

# General Candidacy Considerations

Our surgeons are available for questions regarding specific patients.

## **Contraindicated Medications:**

Patients must be off of these meds for 1 month before the pre-operative exam, and continue to stay off of them for 1 month after surgery.

Accutane	(Isotretinoin)
Cordarone	(Amiodarone, Pacerone)
Methotrexate	(Folex, Mexate)
Plaquenil	

## **LASIK and PRK Limits:**

Varies with pachymetry. Close scrutiny over 10 diopters.

LASIK: -12.00D Sph Myopia

PRK: -12.00D Sph Myopia

New lasers can treat increasingly significant degrees of astigmatism and hyperopia. The diagnostics at our surgical centers are often necessary to make that final determination.

- **Wavefront patients must have a clear optical media:** Any patient with cataract, corneal scar, lenticular opacity, or vitreous opacity is a poor Wavefront candidate.
- **Post-operative keratometry values:** Between 33-50 (for every 1.00D of myopic correction there is approximately 0.80D of corneal flattening and for every 1.00D of hyperopic correction there is 1.00D of corneal steepening).
- **Amblyopia:** BCVA must be 20/40 or better in amblyopic eye.
- **Pupil size:** Qualifying patients with larger than average pupil size should be counseled to have Wavefront since this technology has been proven to cause less glare/halo and improve nighttime vision. Wavefront requires a pupil size of at least 5.0mm.

## **Previous Eye Surgery:**

- **Radial Keratotomy:** -3.00D of myopia, +3.00D hyperopia, (with) 2.00D of astigmatism – PRK only with MMC. Less than 8 incisions used in initial RK surgery.
- **CE with PCIOL:** OK if sclera and cornea clear, and more than 12 months have passed.
- **Scleral Buckle:** Only for PRK.
- **Glaucoma Surgery:** OK if only a glaucoma suspect. If any VF loss, patient needs clearance from the physician who is following patient's glaucoma.

## **Medical Conditions:**

Generally, no surgeries for patients with the following conditions, but as always, consult with the surgeon.

- Active Rheumatoid Arthritis – If requiring medication under the supervision of a rheumatologist.
- Uncontrolled diabetes
- Controlled diabetes – Any retinal damage must get clearance from retinal specialist.
- Herpes Zoster Ophthalmicus – No. HIV +, Hepatitis B, Hepatitis C – Will treat if stable.

- Herpes Simplex – May consider if no outbreak in 3 previous years and no corneal scarring, but will need to start course of antiviral meds 1 week prior and continue 1 week after surgery. Patient must have adequate corneal sensation.
- Ankylosing Spondylitis – May be OK if eye has been quiet and no uveitis.
- Lupus – May be OK if only ANA+.
- Pregnant/Nursing – No, if pregnant. Patient should be post-partum and done with nursing for 6 weeks prior to exam/surgery.

## **Pre-Operative Examination Protocol:**

- Complete dilated exam at least 48 hours prior to surgery.
- Cycloplegic exam with tropicamide 1% or cyclogyl 1% and refraction 30 minutes after dilation.
- FDA allows 0.50D change per year in Rx. Document age of Rx and patient's perception of length of Rx stability (old refraction > 2 yrs ideal). Confirm stability in younger patients or higher Rx. Old records are helpful in this regard.
- Age: 18 years of age or older.
- Clinically significant dry-eye or blepharitis treated prior to surgery.

## **Contacts:**

**Soft or Toric contact lenses** may not be worn for one (1) week prior to the pre-operative examination and two (2) weeks prior to surgery.  
**Gas Permeable or PMMA (poly methyl methacrolate, i.e., hard contacts) lenses** may not be worn for four (4) consecutive weeks prior to the pre-operative examination and surgery.

These contact removal guidelines are minimum requirements to achieve the best correction possible. In some instances, the removal period prior to examination and surgery may be extended.

## **Other Information:**

- **Microstriae:** Sometimes seen after high corrections – should not affect BCVA.
- **Microfolds:** Should consult with surgeon for a lift and re-float if folds appear to be affecting vision. You may notice that they induce some astigmatism that may decrease BCVA.
- **DLK:** Should consult surgeon for a possible flap lift and rinsing if inflammation is dense and clumping (Grade 3 or 4). May start PF 1% q 2° if Grade 1 or 2, and follow closely.
- **Retreats:** The vision we will consider for an enhancement must be worse than 20/40. Patients must have a stable prescription, wait at least 3 months after primary myopic LASIK and 6 months for hyperopic LASIK or PRK. All enhancements must be approved by an RVC surgeon prior to scheduling.