# Laser Refractive Surgery (LRS) with Laser Asymmetric Keratectomy (Crescentic LRS) to Avoid LRS Adverse Effects



#### Ji Sang Min1 and Byung Moo Min14

Department of Ophthalmology, The Institute of Vision Research, Yonsei University College of Medicine, Yonsei-ro, Seodaemun-gu, Seoal 03722, Republic of Korea

\*Woorl Eye Clinic, Affiliated Clinical Professor to Department of Ophthalmology, Yonsei University College of Medicine, Republic of Korea

Submission: February 06, 2024; Published: February 15, 2024

\*Corresponding author: Byung Moo Min, Woori Eye Clinic, Affiliated Clinical Professor to Department of Ophthalmology, Yonsei University College of Medicine, Republic of Korea

Keywords: Laser Refractive Surgery, Laser Asymmetric Keratectomy, Novel approach, Refractive power, Perigheral cornea

Abbreviations: LRS: Laser Refractive Surgery; LAX: Laser Asymmetric Keratectomy

#### Opinion.

After laser refractive surgery (LRS), adverse effects such as myopic regression, blurring, and In severe cases, halos at night are reported in a fraction of patients due to corneal biomechanical interaction of corneal thickness, corneal stiffness and IOP, resulting in optical aberrations [1-6]. Deviations in corneal thickness is a major factor in causing LRS adverse effects [5-10]. The sum of corneal central thickness deviations in four directions on Orbscan map (SUM) as a new evaluation index of corneal asymmetry was reported [7-15]. Recently, laser asymmetric keratectomy (LAK) has been reported, which is a biomechanical customized asymmetric corneal ablation method with full integration of Vision Up software and applied to avoid LRS adverse effects [7-10], a novel approach to enhancement in patients with invopic regression after LRS [11-13] and a new corneal remodeling technique in keratoconus suspect without postoperative corneal ectasia [14,15]. LRS combined with LAK (that is, so called as crescentic LASEK or LASIK) corrected refractive power and ablate on the thick peripheral cornea with integration of Vision UP software® to make cornea to be symmetric and ablate induced myopia due to LAK simultaneously. We recommend the conventional LRS to correct the refractive errors in myopic patients with relative symmetric cornea (SUM (80 µm preoperatively), but LRS (LASIK or LASK) combined LAK (crescentic LRS) can produce better surgical outcomes on myopic patients with asymmetric corneal thickness (SUM on Orbscan maps 280 µm) without LRS adverse

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# Pak Recommended Practices For Laser Refractive Surgery

Uwe Pleyer, Jorge L. Alió, Talin Barisani-Asenbauer, Phuc Le Hoang, Narsing A. Rao

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