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The Best Vision Newsletter

COMPREHENSIVE REFRACTIVE SURGERY

Over the years, we have seen many people with mild to extreme refractive error that desire a spectacle-free lifestyle. Thankfully, we have been able to satisfy these patients by offering not one but rather a wide array of refractive surgical tools. For those patients who are not suitable LASIK candidates, our practice is not restricted to this modality, but also offers several alternatives that may better meet unique patients' needs. We consider every option when deciding which refractive procedure is most appropriate for the "routine" refractive case and for those referred with refractive surgical complications or therapeutic indications such as post-penetrating keratoplasty ametropia (PK).

Drs. Erdey and Searcy offer LASIK, PRK, astigmatic keratotomy (AK), radial keratotomy (RK), clear lensectomy (CLY), and cataract surgery (CS). Increasingly, we employ toric intraocular lenses and/or AK combined with CLY/CS when indicated with excellent results. Further, Dr. Erdey is a co-investigator in the intraocular contact lens (ICL) study for myopia; we anticipate FDA approval of this promising technology sometime this year. Applying these various options to appropriate patients provides a real opportunity to improve the quality of life for these often challenging cases.

CASE 1: 48yo presbyopic female referred from Pennsylvania because "...I have horrible vision and I heard you folks may have something to help me..." She desired refractive surgery. RX: OD +6.50 +1.50x096 20/20- (dominant eye) and OS +5.00 +2.00x097 20/20-. Target post-operative refraction OD PL OS -1.75. Hyperopic LASIK would require excessive cornea steepening leading to optical aberration. CLY provided the best optics in this situation. She elected to proceed with CLY combined with an AK. Post-op RX @ 1 year: OD Plano 20/20 and OS -2.25 +0.75x095 20/20. She is ecstatic with her result and we are humbled that she chose to drive more than 7 hrs, round trip to see us!

CASE 2: 50yo male with Keratoconus requiring a Cornea Transplant OD. After the running suture was removed from the corneal graft 18mos later, he was left with a challenging refractive error: -10.25+6.00x147 20/50-. LASIK could be considered but the corneal astigmatism was excessive and mildly irregular. He subsequently developed a cataract OD that allowed us to consider CS using a toric IOL. Due to mild irregular astigmatism in the cornea graft, it was a challenge to pick the proper IOL. However, he did quite well after surgery -3.00+1.50x105 20/30-. In summary, his reduction of ametropia and improvement in best-corrected vision after corneal transplant was achieved with subsequent CS and toric IOL. His quality of life was greatly improved!

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We dedicate ourselves to enhancing the quality of life for every individual whose life we touch, by helping each to see his or her best, and by preserving our patients' vision and eye health throughout life.

Do You Have Any Unique or Challenging Refractive Cases or Patients That Are Not Candidates for Traditional LASIK or PRK?
Please Let Us Know.
HOPE YOU'RE ALL HAVING A GREAT SUMMER
THANK YOU FOR YOUR SUPPORT!

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