

# COMMONLY ASKED QUESTIONS

## How much does it cost?

Refractive surgery is very competitive, with large variations in price. But like with all things you generally pay for what you get. Below is a rough indication of prices.

Initial consultation £90-£175

PRK -£1000

LASIK / LASEK £1400-£1500

Wavefront LASIK £1750

The main fee should include all follow up appointments for a 12 month period, moisturising tear drops should be your only additional expense. Enhancement surgery should be included in the main price.

## Is the procedure painful?

No, the LASIK procedure is relatively painless. Although you will be awake during the surgery, your eye will be completely anaesthetised with eye drops. There may be some irritation when the anaesthetic wears off. This typically only lasts for 3 - 4 hours. Discomfort lasts 3 - 4 days after surface laser procedures.

## How quickly can I go back to work?

This depends on your job and the environment you work in. Office work is usually possible the day after LASIK, and work will not damage your eyes provided that you are able to administer your after care drops on time. Surface laser procedures (PRK, LASEK) typically require a week off work.

## Will I need glasses or contact lenses after surgery?

Around a third of patients still require glasses for perfecting ones distance vision for example, night driving after LASIK. Glasses are also generally also required for small and detailed print after the age of 50.

## How do the different laser machines vary?

Generally it is best to avoid choosing a clinic based on which machine they use. There are many different machines, and each refractive clinic will tell you that theirs is the best. As with all things there are advantages and disadvantages with each and every model. Bausch and Lomb and AMO make very good LASIK and LASEK laser equipment.

## Optometrists

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### Further sources of information:

[www.rcophth.ac.uk/docs/publications/  
ExcimerLaserPatientGuideMarch2006.pdf](http://www.rcophth.ac.uk/docs/publications/ExcimerLaserPatientGuideMarch2006.pdf)

This is a free 21 page detailed guide available for download from the Royal College of Ophthalmologists. We recommend all people considering refractive surgery to read this excellent guide.

[www.healthcareomission.org.uk](http://www.healthcareomission.org.uk)

The Health Care commission published yearly inspection reports on all registered refractive surgery practices.

[www.nice.org.uk](http://www.nice.org.uk)

In March 2006 NICE issued guidance on refractive surgery

[www.lasik-eyes.co.uk](http://www.lasik-eyes.co.uk)

Impartial refractive surgery review and message forum, with a good selection of positive and negative reviews.

### Refractive surgeons who we would recommend you consider:

Mr Christopher Stephenson FRCOphth

All Clear Clinic, Trumpington, Cambridge 0800 032 9091  
[www.allclearlasik.com](http://www.allclearlasik.com)

Mr Andrew Ramsay FRCOphth

The Nuffield, Bury St Edmonds 01284 701371  
[www.nuffieldhospitals.org.uk](http://www.nuffieldhospitals.org.uk)

Mr Bruce Allan FRCOphth

Moorfields Private Eye Clinic, London 020 7566 2803  
[www.moorfields-private.co.uk](http://www.moorfields-private.co.uk)

Mr C Pillai FRCOphth

Advanced vision eye clinic, London 0800 652 4878  
[www.advancedvisioncare.co.uk](http://www.advancedvisioncare.co.uk)

# CLAMP

## OPTOMETRISTS

AND CONTACT LENS PRACTITIONERS

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## REFRACTIVE SURGERY

# INTRODUCTION

Increasing numbers of our patients ask for our opinion about laser or refractive surgery. This leaflet is designed to give you a good starting point so you can find out more from good and reliable sources. We are impartial and do not have any agreements with any surgeons or laser treatment companies.

Anyone registered with the General Medical Council is legally allowed to perform refractive surgery in the UK, this in our opinion gives no guarantee as to the experience or quality of training the medical practitioner may have in refractive surgery. This is unfortunate as refractive surgery is now a good proven technique and a great option for some people. In March of this year NICE changed its guidance and advises that although LASIK is a relatively new procedure, it is safe and works well.

## CLAMP RECOMMENDATIONS

- You should choose a clinic which is registered with the General Medical Council / Healthcare Commission and where the surgeons are NHS consultant ophthalmologist they should also be fellows of the Royal College of Ophthalmologists and will have the letters FRCOphth after their name. This ensures a minimum of 8 years training and a high level of expertise.
- You should have an initial consultation with a refractive surgeon ideally the surgeon who will be carrying out the procedure.
- Surgery should not be performed within 24 hours of this consultation. No discount or offer should be made as an inducement to have surgery quickly or to reduce the amount of time you have to consider whether you want surgery.
- Follow up after the procedure should be initially by the refractive surgeon.
- The refractive surgeon should maintain an outpatient service, either at the clinic/hospital where refractive surgery is undertaken, or elsewhere, such that he/she can provide routine and emergency follow-up care.

# ARE MY EYES SUITABLE?

Ultimately the decision remains between both you and your chosen surgeon.

## Suitable

- Age 21 years or over
  - Stable prescription i.e. less than 0.5D change over the preceding 2-3 years
  - Healthy eyes
  - Good general health
  - People with reasonable expectations
- ## Unsuitable
- Under 21 years of age
  - Prescription change of 0.5D or greater over the last 2-3 years.
  - Pregnancy / breast feeding
  - Significant keratoconus, cataract or glaucoma, or herpes eye infection.
  - Patients on certain prescription drugs, such as oral steroids.
  - Excimer laser surgery may not be suitable for patients with medical conditions such as diabetes, rheumatoid arthritis,
  - Very high expectation or a necessity for better than 20/20 vision

# WHAT ARE THE RISKS?

Minor under or over correction / Visual correction below that expected

Since the predicted result cannot be completely accurate, this results in a small amount of residual prescription in 10-15% of cases, often a 2nd enhancement procedure, corrects this residual prescription.

Presbyopia ( The need for reading glasses)

After the mid 40's people require reading glasses this is still the case following most forms of refractive surgery.

Eye Sensitivity and Dry eye

Following surgery most patients complain of uncomfortable eye, as the nerves in the cornea are cut, artificial tear drops generally used for around 6 months until the nerves re-grow.

Haze

Two-three months following surgery most patients complain of some degree of visual haze, this tends to disappear on its own after 6-12 months.

# TYPES OF TREATMENT

## Photorefractive keratectomy (PRK)

PRK has been widely performed since the late 1980s. With the development of LASEK and LASIK, it is now mainly used for low refractive errors. This procedure is carried out on the corneal surface, since little corneal tissue is removed, the remaining cornea stays strong. The eye may be sore for about 48 hours after surgery. The healing process then continues for several months and can vary between patients. There is usually a period of corneal haze which can cause blurring of vision and glare. In some patients (particularly those with higher refractive errors) these symptoms can be variable.

## Laser epithelial keratomileusis (LASEK)

LASEK is similar to PRK but the surface layer (epithelium) of the cornea is loosened with dilute alcohol which is then lifted out of the way. A special soft contact lens is kept on the eye for 3-4 days to allow the surface to heal. The eye is much more comfortable than following PRK. Retaining the epithelium is thought to prevent later complications of haze and speed up the healing process.

## Laser in situ keratomileusis (LASIK)

LASIK has been widely performed since the mid 1990s. Most types of refractive error may be corrected with LASIK but it may not be suitable for extreme corrections as the procedure may make the cornea too thin and unstable. It differs from PRK as a surface flap is cut across the cornea. The exposed surface is then sculpted in the same way using a laser and the flap is replaced. This results in tissue being removed from the middle layers of the cornea. LASIK causes minimal pain, and vision tends to recover quickly. However, the surgical technique is more involved, and if complications do occur, they may be more serious than after PRK.

## Clear Lens Extraction

This alternative to corneal treatment should be considered by anyone over the age of 50. Fundamentally the procedure is identical to a cataract operation, your crystalline lens is removed and an artificial lens implant corrects your vision, another advantage is that you cannot then develop cataracts.

## Wavefront (XYZ optics, Aberration control etc)

There are natural irregularities (aberrations) of the structural components of the eye, which can cause light rays to focus imperfectly even though your prescription is correct. Wavefront analysers can detect such aberrations, complicated calculations are then used so the laser not only corrects your prescription but also corrects these aberrations, which may further improve your vision by 6%.