

# REFRACTIVE SURGERY BEST PRACTICES

## For Referring Doctors

LASIK, PRK and Laser Vision Correction

Dear Doctor—

We are excited to be working with you to provide excellent care, vision and service for the patients in our region. We have prepared this clinical reference guide as a short primer in what we look for in the pre- and post-operative care of refractive surgery patients. We hope that it serves as a quick resource in our collaboration of care efforts.

Clinical factors such as refractive error are essential to selecting appropriate refractive surgery candidates, but equally as important are non-clinical factors such as motivation and expectations. Because of the experience and established relationship with your patients, you have the best insight regarding these important factors. It is critical to determine if the patient has realistic goals and expectations as well as an understanding of the risks and benefits. The happy refractive surgery patient begins with thoughtful patient selection.

Enclosed you will find:

- ◆ Clinical Pearls and FAQs
- ◆ Post-Op Care Best Practices (LASIK and PRK)
- ◆ Co-Management & Enhancement Policies
- ◆ Lead General Letter and Pre/Post-Op Forms

In addition to the reference materials in the next pages, we've provided several of our forms at the back of this handbook, for easy retrieval and copying by your staff. For easy printing and duplication, these forms are also available in the "For Optometrists" section of IVG's website at <https://inde-vision.com/comanaging-optometrists/>. We hope this helps make things easier for you as we begin our partnership together.

Please call us any time if you have questions or concerns about a patient, a treatment or our practice. We look forward to working with you.



Thomas Harvey, MD



Chad Vieth, OD

**Refractive Error:** Myopia up to -12.00D, Astigmatism up to 6.0D, and hyperopia up to +3.00D will be considered. ICLs are an alternative for high myopia and astigmatism. While there are no minimum refractive error requirements, an UCVA of 20/30 or less is good reference.

**Presbyopia:** This is a difficult concept for some patients to grasp. A thorough consultation or demonstration is critical to determining their expectations. All patients currently with presbyopia should be offered and demonstrated monovision. Please document that they declined monovision if they choose distance vision for each eye. When selecting monovision, please record the amount of residual myopia desired for the near eye. Eye dominance should be measured on all patients.

**Dry Eye Evaluation:** We recommend a minimum of Tear Break UP Time (TBUT) and slit lamp examination for corneal staining with Fluorescein on each patient. If findings are borderline Schirmer's testing is indicated.

**Contraindications:** Accutane or Amiodarone (present or past), pregnancy or lactation and other progressive ocular disease that limits vision such as cataracts.

**Stability of Refraction and Age:** the Wavelight Excimer Laser Systems are indicated for patients who are 18 years of age or older and have documented evidence that their refraction has not changed by more than 0.50D during the year prior to their preoperative exam.

**Contact Lens Removal:** Your preoperative exams can be performed with recent soft contact lens wear including a cycloplegic refraction. All testing done at the IVG LASIK consult requires removal of soft contacts a minimum of 5 days and RGP lenses one month plus one week per decade of wear. We require contact lenses be out 5 days prior to the procedure as well.

**Corneal Scars:** PRK is often indicated for patients with corneal scars. Dr. Harvey will determine which procedure is best for the patient at his consultation the day of surgery.

**Keratometric Values:** Values which are outside of the normal range of 40-47.5 Diopters may indicate corneal disease.

**Amblyopia:** Careful consideration must be taken when reviewing the risks and benefits for this patient group. Surgery is an often an option for each qualifying eye with the correct patient expectation and education.

**Strabismus:** Patients that require prism in their current spectacle Rx will likely continue to need glasses to maintain binocular vision. Patients may be good candidates if they do not wear prism such as currently wearing contacts without diplopia.

**Previous Ocular Surgery:** It is essential for the surgeon to know if there have been previous ocular surgeries including refractive and non-refractive surgeries.

**Cycloplegic Refraction:** The cycloplegic refraction is mandatory and we recommend a minimum of 1% Tropicamide. We cannot perform the procedure with the patient dilated so cycloplegic exams should not be performed within a 24-hours of their procedure. Cycloplegic refractions are valid for 6 months.

**PRK vs LASIK:** LASIK is usually the preferred treatment for refractive surgery. Some clinical findings including thinner corneas and corneal scars often make patients a better candidate for PRK. Some patients still prefer and request PRK over LASIK. The outcomes are nearly identical for both procedures at one year. We will consent the patient for both procedures.

<b>LASIK Surgery</b>	<b>What to Do . . .</b>
Post-Op – 1 Day	<ul style="list-style-type: none"> <li>• <u>PMB drops twice daily for one-week</u></li> <li>• <u>Preservative free artificial tears every hour for one week and then artificial tears four times daily for at least one more month.</u></li> <li>• <u>Shields while sleeping for one week.</u></li> <li>• UCVA, SLE</li> <li>• <i>Immediately following exam, please fax LASIK Post-op form (and Auto Refraction) to IVG at 715-449-8400 for review</i></li> </ul>
Post-Op – 1 Week	<ul style="list-style-type: none"> <li>• UCVA, SLE, MRx, IOP</li> <li>• <i>Immediately following exam, please fax LASIK Post-op form (and Auto Refraction) to IVG at 715-449-8400 for review</i></li> </ul>
Post-Op – 1 Month	<ul style="list-style-type: none"> <li>• UCVA, SLE, MRx, IOP</li> <li>• <i>Immediately following exam, please fax LASIK Post-op form (and Auto Refraction) to IVG at 715-449-8400 for review</i></li> </ul>
Post-Op – 3 Month	<ul style="list-style-type: none"> <li>• UCVA, SLE, MRx, IOP</li> <li>• <i>Immediately following exam, please fax LASIK Post-op form (and Auto Refraction) to IVG at 715-449-8400 for review</i></li> </ul>
Areas of Concern/ Common Issues	<ul style="list-style-type: none"> <li>• IVG-LASIK should be contacted immediately at 715-449-8400 if you see: <ul style="list-style-type: none"> <li>- Flap dislocation</li> <li>- Large macrostriae with significant vision loss</li> <li>- Infectious keratitis</li> <li>- DLK grade three or higher</li> </ul> </li> <li>• Fluctuating vision, mild discomfort, and light sensitivity are common during the initial healing period.</li> <li>• Patient refractive error also fluctuates during the healing period and this process may take 3-6 months to stabilize.</li> <li>• It is possible that early presbyopes may need readers immediately after surgery when they did not need them prior. This usually does improve some during the healing process but may be permanent.</li> <li>• Microstriae that do not disrupt vision or generate patient symptoms are common and may be observed.</li> </ul>

PRK Surgery	What to Do . . .
Post-Op – 1 Day	<ul style="list-style-type: none"> <li>• <u>PMB drops twice daily until bottle is gone.</u></li> <li>• <u>Preservative free artificial tears ever hour for one week and then artificial tears four times daily for at least one more month.</u></li> <li>• <u>Shields while sleeping for one week.</u></li> <li>• UCVA, SLE</li> <li>• Check for Bandage Lens</li> <li>• <i>Immediately following exam, please fax PRK Post-op form (and Auto Refraction) to IVG at 715-449-8400 for review</i></li> </ul>
Post-Op – 5 Day	<ul style="list-style-type: none"> <li>• UCVA, SLE</li> <li>• Bandage cl removal if epithelium has recovered. If not, leave the lens in and have the patient return in two days.</li> <li>• <i>Immediately following exam, please fax PRK Post-op form (and Auto Refraction) to IVG at 715-449-8400 for review</i></li> </ul>
Post-Op – 1 Month	<ul style="list-style-type: none"> <li>• UCVA, SLE, MRx, IOP</li> <li>• <i>Immediately following exam, please fax PRK Post-op form (and Auto Refraction) to IVG at 715-449-8400 for review</i></li> </ul>
Post-Op – 3 Month	<ul style="list-style-type: none"> <li>• UCVA, SLE, MRx, IOP</li> <li>• <i>Immediately following exam, please fax PRK Post-op form (and Auto Refraction) to IVG at 715-449-8400 for review</i></li> </ul>
Areas of Concern/ Common Issues	<ul style="list-style-type: none"> <li>• IVG-LASIK should be contacted immediately at 715-449-8400 if you see: <ul style="list-style-type: none"> <li>– Infectious keratitis</li> <li>– Moderate to severe corneal haze</li> <li>– Non-resolving corneal epithelial defects</li> </ul> </li> <li>• PRK patients may be unable to drive for several days due to blur and or discomfort. Within 3-5 days the corneal epithelium is usually without defect but may take months to clearly remodel and provide the desired outcome. Most patients can drive to their day 5 post-op.</li> <li>• It is common for PRK patients to have better visual acuity at the day 1 post-op than the day 5 post-op due to the nature of how the corneal epithelium remodels in the visual axis.</li> <li>• The level of discomfort varies greatly for each PRK patient. Typically, the second or third days are the most uncomfortable with most of the discomfort resolving in 72 hours.</li> </ul>

## **CO-MANAGEMENT POLICY**

The health and care of our patients is the primary concern of Dr. Harvey and Dr. Vieth at Independent Vision Group, Ltd (IVG). Patients who elect to undergo a laser procedure to improve or maintain their vision have the right to decide if they wish to elect to receive post-operative care from their primary optometrist/ophthalmologist. This option is only available to patients when it is clinically appropriate.

If a patient chooses to receive post-operative care from your clinic (their primary optometrist/ophthalmologist), they will be asked to sign a co-management consent form. This form will allow the exchange of personal health information during the course of their treatment, including the pre-operative evaluation and through the post-operative recovery period, between IVG, the surgeon, and your clinic.

IVG-LASIK will provide a co-management reimbursement of \$425/eye for each LASIK/PRK patient that completes surgery at IVG-LASIK and receives the post-operative care from an optometrist/ophthalmologist at your clinic.

## **ENHANCEMENT POLICY**

- Enhancement procedures will be reviewed by the surgeon on a cases-by-cases basis to properly assess the risk compared to benefit. Most refractive surgery enhancements are done within the first year.
- The enhancement rate for refractive surgery is often 3% or less.
- If the patient is comfortable and happy with their result, there are no indications for enhancement despite a visual acuity that is not 20/20.
- Typically, a visual acuity of 20/30 or less may warrant an enhancement.
- Enhancements deemed necessary by IVG-LASIK within the first year after surgery are performed at no cost to the patient.
- If an enhancement is deemed necessary by IVG-LASIK after one year post-surgery, the patient will be charged \$1,000 per eye.
- IVG-LASIK does not provide co-management reimbursement for enhancements; the referring doctor may charge and collect for services rendered as appropriate.