

# LASIK SURGERY GUIDELINES FOR PATIENTS

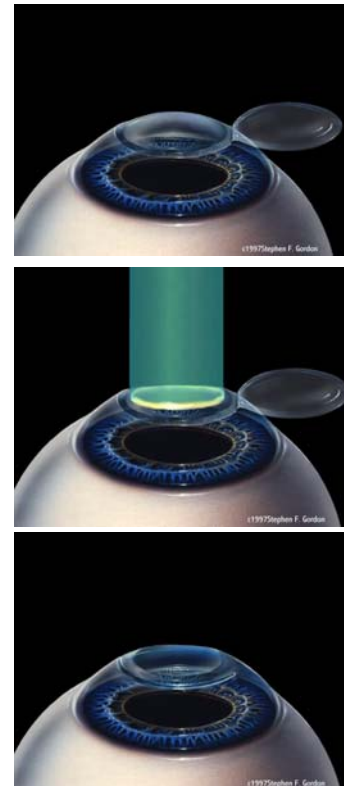


## INTRODUCTION

Laser in-situ keratomileusis, or LASIK, is a safe and effective treatment for a wide range of common vision problems. It is currently the most frequently performed elective surgery in the United States. LASIK involves the use of a laser to permanently change the shape of the cornea, the clear covering of the front of the eye. In this manner the focusing system of the eye is re-shaped allowing the patient to see clearly without the need for glasses or contact lenses.

LASIK is a quick and often painless procedure, and for the majority of patients, the surgery greatly improves vision and reduces the need for corrective eyewear. It is important to remember that LASIK is a surgical procedure conducted on a delicate part of the eye. It is crucial that potential candidates are well educated on the benefits and risks of the procedure. You should understand the importance of a thorough screening by your physician, and maintain realistic expectations about the procedure's outcome.

Careful patient selection and an experienced surgeon using modern technology along with proper follow-up help to ensure the very best results.



## WHO IS RIGHT FOR LASER EYE SURGERY

While many individuals are considered good candidates for LASIK, there are some who do not meet the generally accepted medical criteria to ensure a successful laser vision procedure.

Individuals that are not deemed good candidates for lasik are often better served by alternative procedures offered at Teplick Vision. At your initial screening, these alternatives will be presented.

### The Ideal Candidate

- Over 18
- Stable Refraction
- Healthy Eyes
- Educated and Informed
- Reasonable Expectations

### Less Than Ideal

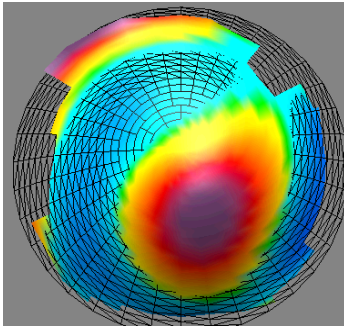
- Severe Dry Eyes
- Large Pupils
- Immunosuppressed
- Corneal Surface Disorders or Scarring
- Unstable Vision

### Poor Candidates

- Pregnant
- Ocular Herpes Simplex
- Refraction Outside Indicated Treatment Parameters
- Keratoconus
- Thin Corneas
- Other Vision Threatening Eye Disease

## PRE- LASIK SCREENING

Prior to scheduling Lasik eye surgery, it is recommended that every patient have a screening exam to evaluate his or her candidacy for the procedure. Preferably, this screening should be with the operating surgeon. During this evaluation, the patient's visual system is examined with particular atten-



**Corneal Topography**

tion to issues which could affect a satisfactory outcome or which could increase the patient's risk to encounter a side effect or complication from the procedure.

In addition, this is the time for the patient to have all questions and concerns addressed. At the screening, the patient has an opportunity to evaluate the surgeon and to feel comfortable that he or she has selected someone with experience, dedication and commitment.

You should do your research and take the time to have all your questions answered. Be cautious if you are not allowed to meet your surgeon preoperatively or if you feel you are being pressured to sign up for surgery. Common sense would suggest that it is unwise to select a medical operation based upon price alone.

### Screening Essentials

- Refraction
- Biomicroscopy
- Pupil Size
- Tear Film Analysis
- Corneal Thickness
- Corneal Topography
- Wavefront Visual Analysis
- Risk Evaluation
- Surgeon Evaluation

## COMPLICATIONS

Lasik is a medical operation and complications do exist. Fortunately, they are relatively rare. Please read the informed consent carefully. The most common side-effect is that Lasik is not 100% accurate and that you may need glasses or contact lenses more frequently than you anticipated. Visual side effects such as glare, haloes, starbursts around lights

*With careful patient selection, state of the art technology and an experienced surgeon and staff, complications can be minimized.*

at night or poor vision at night occur in less than 1% of our patients. High risk patients for these side effects are identified and counseled pre operatively. Problems in making the surgical flap are rare—to date we have had to abort the surgery due to poor flap construction only 7 times in over 20,000 cases. As of this writing, no

one has gone blind in the U.S. from Lasik—over 6 million cases. This is not to trivialize the problems that patients have encountered, but the bottom line is that significant post operative complications are rare. Do your research carefully, consult with your family eye doctor and be fully informed prior to surgery. Weigh the risks versus the benefits. In experienced hands, Lasik is a safe and effective operation with minimal risks.

## COMANAGEMENT

Many patients have a longstanding, positive relationship with their family optometrist. In these cases patients may choose to 'comanage' their care and have their own eye doctor perform some of the pre and post operative care. Because optometrists do not perform laser surgery but are experts in dealing with the optical system of the eye, they can be an objective and unbiased source of preoperative information

as well as a resource for postoperative management. Optometrists have had the opportunity to see surgery from a variety of laser vision centers and can help guide the patient to surgeons of the highest quality. Dr. Teplick is affiliated with Pacific University College of

*We have trained and certified over 150 eye doctors in the Pacific Northwest to comanage the care of laser vision patients.*

Optometry where he is an Adjunct Professor of Ophthalmology. He is actively involved in the education of optometry students as well as providing ongoing continuing education for optometric physicians in practice throughout Oregon and the Pacific Northwest..

## LASIK SUCCESS RATES

Lasik 'success' is dependent upon several factors—including, of course, the increased ability to read letters on the eye chart. However, visual satisfaction can vary from patient to patient and may depend upon the types of activities performed as well as the visual demand required. For example, night vision

*Overall, patients achieve 20/20 vision over 90% of the time and 99% are able to see better than 20/40—the minimum requirement for driving a motor vehicle.*

abnormalities such as glare may be more disturbing to an airline pilot than to the average individual. At your consultation, a careful review of both your ocular status and your visual performance needs will be taken. Individualized results can then be outlined that are more relevant than the usual generic table of postoperative visual acuities.

## TECHNOLOGY

Everyone claims to have the best technology and yet there are several lasers approved for Lasik by the FDA. The combination of an experienced surgeon and state of the art technology will greatly enhance the success rate of any surgical operation. We have had a great deal of experience with the Visx Star S4—the most widely used laser in the U.S. This laser has advanced scanning capabilities as well as three dimensional infrared eye tracking and advanced iris recognition software to insure that minor eye movements will not interfere with the quality of the treat-

ment. Our experience of over 20,000 cases and a worldwide database of over 4 million cases on this technology allows us to accurately predict the visual results prior to surgery. In addition, we are pleased to utilize state of the art **wavefront** technology which allows us



*Customized laser treatments are made possible by wavefront diagnostic analysis and state of the art laser technology.*

to improve outcomes, we are committed to incorporating it into our program.



to customize our treatments by objectively analyzing the entire optical system. This method is much more accurate than the standard refractions which have previously been the hallmark of preoperative testing.

As new technology becomes available

Nonetheless, it is a mistake to think that technology alone is responsible for the best outcomes. The skill, experience and judgment of the surgeon is at least as important as the technology. Attention to detail and the reproducibility of the procedure will greatly enhance the achievement of superior results.

## WHAT LASIK WON'T DO

Lasik is not about being perfect or having perfect vision. If perfection is your goal, you may be disappointed with your result. After Lasik, your vision may not be always as sharp as it is today with your glasses or contact lenses. Nonetheless, your vision should be excellent and you likely will not need correction. This independence from wearing corrective lenses, rather than perfection, is the main motivation for patients.

*Whereas 'perfect' vision is often the outcome of Lasik—it is not the goal. Expect to decrease or eliminate your dependence on glasses and contact lenses.*

Lasik does not cure the normal aging process called presbyopia, which usually occurs in the late 40's, at which time you may need reading glasses for fine print. This process has nothing to do with the curvature of the cornea, but rather is due to an increasing inflexibility of the human lens. If you are already in your mid forties or beyond, you will likely need readers relatively soon after the procedure.

# FREQUENTLY ASKED QUESTIONS

## **Will Lasik hurt**

No, your eyes will be numbed during the procedure. Some patients feel some mild pressure as we make the flap.

## **Can I affect the outcome by moving my eyes**

No, our lasers have advanced infrared eye tracking with iris registration software which monitors the position of the eye 60 times a second and adjusts the laser beam to account for any eye motion.

## **Can I observe surgery prior to my operation**

Yes, we encourage you to visit our centers prior to surgery to see live surgery and learn more about Lasik.

## **What can I expect on the day of surgery**

You will be at the surgical center for 1-2 hours on the day of surgery. Additional testing will be performed and you will meet with Dr. Teplick to review your surgery and have all your questions answered. You will be in the operating suite for about 15 minutes and the procedure itself takes about 5 minutes. You will be given detailed instructions on your postoperative care.

## **How long should I be off work**

You should take the day of surgery and the next day off, if possible. We will examine you the day after surgery. Thereafter most patients are able to resume full activities. Common sense precautions to avoid trauma to the eyes should be taken.

## **Can I drive right away after surgery**

Do not drive the day of surgery. Most people can drive comfortably thereafter.

## **What causes haloes and glare after surgery**

Most of these symptoms occur at night when the pupil dilates, allowing more light to enter the eye causing optical aberrations. These symptoms are more common in patients with larger pupils and we will check your pupil size prior to surgery. Modern laser technology however has improved the quality of the laser treatment, greatly diminishing the incidence of glare and haloes in our patients.

## **What is Monovision**

If you are over 45 years old you may wish to inquire about monovision, a technique that allows you to see well up close in one eye, the other eye being corrected for distance. We may wish to try this out with a contact lens prior to surgery to see if you like it.

## **Do I have to go without my contacts before having laser vision correction?**

There is no need to remove your contacts for the initial consultation to determine your candidacy. However, they need to be out prior to your preoperative exam. Hard or gas permeable contacts need to be out at least a month prior to the exam. Soft lenses should be out for at least 1 week. You will be instructed further at your consultation.

## DR TEPLICK AND TEPLICK VISION



Dr. Stanley B. Teplick is a board certified ophthalmologist with over 25 years of experience as an eye surgeon. He completed his training at the Mayo Clinic where he was named Chief Resident in 1981. Dr. Teplick has performed over 30,000 vision correction procedures including the first FDA approved excimer laser vision corrections in the Pacific

Northwest and is one of the most experienced laser eye surgeons in the nation.

Dr. Teplick is an adjunct professor of ophthalmology at Pacific University, a fellow of the American Academy of Ophthalmology and a member of both the American and International Societies of Refractive Surgery. He specializes in vision correction and participated in the FDA studies which led to the approval of the excimer laser in 1995.

Teplick Vision is dedicated to providing the highest quality vision correction outcomes through state of the art technology delivered in a caring patient centered environment.

Dr. Teplick has been named 4 times as one of the 'Top Doctors' in America by Castle Connolly, a national healthcare research organization.

Based upon recommendations by other physicians, surveys and extensive research, a select list appears each year reflecting where medical specialists would send members of their own families for care.

Only 33 refractive surgeons nationwide have been named and only one in the Pacific Northwest. We are truly honored.

