after the three-month visit, when the eye is fully stabilized. (In some cases stabilization may require more than three months).

ASK YOURSELF: If you do not know what to expect, how can you be comfortable with the procedure and recovery period?

CHAPTER IV

Choosing an Excellent Surgeon

Choosing your surgeon is the most important aspect of making the decision to undergo LASIK.

Patients should seek out surgeons who are sincere, qualified, use quality equipment and processes. LASIK is a surgical procedure, not a product taken off a supermarket shelf. Thus, surgeons of varying skill quality using the same tools will achieve different outcomes. Talented baseball players and golfers use tools to achieve results; the same holds true for surgeons. However, having state-of-the-art equipment does not necessarily make for a talented user of that equipment. It is best to have confidence in your surgeon based on a face-to-face meeting, and to receive reasonable responses to questions you ask.

I. Selecting A Surgeon With Sincerity

Part of being comfortable with elective surgery is to believe the surgeon is sincere. Patients should be given the opportunity to meet with the surgeon to discuss their individual condition before the day of surgery. If a patient meets the surgeon on the day of surgery, the meeting should happen before going into the surgery room. A patient should not be comfortable committing to surgery if he or she has not met or spoken with the surgeon before the procedure.

After meeting the surgeon, a patient should feel the surgeon is cordial, respectful, and caring. A surgeon who rushes in and out of the room during a consultation conveys a different message about patient care than the surgeon who spends time talking to the patient about his or her condition and concerns. Ultimately, you should feel the surgeon has your best interests at heart and really cares.

In elective surgery such as LASIK, there should be ample time to carefully read the informed consent document prior to surgery. The consent form should never be signed under duress.

ASK YOURSELF: How can quality patient care be given if the surgeon is not sincerely interested in you and your goals?

II. Selecting A Surgeon Qualified In LASIK

There are two ways that ophthalmologists learn LASIK:

1. A Fellowship in Refractive and Corneal Surgery
2. A LASIK course taken over one to two days

A Fellowship in Refractive and Corneal Surgery entails a year of advanced training that occurs follows the completion of a 3-year ophthalmology training program. This training promotes better and more individually tailored vision-correction treatments for each patient. In the Fellowship, several principles are taught, including:

- Basic and advanced LASIK techniques
- Determination of good candidates
- Managing postoperative complications
- Other surgical techniques beyond LASIK

Advertising caution: You may hear that a doctor is a "fellow of the American Board of Ophthalmology". This "fellow" designation does not indicate that the surgeon completed a year fellowship in refractive surgery.

It means that the surgeon completed the general ophthalmology exams - not a year fellowship in refractive surgery. One-year refractive and corneal surgery fellowships have only existed for the past seven years or so. Older surgeons who completed ophthalmology training before such fellowships existed are typically trained with a one to two day LASIK course. The course certifies the use of a specific laser and microkeratome and allows a surgeon to treat LASIK patients immediately after course completion.

There are excellent LASIK surgeons trained this way, who have excellent reputations in their communities and were performing refractive surgery prior to the arrival of LASIK on the scene. If you are evaluating a surgeon who has not performed a one-year refractive and corneal surgery fellowship, it is appropriate to inquire if the surgeon has performed earlier forms of refractive surgery such as PRK and RK, procedures that existed prior to LASIK.

It is also advisable to inquire whether potential surgeons are contributing to the field through research and/or are teaching other surgeons. You may read in their brochures that they "teach other doctors" and "perform important research". It would be appropriate to ask what they are teaching, to whom, and when? What are they researching, with whom and when? Is this a surgeon who taught glaucoma surgery at a meeting 10 years ago? Or is it a surgeon who is currently teaching the latest refractive surgery techniques to peers? And, is the surgeon being invited to conferences to teach about the latest diagnostic testing and surgical technique?

Excellent surgeons are often recognized through awards and special honors. Does the surgeon's literature list any such distinctions?

You may hear claims about clinic experience such as: "Our center performed more than 40,000 surgeries." If so, consider asking:

- How many were LASIK?
- How many were performed by a specific surgeon?
- How long has the surgeon been at that center?
- What are patient satisfaction levels of that surgeon?

Remember, a surgeon does your procedure, not a center.

A powerful way to determine whether the surgeon you are considering is a leader in the field is to search the Internet using the surgeon's last name. For example, go to www.google.com and type in the last name of a potential surgeon. This may identify attributable research or teaching presentations, or if the surgeon was featured in local or national news about refractive surgery.

Check your surgeon's state license and any issues such as discipline or suspension at the Association of State Medical Board Executive Directors' website (www.docboard.org).

ASK YOURSELF: How can you be comfortable with the procedure, if you are not confident in your surgeon?

III. Selecting A Surgeon With Quality Equipment

The lasers used in the United States should be approved by the Food and Drug Administration (FDA). A key feature, which differs between FDA approved lasers, is the range of treatment zones. At the time of this writing, the maximum treatment zone is 8.0 mm, but not all lasers are that broad. Large treatment diameters allow treatment of patients with large pupils and higher degrees of nearsightedness.

The flapmakers should be the latest generation, which have a higher safety level than earlier models that are over 5 years old.

The surgical equipment is only as good as the surgeon who uses it.

IV. Selecting A Surgeon With Quality Process

1. **Changing into surgical scrubs.** Clothes worn outside, in the home, and in the office are not as clean as surgical tops and pants. It is proper surgical protocol to operate in surgical scrubs.
2. **Use of Gloves.** Bacteria are ubiquitous. These tiny organisms are especially prevalent on the skin, eyelids, and even on the surface of the eye itself. Some bacteria can cause infection, which is why using sterile technique in LASIK is important to minimize the risk of infection by preventing bacteria or bacterial debris from getting under the flap. The most sterile procedure is for surgeons to use separate sterile surgical gloves for each eye of each patient.
3. **One or Two Sets of Microkeratomes and Instruments.** There are three methods of performing LASIK on both eyes of a patient on the same day.
 - **Double Sterile:** After LASIK is performed on the first eye, a second setup of freshly cleaned and sterilized microkeratome and equipment is used for the second eye. Therefore, each patient has two sets of microkeratomes and instruments.
 - **Single Sterile:** After LASIK is performed on the first eye, the just used instruments, including the microkeratome, are again used on the second eye. In other words, one set of microkeratome and instruments are used on both eyes. Debris and bacteria can be transferred from one eye to the next by use of one set of instruments and blade for both eyes.
 - **Not Sterile:** The same set of instruments and microkeratome blade are used on multiple patients without being cleaned and sterilized. Fortunately, this is not common practice; unfortunately, it still exists.

- 4. Instrument Cleaning Protocol.** The surgical technician is responsible for the maintenance of the instruments. Therefore, all elements, including use and maintenance of the autoclave that heat-sterilizes the instruments, should be accomplished with a high level of meticulous care and diligence. If the autoclave is not cared for properly, bacteria can grow, which can contaminate the instruments with dead, toxic bacteria remnants.

ASK YOURSELF: How can you be confident in the safety process if shortcuts are taken?

Chapter V

Preoperative Evaluation

Specific evaluations (I to V) must be done to determine if LASIK is appropriate:

I. Tear film evaluation

It is normal for patients to experience temporary dryness after LASIK. Patients who have inadequate tears before surgery are at higher risk of prolonged dry-eye symptoms after LASIK and should have increased lubrication before surgery. Some patients have the feeling of dryness while wearing contact lenses since lenses absorb tear moisture. This does not mean that the eyes are dry when contact lenses are not being worn.

There are different methods to evaluate tear function: Some involve evaluation with a special "tearscope"; some place colored agents in the tears; another, physically measures the tears themselves. Visual inspection of the tear film with a microscope is another technique.

ASK YOURSELF: If the tear film is not assessed, how can the surgeon know if a patient is at high risk of developing dry eyes after surgery?

II. Pupil size evaluation

Following LASIK, some patients experience glare and halos. Often this is due to a combination of larger pupil sizes and higher amounts of nearsightedness or farsightedness that was not recognized as a risk factor prior to surgery. With large pupils, light rays from the peripheral cornea are more likely to cause symptoms of glare and halos after LASIK.

These symptoms can be minimized by programming a larger optical zone of the laser for patients who have a combination of larger pupils and higher amounts of nearsightedness. If central optical zones are custom-programmed with lasers that have an adjustable central optical zone from 6.0 mm to 8.0 mm, even patients with large pupils and high prescriptions can do very well and avoid troubling glare, halos, and night-driving difficulties. To accomplish this, the surgeon must have a high level of understanding and experience with advanced laser and corneal optics in order to know how to program the laser based on a given individual patient's measurements.

How are pupils measured? There are four categories of hand-held tools for evaluation:

- 1. Infrared.** Infrared technology gives a digital readout of the pupil size, so there is no need for the examiner to make estimates. Infrared technology is the gold standard method to measure pupil size, albeit the most expensive.

2. **Light amplification.** An examiner looks through one end of the device at the pupil. Pupil diameter is measured against a tiny ruler in the viewfinder.
3. **Ruler card.** An examiner uses a hand-held card with different sized circles on it to match the diameter of the pupil to that of a circle on the card.
4. **Visual estimation.** Here the pupil size is "guestimated" by the examiner. This is the least accurate method.

ASK YOURSELF: If the pupils are not measured, or the surgeon did not understand how to use the measurement in programming the laser, how can the risk of glare and halos be minimized?

III. Corneal Topography

Corneal topography shows the surgeon whether or not the cornea has normal astigmatism or abnormal astigmatism. Some patients with abnormal astigmatism have a condition called keratoconus, or "bulging of the cornea." These corneas often are weaker than normal corneas and thus should not be treated by LASIK.

ASK YOURSELF: If the topography test is not performed, how will the surgeon know if the patient has keratoconus?

IV. Pachymetry

Pachymetry is the medical term for "corneal thickness." As you already know, the LASIK procedure involves creating a flap on the surface of the cornea and using the laser to reshape the cornea by removing tissue. It is possible that too much tissue can be removed by the laser. This can destabilize the cornea and lead to corneal bulging. This condition is called ectasia and results in distorted vision.

Before surgery, the surgeon should calculate how deep the laser will penetrate and be sure it does not penetrate beyond the safe level, which is why measuring corneal thickness is imperative.

ASK YOURSELF: If pachymetry is not performed, or even in conjunction with the test, if the calculation is not done, how can the surgeon be sure that the laser is not going too deep?

V. Epithelium evaluation

Attached to the surface of the cornea there is a thin clear layer of "skin" or epithelium. In some patients, this layer of skin may not be firmly attached. If so, while making the flap in the LASIK procedure, this skin layer may be brushed off by the microkeratome, leading to a higher risk of complications. It is important to identify beforehand with a microscopic examination of the cornea if the "loose skin" condition exists.

ASK YOURSELF: If a careful exam is not performed, how can "loose skin" be identified?

Chapter VI

Why Do Lasik Fees Vary?

By now it should be understood that LASIK is not a product like a computer, plasma TV, or MP-3 player. LASIK is a medical procedure that is more akin to a service. Unlike the products mentioned, LASIK fees increase over time, not decrease. In providing a service in the form of a surgical procedure, there are a host of factors that play a role in the fee for the procedure.

Generally, LASIK fees can be categorized as premium, middle, and low. As a general rule, the lower the fee, the less surgeon-patient interaction there is. The reason is that lower fees mean that more patients need to be treated in order to generate the same level of income as fewer patients at a higher fee. At the lower fee range, it is common that the patient will sign up for surgery without meeting the surgeon - patients typically meet the surgeon just prior to the surgery itself. It's the equivalent of going in for elective gallbladder surgery, but never meeting your surgeon until you're on the table. This is not common practice in other areas of medicine.

There are other factors that can account for differences in fees even if you meet the surgeon at every visit before and after surgery. The more experience of the surgeon, typically the higher the fee. In other words, the greater the expertise, the higher the fee. As with any profession, some surgeons are more skilled than others which includes not only surgical expertise, but also diagnostic expertise as well since LASIK is not always the best procedure for everyone. Some patients may be better suited for other procedures and some patients should not have surgery at all. An expert surgeon will be able to tell you this critical information. Should a problem arise with or after surgery, an expert surgeon is likely able to manage it. All of these factors tend to culminate into the reputation of the surgeon. An Internet search of the surgeon's last name may show you information or accomplishments about the surgeon.

The quality of the staff is another factor with LASIK fees. Just like highly-qualified surgeons, expert surgical staff and clinical technicians along with other staff necessitate higher salaries. Surgeons who employ less experienced staff have in turn lower staff salaries. Surgical technicians assist the surgeon in surgery and clean, sterilize, prepare, and maintain all equipment in surgery room as well as maintain the room itself. Clinical technicians perform similar functions as part of the preoperative and postoperative examinations. As you can see, the staff has a very important role in the LASIK procedure.

The equipment is another cost factor. The top-end lasers used for LASIK can cost upwards of \$400,000 to \$500,000. A 6-10 year old model can easily be obtained for \$50,000. A facility with the top-end laser needs to cover the not only the laser cost, but other equipment needed for the procedure, all of which have different grades of quality unto themselves: flapmaker, surgical room (air filtration system or not? humidity-controlled room or not?), diagnostic equipment, other surgical equipment, etc.

With this understanding of why LASIK fees vary, if you hear a lower LASIK fee, you should ask yourself, "What is being left out of the process then?"

A very popular option for those who desire premium LASIK, but think it may not be within reach is to use outside patient financing. Most offices can provide you with patient financing for LASIK which has become very popular among patients nowadays since monthly payments are typically \$100-\$200 a month. Payments start after the procedure is performed. This option has made premium LASIK affordable to many patients.

APPENDIX A

Background of LASIK

LASIK stands for Laser In-Situ Keratomileusis, which translates: "using a laser to reshape the cornea from the inside." It was first performed in 1991.

The basic elements of the LASIK procedure involves the creation of a flap in the outer cornea; moving the flap to the side to expose the inner part of the cornea; using an excimer laser to reshape the cornea based on the patient's specific measurements, and then replacing the flap to its original position. The reshaped cornea then focuses the previously unfocused light rays onto the retina.

At a more detailed level, LASIK is in fact two procedures combined:

Microkeratome (Flapmaker)

The first procedure, keratomileusis, which was developed in the late 1950s, employs a small surgical instrument: a microkeratome (much like a carpenter's plane) that creates smooth flaps with a mechanically oscillating tiny blade contained within a microkeratome metal head. The head is used in conjunction with a suction ring that holds the eye in position during the flap creation. (Back then, lasers were not developed for reshaping the cornea. To do so, the microkeratome was used a second time under the flap.) The same principles underlying the original microkeratomes are used in the modern microkeratomes. The long-term safety record of properly created flaps in the cornea is excellent, and many microkeratomes are currently FDA approved.

Excimer Laser

The excimer laser was developed in the 1980s for reshaping the eye. The precision wavelength of 193 nanometers was found to be the safest and most accurate. Many excimer lasers are FDA approved, but not all lasers have the same range of approvals. For example, one brand of laser may be FDA approved only for treating myopia without astigmatism, while another laser may be FDA approved for all five possible conditions: myopia with and without astigmatism, hyperopia with and without astigmatism, and mixed astigmatism.

The most advanced lasers today are small spot (less than 2 mm) and have advanced eye-tracker technology that follows the eye during the laser application (this compensates for small eye movements). Such lasers have adjustable treatment zones up to 8.0 mm to compensate for large pupil diameters. Lasers have extremely sophisticated self-run computer diagnostics that verify this entire system during calibration testing. The most advanced lasers available today can correct myopia with/without astigmatism and hyperopia with/without astigmatism.

Brief History of Refractive Surgery

LASIK was developed from procedures described above. The excimer laser was initially developed to aid in a procedure called radial keratotomy (RK). In the early 1980s, RK involved changing the corneal shape for myopia by making tiny slits in the outer cornea with a special blade. The excimer laser was created in an attempt to replace the blade for RK surgery. Shortly afterwards the excimer laser was used instead to directly reshape the central cornea in a procedure called photorefractive keratectomy (PRK).

APPENDIX B

Background of Blurred Vision

The eye functions much like a camera. The camera's lens, located in front, focuses the image on the film in the back of the camera. In the eye, there are two lenses-the cornea (outer lens) and crystalline lens (inner lens)-which focus the image on the retina, that lines the back wall of the eye (analogous to the film of a camera).

In the eye, the pupil acts like a camera shutter, gauging which light rays are allowed to enter the eye through the cornea. The electrical impulses are sent to the brain through the cable-like optic nerve. The eye takes the picture, and the brain develops it into the image you actually see.

The natural clarity by which some people see distance images without glasses or contact lenses indicates that the image is being focused on the retina. If the image is focused either in front or behind the retina, the image is blurry.

A major factor determining the success of the image focused on the retina is the length of the eyeball:

- If the eyeball is too long in length (shaped like an egg), then the focused image will be in front of the retina. This condition is called **myopia** (or nearsightedness).
- If the eyeball is too short in length (shaped like a Ping-Pong ball), the focused image will be behind the retina. This condition is called **hyperopia** (or farsightedness).

Both nearsightedness and farsightedness cause blurred vision.

Another condition that can blur vision is astigmatism, which indicates that the cornea is misshapen (like a football). Astigmatism can occur in combination with nearsightedness as well as with farsightedness. The ideal corneal shape is round (like a basketball).

Presbyopia, when the lens inside the eye can no longer focus on closer reading material (books, menus, shopping tags, etc.), is the reason most people over 40 must use bifocals and reading glasses. Presbyopia, to some degree, eventually happens to everyone.

Your Prescription

Eye doctors write prescriptions for glasses and contact lenses-usually a single number or three numbers-that indicate the condition of the eye:

- A **minus sign (-)** in front of the first number indicates nearsightedness
- A **plus sign (+)** in front of the first number indicates farsightedness
- The **number** itself indicates the degree of nearsightedness or farsightedness.

Mild to moderate nearsightedness shows in the range of -1 to -6 **diopters** (the units of measurement). Mild to moderate farsightedness generally falls within the range of +0.75 to +4.00 diopters.

The absence of a second or third number indicates there is no astigmatism. A second number verifies both the presence of astigmatism and the degree of it. Astigmatism may have either a minus sign or a plus sign.

The third number, called **axis**, indicates the direction of astigmatism: right and left eye is designated by OD and OS, respectively.

Two sample prescriptions for right eyes are:

OD -4.50

OD +2.25 -1.00 x 165

APPENDIX C

Steps of LASIK

The following is an outline of the basic steps of a typical LASIK procedure:

- Patient is positioned under the laser and, for practice purposes, is directed to look at a specific light.
- Anesthetic drops are used to numb the eye so there is little or no pain.
- Eyelids and lashes are cleaned; they are covered and held open (with drapes and a gentle eyelid holder) so they are out of the surgical field.
- Cornea is marked to assist the surgeon in realigning the flap at the end of the procedure.
- A suction ring is placed on the eye, giving a little squeezing sensation to hold the eye steady; lights usually disappear for a few seconds.
- Microkeratome, or "flapmaker," is used to make the flap.
- Surgeon centers the laser (even if an eye-tracking laser is used, it is surgeon's responsibility to properly center laser beam).
- Laser is activated while surgeon carefully watches patient's eye to be sure it remains in position.
- Flap is repositioned so surface is smooth; inner surface is rinsed.
- Drapes and eyelid holder are removed.
- Antibiotic and anti-inflammatory drops are started.

ABOUT THE AUTHOR

Elected by his peers as one of the world's best refractive surgeons, Dr. Boxer Wachler focuses exclusively on the field of vision correction at his Los Angeles-based practice, the Boxer Wachler Vision Institute. Specializing in procedures to correct glasses and contact lenses, his techniques include LASIK, LTK, Intacs, presbyopia reversal implants, and implantable contact lenses.

He also holds a Diagnostic and Repair Clinic to treat patients in the community who have experienced problems after LASIK or other vision correction procedures. Raised in Santa Monica, CA, Dr. Boxer Wachler graduated from Santa Monica High School followed by an undergraduate degree in Psychobiology at the University of California, Los Angeles.

While at UCLA, he was an intercollegiate athlete - rowing competitively on the university's crew team. He was also an avid public speaker and member of UCLA's championship debate team. He was chosen for the Rotary Foundation International Scholarship and studied abroad at Edinburgh University in Scotland as an ambassador from the United States.

Upon return from Scotland, Dr. Boxer Wachler attended Dartmouth Medical School in New Hampshire. Following graduation, Dr. Boxer Wachler completed a residency in ophthalmology at Saint Louis University Eye Institute. His interest in refractive surgery was sparked early in his training, and he initiated original research in quality of vision after radial keratotomy (RK), photorefractive keratotomy (PRK), and later in laser in situ keratomileusis (LASIK). He spent an additional year of training in a refractive surgery and corneal surgery fellowship at the University of Kansas Medical Center and Hunkeler Eye Center in Kansas City.

From fellowship, he was recruited by the UCLA Department of Ophthalmology at the Jules Stein Eye Institute to be Director of Refractive Surgery as well as Director of the UCLA Laser Refractive Center.

Dr. Boxer Wachler and his wife Selina, an architect, live with their twin daughters in Los Angeles.