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ASK THE OPTOMETRIST

ASK THE OPTOMETRIST IS A SERIES OF INFORMATION NEWSLETTERS THAT WE ARE PLEASED TO PROVIDE OUR PATIENTS TO ELABORATE ON A VARIETY OF RELEVANT EYECARE TOPICS.

LASER VISION CORRECTION (LVC)

Q1: WHAT IS LASER VISION CORRECTION?

FOR MANY YEARS, THE PRIMARY METHODS OF CORRECTING VISION WERE PRESCRIPTION EYEGLASSES AND/OR CONTACT LENSES. SURGICAL ALTERNATIVES, PRIMARILY RADIAL KERATOTOMY, WERE AVAILABLE, BUT RELATIVELY UNPREDICTABLE, AND UNCOMMON. IN THE MID-1990S, OPHTHALMOLOGISTS BEGAN USING COOL LASER TECHNOLOGY TO GENTLY RESHAPE THE CORNEAL SURFACE, PRIMARILY TO CORRECT LOW TO MODERATE AMOUNTS OF NEARSIGHTEDNESS. GRADUALLY, AS TECHNOLOGY AND SURGICAL SKILLS HAVE IMPROVED, MORE PRESCRIPTIONS CAN NOW BE CORRECTED, INCLUDING HIGHER AMOUNTS OF NEARSIGHTEDNESS, MODERATE ASTIGMATISM, AND LIMITED FARSIGHTEDNESS.

Q2: HOW HAVE THINGS EVOLVED TO BRING US TO TODAY?

THE FIRST POPULAR LASER PROCEDURE WAS PHOTOREFRACTIVE KERATECTOMY, OR PRK. THIS INVOLVED THE REMOVAL OF THE CORNEAL SURFACE EPITHELIUM, FOLLOWED BY THE USE OF LASER ENERGY TO RESHAPE THE CURVATURE, AND THE APPLICATION OF A CONTACT LENS TO ACT AS A BANDAGE ALLOWING THE EPITHELIUM TO RE-GROW OVER SEVERAL DAYS. ANTI-INFECTIVE AND ANTI-INFLAMMATORY DROPS WERE NEEDED FOR SEVERAL MONTHS, AND INITIAL DISCOMFORT WAS AN ISSUE FOR SOME PATIENTS.

SHORTLY THEREAFTER, LASIK GAINED POPULARITY GIVEN ITS RELATIVELY RAPID HEALING TIME, QUICK VISUAL RECOVERY, AND IMPROVED POST-OPERATIVE COMFORT. IN LASIK, THE SURGEON CREATES A HINGED CORNEAL FLAP, ALLOWING THE LASER ENERGY TO BE APPLIED BELOW THE SURFACE OF THE CORNEA, REDUCING INFLAMMATION, DISCOMFORT, AND RECOVERY TIME. IN FACT, MANY LASIK PROCEDURES NOW HAVE THE FLAP CREATED WITH THE LASER ITSELF, ELIMINATING THE NEED TO USE A SURGICAL BLADE.

Q3: AM I A CANDIDATE, AND IF SO, FOR WHICH PROCEDURE?

THE MAJORITY OF PATIENTS WITH LOW TO MODERATE NEARSIGHTED AND/OR ASTIGMATIC PRESCRIPTIONS ARE CANDIDATES FOR LVC. LIMITING FACTORS INCLUDE A THINNER THAN AVERAGE CORNEA, LARGER THAN AVERAGE PUPIL DIAMETER, SIGNIFICANT DRY EYE, AND PATIENTS WHO ARE PRONE TO POOR WOUND HEALING OR SCARRING. THESE AND OTHER FACTORS, INCLUDING HIGH PRESCRIPTIONS, MAY PRECLUDE LASIK, BUT PATIENTS MAY STILL BE CANDIDATES FOR OTHER SURGICAL PROCEDURES – BE SURE TO ASK YOUR OPTOMETRIST FOR DETAILS ABOUT YOUR PARTICULAR SITUATION.

Q4: HOW DO I GET STARTED, AND WHERE DO THINGS END?

THINGS BEGIN WITH A COMPREHENSIVE EXAMINATION IN OUR OFFICE, WITH SOME ADDITIONAL PROCEDURES TO ASSESS PRESCRIPTION AND CORNEAL THICKNESS. IF YOUR OPTOMETRIST FEELS YOU ARE A CANDIDATE, THE NEXT STEP IS A CONSULTATION WITH THE SURGEON, WHO WILL REPEAT SOME TESTS, AND AUGMENT THEM WITH SPECIALIZED CORNEAL MAPPING AND ABERRATION ASSESSMENTS. IF THERE ARE NO CONTRAINDICATIONS, YOUR SURGERY AND POST-OPERATIVE APPOINTMENTS WITH YOUR OPTOMETRIST WILL BE SCHEDULED. OUR CURRENT FEES INCLUDE YOUR POST-OP CARE FOR BOTH EYES FOR ONE YEAR, AND ARE \$500 FOR LASIK AND \$550 FOR PRK. FOLLOWING THAT, IT IS RECOMMENDED THAT YOU CONTINUE ANNUAL ASSESSMENTS; YOUR OPTOMETRIST WILL OUTLINE AN EXAMINATION SCHEDULE BASED UPON YOUR INDIVIDUAL SITUATION. REMEMBER, WE WORK FOR YOU – OUR ROLE IS TO ADVOCATE IN YOUR BEST INTERESTS.