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## Postoperative Lasik Management

### Immediate Postoperative Care:

- 1) At the end of the procedure, one drop of Zymaxid, Acular and Muro 128 will be administered.
- 2) The patient will leave the Eye Center of Texas with a pair of sunglasses to be worn when awake the day of the surgery. These are worn primarily to prevent inadvertent touching of the eyes. The patient will also be given a pair of clear eye shields to be worn during sleep for one (1) week post-op.
- 3) Reminder: Zymaxid will be used four times per day for three days prior to LASIK. Restasis, if prescribed for your patient, will be used 2 x a day, the start date determined by the signs and symptoms of each patient.
- 4) The patient will start their eye drops (Zymaxid and Durezol) following the procedure. The patient should use one drop of Zymaxid, four times per day and one drop of Durezol, four times per day. The drops should be used for one week post-op. Restasis should be used 2 x a day for 90 days following Lasik for patients deemed necessary. Please allow 4-5 minutes between drops.
- 5) Artificial Tears (Optive PF, Refresh) are to be used every two (2) hours, while awake, for one (1) week then four times per day for six (6) months if necessary. Only non-preserved artificial tears should be used. Artificial tears may be used more often than q2hrs, as per patient need.
- 6) Patients are advised to sleep for the first three to four hours after their LASIK procedure and as much as possible for the rest of the day.

### Medications

- 1) Zymaxid QID three days prior to LASIK and 1 week post op.
- 2) Durezol QID x 1 week
- 3) Artificial tears Q2H, while awake, x 1 week, then QID x 6 months
- 4) If prescribed, Restasis is to be used 2x a day prior to and after LASIK for 3 months or more depending on symptoms.

### Recommended Schedule of Appointments – Post LASIK

1. 1 day post-op
2. 3-4 days post-op
3. 1 month post-op
4. 4 months post-op

### DAY ONE

1. If present (due to abrasion at the time of LASIK), remove bandage contact lens(s) after loosening with several drops of non-preserved artificial tears. Allow 10 minutes with eyes closed prior to checking visual acuity.
2. First, check UCVA **with both eyes (OU)**, in moderate light.
3. Check UCVA OD & OS.
4. Slit Lamp exam. **No IOP check.**
5. Review medications (especially artificial tears), use of eye shield and no eye rubbing.
6. Fax exam results to Eye Center of Texas (ECT).

### *Day One Slit Lamp Exam*

1. Micro / Macro Stria (Bowman's crinkles) Best seen with retro-illumination, significant if reduces VA. If reduces VA, refer patient back to ECT for possible flap re-float and stretch. If in doubt,

do not wait. Stria may become permanent if left in the flap untreated.

### ***Postoperative Lasik Patient Management - Day One Slit Lamp Exam Con't.-***

2. Interface debris (5%)

Almost never significant, don't mention to patient. Refer only if in visual axis and results in decreased VA.

3. SOS – Sands of the Sahara (Diffuse Lamellar Keratitis – DLK)

Non-infectious inflammation in the interface. Appears as “waves of granular sand” in the interface between the flap and the bed. Patient usually asymptomatic or mild pain, photophobia and decreased VA (primary sign). Usually occurs in the first 3-4 days post-op. Increase Durezol to q1h, while awake, immediately and follow with daily return visits. Call ECT if cells become confluent or central.

4. SPK – Superficial Punctate Keratitis

Very common due to dry eye. Stains with fluorescein. Continue artificial tears.

### ***Day One UCVA***

1. If pre-LASIK, < 7D Myope and < 3D Astigmatism – Expect 20/20 – 20/50
2. If pre-LASIK, > 7D Myope and > 3D Astigmatism – Expect 20/30 – 20/70
3. If pre-LASIK, Hyperope – Expect 20/40 – 20/70 (with –1.00 to –2.50 myopia)
4. Discuss with patient that visual acuity will improve over the next 2 to 3 weeks and glare will improve over 3 to 4 months.
5. Discuss readers for presbyopes.

### **THREE TO FOUR DAY EXAM**

1. Check UCVA **OU**, then **OD** and **OS** in moderate light.
2. Expect +.50 to +1.00 in myopes, -1.00 to –2.00 in hyperopes.

### **Slit Lamp Exam**

1. Refer if visually significant striae (wrinkles).
2. SPK secondary to dry eye (stains with fluorescein), don't confuse with SOS.
3. Epithelial ingrowth (2%) – grey-white opalescent clusters under the flap, often near the edge of the flap. Refer if cells have grown > 2 mm from the flap edge, appear to increase in size over one (1) week or if become confluent.
4. May require lifted flap with scraping of epithelial cells.

### **ONE MONTH EXAM**

1. UCVA OU then OD & OS
2. Manifest refraction
3. Inspect flap
4. Cycloplegic refraction if UCVA is 20/40 or worse.
5. Discuss possibility of **future** enhancement if UCVA is 24/40 or worse, > -.75 D myopia, > -1.00 D astigmatism, > +1.00 D hyperopia. Advise no enhancement earlier than three (3) months post-LASIK.

6. Discuss the risk of epithelial ingrowth, over / under response and stria on enhancements. Discuss necessary corneal thickness for enhancement and reluctance to perform a second enhancement (third procedure) due to risks and complications.
7. Fax report to ECT at 713.357.7278

#### **FOUR MONTH EXAM**

1. UCVA OU then OD and OS.
2. Manifest refraction.
3. Topography, if available.
4. Cycloplegic refraction if 20/40 or worse or patient not 20/happy.
5. Refer for enhancement if UCVA is 20/40 or worse,  $> -0.75$  myopia,  $> -0.75$  D astigmatism,  $> +1.00$  D hyperopia **and has significant complaints**. Verify corneal thickness available for an enhancement (call ECT).
6. Please recognize risks and complications inherent with enhancements. Patient subjective symptoms must correlate with residual prescription. **Advise patient of risks and complications associated with enhancements, i.e. epithelial ingrowth, over-correction, under-correction, irregular astigmatism (irreversible VA loss), flap stria.** The informed consent document advises patients that uncorrected 20/20 vision is not guaranteed and not always possible.
7. Fax report to ECT at 713.357.7678.

#### **ONE YEAR EXAM**

1. Annual primary eyecare examination.
2. Not included as part of LASIK fee. O.D.'s annual examination fees apply.
3. Post-op visits and annual examinations required to maintain "Limited Lifetime Warranty" i.e. no charge for enhancement for first year following LASIK, a charge per eye will apply after the first year post-LASIK.
4. Fax report to ECT at 713.357.7678.

*PLEASE REMEMBER –*

*Complications should be managed with or by Eye Center of Texas.  
Please call should you have any questions or concerns during the LASIK patient's post-op care.*

#### **LASIK Post-op "Words of Wisdom"**

1. Never discuss patient's refraction in terms of numbers ( $-1.50$  D,  $+2.00$  D) - just use VA only (20/20, 20/30, etc.).
2. Always check post-LASIK VA in moderate illumination.
3. Always check VA with both eyes first.
4. The younger the patient and the more myopic the patient, the more they will regress if over-corrected (an over-responder).
5. If the LASIK patient has a bandage soft contact lens secondary to a corneal abrasion, use plenty of artificial tears to lubricate the eye prior to SCL removal and remove in a downward motion.

6. No IOP checks on the first day post-LASIK.
7. **Re-emphasize the drop schedule, use of eye shields, no rubbing of eyes** and the expectation of very dry eyes.
8. Look for epithelial defects and note them on your chart.
  - a. Look for stria.
  - b. The best way to look for stria is to use retro illumination or look for negative staining with fluorescein.
  - c. Microstria – BVA of 20/25 or better without ghosting and the stria are outside the papillary margin, can be rechecked in one (1) week.
  - d. Macrostria – Send all macrostria back to the surgeon immediately for evaluation.
9. Interface debris –  
Don't mention to the patient if it is not visually significant (VA < 20/50) as it will resolve.
10. Sands of the Sahara (SOS) –
  - a) Use Durezol q 1 hr. and check cornea the next day.  
(check every day until resolved).
  - b) If SOS is noted, call the doctors at ECT at 713.797.1010.
  - c) Peak incidence of SOS is 3-4 days post-Lasik.



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