

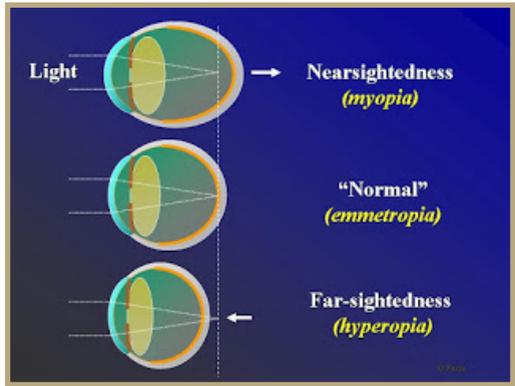
LASIK

What is LASIK?

LASIK is short for laser-in-situ keratomileusis, a procedure carried out under local anaesthetic to alter the shape of the front of the eye or cornea to shift the focus of the image onto the retina.

Many people are unable to see clearly. This is because of abnormalities in the size or shape of their eyeballs. These problems can be corrected with lenses in front of the eye in the form of spectacles or contact lenses.

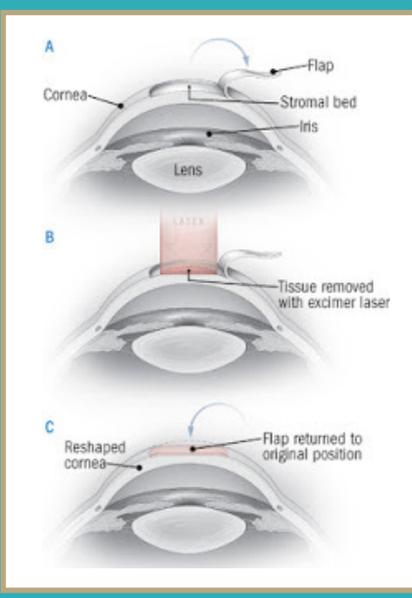
People who are near-sighted (myopic) usually have eyeballs that are too long. The image from incoming light is focused in front of the retina.



People who are far-sighted (hyperopic) usually have eyeballs that are too short. Incoming light is focused behind the retina, resulting in blurred vision.

The eyeball cannot be lengthened or shortened surgically, but the shape of the front of the eye or cornea can be altered to shift the focus of the image onto the retina.

The procedure



- A. The ophthalmologist uses a microkeratome (mechanised corneal cutter) to cut a thin, hinged layer in the cornea, called a flap.
- B. The flap is laid back and the surgeon uses an excimer laser beam to flatten or steepen the curvature of the underlying cornea by vaporising a thin layer of tissue.
- C. The flap is gently put back into place. The cornea heals without any stitches.

Patients are given sedation, so you will need someone to drive you home.

Eye shields are worn until the next morning.

Preparation before LASIK

NB! Discontinue the following before LASIK surgery:

- cosmetics for at least 3 days
 - soft contact lenses for at least 1 week
 - hard contact lenses for at least 2 weeks
- Confirm these times with your ophthalmologist.

Who is a suitable candidate?

Your ophthalmologist is the best source of information and can recommend the best option for you. Patients with thicker glasses benefit the most from this treatment. Patients have about an 80% chance of managing without spectacles for distance after treatment.

Patients should be at least 18 years old with their eyes having remained stable for at least a year. There is no maximum age, although patients over 45 should bear in mind that they will still require reading glasses after the surgery.

This is an elective procedure which does carry a small risk of complications from the surgery. Medical aids do not usually cover the cost of this procedure.

Possible complications

- Infection** in about 1 : 50 000 operations.
- Surgical complications** that will be assessed and treated by the ophthalmologist.
- Corneal "haze"** in about 3% of operations, resulting in mistiness of vision and halos around lights especially at night. This may need further surgery.
- Regression** Some patients revert to their previous refraction and may need further surgery.
- Halos** around lights, especially when driving at night - this gets better after 6 months, but never completely disappears.
- Inflammation in the cut** can be transitory, and is treated with drops.
- Dryness** of the eyes for about 2 months.

Please note that these are general guidelines. If in doubt, consult your ophthalmologist.