

Refractive Surgical Options and Parameters

Each patient will be evaluated on an individual basis and surgical options will be decided by the surgeon after all data has been reviewed. Corneal thickness, age, and refractive correction determine which surgery has the best potential outcome for each patient. Laser ablation optical zones vary from 6 mm to 9 mm.

Laser Vision Correction Parameters

MYOPIA – LASIK – CUSTOM LASIK – PRK – PATIENTS 18 YEARS OR OLDER

Myopic correction from – 0.50 to – 10.00 diopters

Astigmatism errors from 0 to – 5.00 diopters

HYPEROPIA – LASIK – CUSTOM LASIK – PRK – PATIENTS 21 OR OLDER

Hyperopic correction from +0.50 to +5.00 diopters at the spectacle plane

Astigmatism errors from 0 to +3.00 diopters

Combined hyperopia and astigmatism may not be more than +6.00 diopters

MIXED ASTIGMATISM – LASIK - CUSTOM LASIK – PATIENTS 21 OR OLDER

Patients 21 years of age or older for the reduction of hyperopia between +0.5 and +5.00 diopters at the spectacle plane and astigmatism from +0.50 to +3.00 with a maximum spherical equivalent of +6.00

General Requirements for all CustomVue Patients:

Patient must be 18 years of age

Manifest Refraction must be within +/- 0.50 diopters of wave print exam.

Pupils must be a minimum 5mm in diameter (Mesopic Measurement)

Refraction must be stable for 1 year prior to surgery.

All contact lens wearers must come in for baseline measurements. If qualified for refractive surgery they will be given instructions at the time of the baseline evaluation.

Gas permeable and Extended wear Soft Contact Lens patients must be out of contacts until corneas stabilize. This may be weeks or months.

Custom workup may be done on first visit for those patients who wear glasses.

Post Operative RK Patients Must Come in for Early AM and Late PM Measurements Before any Surgery Can be Contemplated.

Prelex (Presbyopic Lens Exchange) Refractive Lensectomy

This surgical procedure is recommended for those patients over the age of 40 with a higher Hyperopic correction. Female patients tend to have less dry eye problems with this procedure. Myopic patients over 60 will be evaluated on a per case basis and must have a consultation with Dr. Lipsky prior to scheduling surgery. This procedure is similar to cataract surgery without the cataract. The clear lens is removed and is replaced by an intraocular lens implant. There are many options for a final visual outcome.

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Options:

Distance vision correction for both eyes.

This will require near vision correction (READING GLASSES) at all times.

Mono Vision correction (one eye distance and the other for near vision) This is a good option for those patients that have worn mono vision contacts and have adapted to mono vision well.

Multifocal vision – This is utilizing the Restor, Tecnis, or Symphony multifocal intraocular lens and gives the patient the benefit of good vision at distance and near. This lens requires adaptation (3 months) and Type A persons with exacting personalities are NOT MULTIFOCAL candidates.

NOTE: All patients need to be advised that no matter what surgery is performed they will still need glasses for critical vision tasks.

Refractive Parameters

Hyperopic correction from +1.00 to +15.00 diopters and astigmatism correction from +0.25 to +1.25 diopters. Patients with higher amounts of astigmatism correction up to 6D may require the new Symphony Toric intraocular lens. Patients may still require LASIK surgery after the refractive lensectomy. This is a separate procedure and further enhancement may be required. Each patient needs a consult with Dr. Lipsky prior to surgery to determine if they are a candidate for PRELEX (Presbyopic Refractive Lensectomy).

Verisyse Lens Implant – Phakic IOL Implant for Patients Who Do Not Otherwise Qualify For Lasik or PRK

Patient must be over 21 years of age and must have stable refraction. All criteria for corneal stability must be met as in LASIK surgery.

Prescription between -5.00 and -20.00 with 2.5 diopters or less of astigmatism correction. Multiple measurements will be necessary and LASIK overlay may be necessary to obtain the best uncorrected vision.

THE GOAL OF THIS SURGERY IS MORE NORMAL VISUAL ACUITY – NOT PERFECT VISION WITHOUT CORRECTION.

Patients must have a consult with Dr. Lipsky to determine if they are a candidate.

Clinical Evaluation of a Refractive Surgery Candidate

Ages between 18 and 55 for LASIK and PRK.

Those over 55 may be candidates for PRELEX rather than laser vision correction.

Refractive Evaluation – All Patients – the Following is Required:

Name, age, date of birth, Medical history, type of work tasks patient does on a daily basis.

Monocular - Distance and Near vision without correction

Monocular - Distance Vision with Current correction / Measurement of current correction

Dry Manifest Refraction or Auto refraction (PUSH PLUS ON ALL PATIENTS)

Topography if abnormal repeat testing with Magellen

Measurement of Dominant eye – ALL PATIENTS NEED TO BE NOTIFIED OF NEED FOR READING RX AFTER AGE 40 – OVER 40 NEED TO BE ADVISED OF MONO VISION

Measurement of Mesopic Pupil (IN DIM ILLUMINATION) size (with Pupillometer if possible)

Dilate as follows:

18-39 YEAR OLD Myopic - 1% Cyclogel, 2.5% Phenylephrine

AGE 40 and Above Myopic - 2.5% Phenylephrine and 1% Mydracyl

Post RK – (ANY AGE) - 2.5% Phenylephrine and 1% Mydracyl

SURGERY BASED ON DRY REFRACTION – These patients require a consult with Dr. Lipsky

All Hyperopic (ANY AGE) - 2.5%Phenylephrine and 1% Mydracyl

**Do not do tonometry or pachymetry prior to dilated examination.
This is to be done after refraction and retinal evaluation**

Contact Lens Patients

Soft Contact Lenses

Patients must be out of soft contacts for a minimum of TWO WEEKS prior to evaluation if their contacts are worn on a daily wear basis. If contacts are worn on an extended wear basis or if they are toric contact lenses they need to be discontinued until the cornea stabilizes. THESE PATIENTS NEED A BASELINE EVALUATION BEFORE THEY COME OUT OF THEIR CONTACT LENSES

Hard or Gas Permeable Contact Lenses

PATIENTS NEED A BASELINE TOPOGRAPHY WHILE WEARING THEIR CONTACTS. They are to discontinue their contacts until the topography stabilizes. The stabilization process may be weeks or months due to the length and type of contact lens worn. Patients need to be aware that their vision can change dramatically after discontinuation of contact lenses.

ALL patients are considered stable when the topography measurements change by .5 diopters or less.

Review of Refractive Surgical Options:

Myopic and Hyperopic LASIK – Custom LASIK

Myopia - 10.00 sphere +3.50 cylinder / sph. equiv. -11.50

Hyperopia +3.75 sphere +2.75 cylinder / sph. equiv. +5.50

Mixed Astigmatism UP TO 5.00 DIOPTERS OF CYLINDER

PRK

Myopic patients with thin corneas that do not qualify for Intralase

Patients with military requirements

Post RADIAL KERATOTOMY PATIENTS

Patients with anterior corneal disease

PRELEX With New Technology Lenses Restor, Tecnis, and Symfony

Hyperopic patients over 40 with a spherical correction greater than +2.00.

VERISYSE PHAKIC IOL

Myopic patients over 21 with correction from -5.00 to -20.00 who do not qualify for LASIK surgery. Consultation required with Dr. Lipsky.

VISIAN ICL

Myopic patients 21 to 45 years of age ranging from -3.00 to -15.00 D with ≤ 2.5 D astigmatism. Patients must have an anterior chamber depth ≥ 3.00 mm, and a stable refractive history within 0.5D for 1 year before implantation. Consultation required with Dr. Lipsky.