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



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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

Daniel M. Albert, Joan W. Miller, Dimitri T. Azar, Barbara A. Blodi

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visual quality problems due to the non physiological modification of the corneal structure Among these complications irregular astigmatism is perhaps the most difficult to treat Every physician who performs keratorefractive surgery understands that in reducing a patient s refractive error there is a possibility of creating irreversible effects on visual quality. This text is intended to help prevent and reduce the iatrogenic creation of irregular astigmatism as well as provide effective treatment when postoperative complications do arise With the maturation of keratorefractive technology in recent years effective treatment for iatrogenic irregular astigmatism is quickly developing. It provides everything refractive surgeons ophthalmologists and optometrists need to know about this important topic.

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