



# NEBRASKA LASER EYE™

## A S S O C I A T E S

4909 S. 118<sup>th</sup> St., Omaha, NE 68137 · 402-397-2010 · 800-433-2015 · 402-397-8439 Fax · www.nebraskaeeye.com

## LASIK Co-managing Guidelines

### Preoperative Evaluation

Co-management should be explained to the patient. Current fees are as follows:

- Total fee for LASIK is \$1,997.50 per eye (\$3,995 bilateral as of 1/01/16).
- Suggested co-management fee: 25% of the fee collected on the day of surgery. Fee can be billed directly to the patient by referring doctor or collected by Nebraska Laser Eye Associates and sent to referring doctor.
- Enhancements are covered for two years from date of procedure.

The essential aspects of the pre-operative examination are:

- Manifest refraction at 12.5mm vertex.
- Cycloplegic refraction at 12.5mm vertex. Cyclogel is suggested for younger patients and patients with poor endpoints on the manifest refraction.
- A dilated fundus examination with special attention to the periphery.
- IOP
- A script for **Vigamox and Maxidex qid OU** or **Zymaxid and Pred Forte qid OU** should be written by the referring doctor. The patient should begin using the drops qid the day **before** surgery.

### Postoperative Medications

Antibiotic / Steroid: Vigamox / Maxidex or Zymaxid/ Pred Forte 1gtt qid x 1 week

Lubrication: Non-preserved artificial tears frequently the day after surgery

Eye Shield/Goggles: qhs for five days

### Patient Instructions

Once a patient schedules for surgery, please give each patient a copy of the three-page packet entitled “**What to do Before your LASIK procedure.**” Other items to mention to each patient include:

- No eye make-up on day of surgery and for one week post-op
- Do not rub or squeeze eyes
- Shower at day one, however, keep eyes closed
- Driving can be resumed when visual acuity permits
- It is normal for the vision to fluctuate over the first few weeks

## Postoperative Examination Schedule

Examination reports should be mailed or faxed to Nebraska Laser Eye Associates in Omaha at the following intervals:

1 day            1 week            1 month            3 months            6 months            1 year

## Postoperative Patient Follow-up Information to NLEA

- Uncorrected visual acuity
- Best-corrected visual acuity
- Refraction (beginning at one week visit)
- IOP (beginning at one month if indicated)
- Orbscan/Topography (patients can return to NLEA for topography if indicated)
- Corneal assessment

## Examinations

### Day One:

One-day visual acuity ranges from 20/20 to 20/100. Most myopic patients will show approximately 1.25 diopters of hyperopia at this point, regression of 3.00 diopters and more has been reported. Presbyopic patients should be reassured that near vision will get better with time.

The most important aspect of this visit is the assessment of the corneal flap. Dislodged flaps should be referred immediately to Nebraska Laser Eye. Epithelial defects should be noted and followed closely for possible opportunistic infection. Epithelial defects should not be pressure patched. Occasionally a bandage contact lens will be used. This lens can be removed when the epithelium is intact.

Minor interface opacities are common. Any debris should be documented and followed for migration and dissipation. Occasionally small “glistenings” are seen at the interface. These metal particles are from the keratome or keratome blade and are clinically insignificant.

Diffuse Lamellar Keratitis (DLK) or “Sands of the Sahara” must be ruled out. DLK first appears as a fine white granular material under the peripheral flap interface. It usually occurs within the first week following surgery. At this point, vision will not be affected. This granular material can migrate to the central cornea causing a rapid decrease in vision. If DLK is suspected, aggressive treatment with Pred Forte and Vigamox/Zymaxid should be initiated.

“Secondary Sands” may occur following epithelial abrasions or trauma. Treatment is the same as that of the primary condition.

Subconjunctival hemorrhages are common. Patients should be reassured of resolution. Patients with dry eyes should be encouraged to frequently lubricate with non-preserved artificial tears.

**Week 1:**

Visual fluctuation should be improving. Manifest refractions should be performed at this visit. It is normal to show mild degrees of hyperopia. Medications can be discontinued. All normal activities can be resumed, provided eye protection is worn in high-risk environments.

Patients should be reassured that visual fluctuation, halos and glare are normal at this stage in the healing process.

**Month 1:**

Best-corrected visual acuity should be restored. Care should be given to detect epithelial ingrowth. If epithelial ingrowth is observed, patients should be monitored weekly. Patients should be referred back to the surgeon if the ingrowth is growing, the vision is decreased, or the flap integrity is threatened.

Night glare and halos are normal at this visit, however, should be decreasing.

**Month 3:**

Three months is the ideal time for myopic enhancements. Patients with low initial corrections may be enhanced slightly sooner. Overcorrections, i.e. hyperopic enhancements, should be delayed until the six-month visit in most cases to allow for regression and stabilization.

Glare and halos at night will have all but disappeared in the lower initial corrections. Higher corrections may still have symptoms that may continue to improve for the next 3 months.

**Month 6 and 12:**

Patients should be stable at this time. Night glare should be minimal. Hyperopic enhancements can now be considered with refractive stability. Secondary enhancements can also be considered if three months has passed since the first enhancement.

Dilated fundus examination is indicated at the one year visit to assure retinal stability. Patients should be reminded of the importance of routine eye care.

<b>Nebraska Laser Eye Associates Contact Information</b>
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The doctors at Nebraska Laser Eye Associates are available 24 hours a day. Doctors can be reached after business by calling the clinic answering service or by calling the doctor directly.

**Omaha** (800) 433-2015 or (402) 397-2010

**Nurse on call:** (402) 657-6489

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