

DR MICHAEL DELANEY

INFORMATION

ABOUT

LASER VISION CORRECTION

Website: www.eyesitelaser.com.au

When did excimer laser treatment start?

The results of the first were published in 1983 after the U.S.A.F School of Aerospace Medicine first investigated the use of the new lasers on the eye. First successful refractive PRK for a short sighted patient was carried out in the U.S.A. in 1988. First LASIK was carried out in 1989.

The surgical techniques that are the basis of LASIK (lamellar or flap surgery of the cornea) were first developed in the early 1960's. There is now over thirty years of experience with the patients who have had lamellar corneal surgery. In particular, treatment for long sightedness (hypermetropia) was first carried out using these lamellar surgical techniques in 1983.

The combination of the lamellar surgical techniques with excimer laser treatment has produced the procedure that we know today as LASIK. Surface PRK excimer laser treatment is the procedure where the laser is applied to the surface of the eye, rather than under a hinged flap of corneal tissue as it is in LASIK.

What are the long-term effects of Laser Vision Correction?

Patients who have had Laser Vision Correction have now been followed for over fifteen years without any detrimental long term effects being found.

Lamellar corneal refractive procedures on which the corneal flap technique in LASIK is based, were first described over thirty years ago and have been practiced widely since the early 1980's, again without any long term complications being found.

In view of these findings I believe that you can feel as confident as it is possible to be about these procedures but it is not possible to guarantee that some very rare problems may not develop in the future.

Where is the treatment carried out?

At the Perfect Vision Eye Surgery facility, Level 2, 187 Macquarie Street Sydney.

What is the Eyesite Laser Centre?

This is Dr Delaney's website only (www.eyesitelaser.com.au). This website was created to assist patients seeking information about laser vision correction. All patient consultations are carried out in Dr Delaney's Macquarie Street consulting rooms and the treatment is carried out at the Perfect Vision Eye Surgery facility in the same building

What is the difference between LASIK & ASA (PRK)

In LASIK a very thin flap of corneal tissue is created and lifted out of the way to allow the laser treatment to be applied to the bed of this flap. The flap is then replaced with healing occurring within 24 hours.

PRK is the original term for the technique now known as ASA (Advanced Surface Ablation). In this technique the laser is applied directly to the surface of the eye without the need to create a flap. The healing process is slower at first but the end results are the same. This technique is used in patients with lower refractive errors and those patients whose corneas are too thin to allow LASIK to be done safely.

Visit **Dr Delaney's web site at www.eyesitelaser.com.au** for a complete explanation and definition of the medical terms used in this document.

Will I need glasses after my treatment?

Neither ASA (PRK) or LASIK is a magic wand and treatment does not guarantee total freedom from glasses or contact lenses. The vast majority of patients however, have excellent functional vision for day to day needs and requirements without the need to use corrective eye wear.

It must be remembered that patients who are approaching the age when reading glasses are prescribed (somewhere in the mid forties) will still need to use reading glasses to achieve clear vision to read or carry out work at a close range.

Some patients elect to have one eye corrected to help reduce their dependence on glasses for near vision (monovision).

Virtually all patients who have low to moderate refractive errors (both short and long sightedness) will be free from glasses on a day to day basis, producing good functional and practical vision. Patients with higher degrees of refractive errors cannot expect to obtain the same results. They are more likely to use some form of eyewear to fine tune their vision when driving at night or watching subtitles at the movies etc.

As the degree of refractive error becomes higher then the need for corrective eyewear is more likely. This group of patients is more likely to need an enhancement to obtain the optimal results. There is no additional fee for any enhancements.

What is monovision?

This is a technique where one eye is deliberately left under corrected in cases of short sightedness or deliberately over corrected in cases of far sightedness to provide clear near vision. Monovision can eliminate or reduce the need for reading glasses, but

many patients find it difficult to adapt to this situation unless they have had some experience with monovision prior to undergoing treatment.

It is often an advantage to correct the non dominant eye to help with near vision for large print, menus in restaurants etc, but this vision is usually not sufficient for fine detailed work. This is often a compromise which provides the best solution as there is only a minimal imbalance between the two eyes with the one eye aiming for optimal distance correction.

As there are limitations with this technique, this needs to be discussed in detail with Dr Delaney.

What range of refractive errors can be treated?

RANGE OF TREATMENT

| | |
|------------------|---------------|
| Shortsightedness | 0 to – 15.00 |
| Longsightedness | 0 to + 5.00 |
| Astigmatism | 0 to +/- 6.00 |

Will my vision change after my treatment?

Once the results have stabilised, the vision you have tends to be maintained, although there may be slight variations with time due to normal physiological variations in the refractive power of the eyes. LASIK usually stabilises by one month and ASA (PRK) is usually stable at three months.

Higher powers can expect a small amount of regression to occur over time, but this is normally planned for in your treatment. Should there be any significant variation an enhancement can be carried out.

Is excimer laser treatment painful?

LASIK is virtually pain free.

In the past PRK was quite painful but not any more with the use of a modern bandage soft contact lens and the anti inflammatory drops used in ASA. Severe pain has virtually been eliminated. There is minor discomfort which is usually relieved with mild analgesics such as Panadol.

Can I have both eyes done at the same time?

Yes, most candidates are suitable for same day treatment.

Patients must carefully consider the advantages and disadvantages of same day treatment by discussing this in detail with Dr Delaney's assistant at the free assessment before making a final decision.

How much time do I need off work?

The majority of patients having LASIK can return to work within 24 to 48 hours. All patients are seen the following day. Both LASIK and ASA (PRK) patients usually have good functional vision within 24 hours, although ASA (PRK) is slower to recover.

The vision may fluctuate over the first few weeks after surgery, but most patients are comfortable returning to work the day after they are seen for their first post operative visit.

Is it safe for me to drive?

The operated eye is blurred immediately after treatment. It is advisable to have someone with you to accompany you home, **You will not be able to drive yourself home.**

Remember however each patient's symptoms after treatment vary and you should only drive when you feel confident.