

Refractive Surgery-

- I. Refractive Surgery History and Optometry Role**(4 mins)**
 - a. Optometry is poised to help our population stay in focus and thus we have to focus on helping patients choose what is best for them-
 - i. We see kids for glasses
 - ii. Teens for contacts
 - iii. And prepare patients for Refractive Surgery-
 - b. Since the 80's Refractive surgery has become a household name**(7 mins)**
 - i. RK-the gift that keeps on giving
 - ii. LASIK arguably the most efficacious Surgery
 1. "How do you talk to patients about LASIK? Do you get them excited about the surgery?"
 - a. "I try to use props to show patients the use of the laser to make a flap, such as my chart. I also use sound affects to represent the laser sound-and if I had incenses I would burn them for the smell. Moreover, I talk about the customization of LASIK. Using devices like the iDesign from AMO we can make create a 'guide' for the individual eyes treatment. Much like a tailor creates a suit or a a personal pan pizza at Pizza Hut."
 2. "Risks? What do you tell your patients about the risks?"
 - a. "The biggest risk is LASIK surgery is not the surgery-it is the evaluation. The ability to find patients that may have a limited ability to get the most from the surgery-are patients that have thinner than average corneas, irregular shaped corneas, Rx's that are greater than can be smoothed, and lastly patients have to understand the limitations.
 - b. "Like presbyopes!"
 - iii. Speaking of Presbyopes**(4 mins)**
 1. "Do you recommend Monovision with Epi or LASIK?"
 2. "How do you talk to patients about what to expect?"
 - a. Myopia-it's like wearing your contacts
 - b. Hyperopia-you can't see anyways
 - c. Astigmatism-same as myopia
- II. Other Refractive Options-NOT LASIK**(5 mins)**
 - a. "How do you differentiate LASIK from PRK or PRK from Epi-LASIK?"
 - i. "For me I see PRK as the less classy Epi-LASIK, being from Canada I am sure you think that Epi-LASIK is a better version, especially if you are from Quebec-however, for me they are almost identical and I think it really boils down to just how you

remove the epithelium. I use my my folder again and show how we can take off less tissue.”

b. SMILE (3 mins)

- i. Advantages and disadvantages of the procedure
- ii. Why do we care about not using a flap?
- iii. “Telling a patient that a small correction may only need a limited amount of laser treatment.”

c. ICL(7 mins)

- i. “Your corneal is too thin and your prescription is not within the range that a laser correction can treat you safely. There is a better option that can get you great vision”.
- ii. Expanded range of correction with toric-ICL
- iii. Optical quality with lens close to nodal point
- iv.

d. Cornea Inlays(7 mins)

- i. Let’s talk about getting layed
 1. Anytime you add something to the eye you can always take it out-why would you want to remove something? Well there could be some new procedures that come down the line, like a suppository that will treat presbyopia, so it is nice to know you can place something up your butt and still be a candidate by removing your inlay
 2. Removable is NOT reversible-once you cut into the cornea you can never undo that
 3. “Talk to me about getting the cornea layed”-do we need soft music and hot oils?
 - a. What specifically are we talking about?
 - b. Who is a candidate for an inlay?
 4. Currently there is only 1 Inlay approved in the states
 - a. “The Kamra inlay is predicated on the notion of narrowing down the blur circle using pin-holes. We talking pinholes? Pinholes? Pinholes...”
 - b. Patients understand the pinhole affect
 - c. Can you demonstrate what the vision will be with the use of the pinhole in the lane
 - d. What about follow-up..how should this change for patients.

e. DSR (Dysfunctional Lens Removal)(5 mins)

- i. Discuss the stages of Dysfunctional Lens Syndrome
 1. Stage-1 (Presbyopia)
 2. Stage-2 (Lenticular Changes)
 - a. DLR time
 - b. Want lens changed but not clinically significant
 3. Stage-3 (Cataract Surgery)

III. Refractive surgery should be a natural discussion(3 mins)

- a. Discuss the PROWL studies
 - i. Patient reported outcomes with LASIK
 - 1. PROWL-1 (Navy)
 - 2. PROWL-2 (Civilian)
- IV. Give patients options-Comanaging with the MD(5 mins)**
 - a. We can safely treat all refractive errors
 - i. Collaborate with the MD
 - ii. Know what they offer and for whom
 - b. Use pinholes-folders-sounds-make smells
 - i. Help patients understand what to expect
 - ii. Share experiences
 - c. Stay educated.