

S I G H T L I N E

Laser Eye Center & Ophthalmic Associates

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Refractive surgery evaluation considerations:

1. History – recent or current use of Accutane (isotretinoin) or Cordarone (amiodarone), h/o ocular herpes simplex or zoster, patient or family member with keratoconus, pregnant or nursing
2. Stable refraction – less than 0.5 diopter change in 12 months per FDA but we prefer within 0.25 diopter
3. Regular topography (if available)
4. Cyclo refraction with dilated fundus exam
5. Rule out corneal issues – EBMD or nodules, cornea scarring, guttae, dry eyes, ectasia, etc.
6. Rule out other comorbidities – glaucoma, ARMD, cataracts, etc.
7. Discuss Lasik and PRK procedures including recovery, discomfort, healing in case we need to change procedures due to findings at our office.
8. Pachymetry (if available)
9. Hobbies that would make patient not a good candidate like MMA, boxing, and other contact sports.
10. Note if patient is a habitual eye rubber. Could cause flap complications and more likely to have ecasia issues.
11. No contact lenses prior to evaluation and procedure. Prefer 2-3 days without spherical lenses, 1 week for toric lenses and longer for RGP's (need to measure corneas till stable, can be weeks or months)
12. Refractive goal – plano OU, monovision (also helpful to note if patient is non adapt to monovision), discussion on need for readers in patients near or over age 40

Serving Eye Doctors & Their Patients

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