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Postop Care After Advanced Surface Ablation (PRK, LASEK, Epi-LASIIK)

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Patients with contraindications to LASIK may benefit from Advanced Surface Ablation such as PRK, LASEK, or Epi-LASIK.

Patients still achieve the same visual results as with LASIK, but with a longer recovery to 20/20. In fact, in the recent US Navy study, the visual outcomes comparing wavefront-guided PRK and wavefront-guided LASIK were similar at one month after the procedures and thereafter.

During the post-operative care, you will find several differences in the patient healing process due to the necessary regeneration of the superficial corneal layers.

Immediately after the procedure, a bandage contact lens with high oxygen permeability is placed on the cornea to improve post-operative comfort and to protect the surface as the superficial layers regenerate in the first 4 to 7 days. During that time it is important that the patient use a broad spectrum antibiotic such as Vigamox (q2hrs the day of the procedure and qid for the remaining 4-6 days).

Along with Vigamox, we use Econopred (q2hrs the day of the procedure and qid for six days following) to prevent an inflammatory response. After the first week, the patient is switched to a milder steroid, FML, which is used qid for the next 3 weeks and then reduced to bid for another 4 weeks. After 2 months, the steroid is discontinued unless there is corneal haze. With the scanning beam lasers, however, the incidence of corneal haze is very low.

To help the regeneration of the superficial layers, I recommend non-preserved artificial tears q1hr during the first week at least. This will allow proper healing of the epithelium and adherence to the basement membrane. To prevent dryness and the sloughing of epithelial cells upon awakening, Celluvisc may be used qhs during the first 1 to 2 weeks.

During the first several days post-op, the patients can use a strong pain reliever such as Vicodin, for example, to help with the initial discomfort. Dark sunglasses and dim lighting at home will help with the photophobia.

I also alert the patient about fluctuating vision, some difficulty with near focus, dryness, halos and glare at night which will all improve greatly during the first month and continue through the next 3 to 5 months. Patients tend to be more relaxed with their recovery if counseled properly before and after the procedure.

Advanced Surface Ablation is an excellent option for many patients who are not candidates for LASIK. For some patients, such as those with significant epithelial basement membrane dystrophy, for example, it can treat both their EBMD and their refractive error at the same time.

Newsflash:

In December 2005, the FDA approved STAAR Surgical Company's Myopic VISIAN ICL (Implantable Collamer Lens) Phakic IOL, a surgically implantable lens designed to treat very nearsighted adults who are not candidates for laser vision correction. The lens' unique foldable design involves an incision up to 50% smaller than competing technology and it's placement behind the iris is invisible when in position. It is a permanent correction, but it can be removed if needed. As with Custom LASIK, the VISIAN ILC lens provides exceptional quality of vision and a rapid visual recovery.

In-depth with Dr. Jennifer Quirante

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Building a private practice can be an art form and Dr. Jennifer Quirante is indeed an artist when it comes to growing her practice. Dr. Quirante took some time out from a busy day at her office in Pacifica to discuss her success.

When it comes to generating new patients, Dr. Quirante looks to referrals. The doctors and staff make a point of asking all of their patients about their friends and family members. She also offers incentives. Both the patient and their friend get a ten dollar coupon good towards materials and services. She finds this more effective and more personal than advertising.

Dr. Quirante takes advantage of certain times of the year. She offers specials on kids' glasses for back-to-school, sunglasses for summer, and takes advantage of ski seasons and flex spending peaks. She will prepare for these periods by advertising with signage in her office and utilizing the VSP website a few weeks in advance. A bulk of her patients are VSP members (about 55-60%) so the website is a great tool to reach out to them. Another 20-25% are members of other vision plans and the remaining patients are private. She does have a few patients who use their flex plan, peaking at the end of the year, but she tries to pace her practice throughout the year as well.

Dr. Quirante's office is well prepared to offer what the patients need. The profits come mostly from eyeglass sales and services, including co-management of laser vision correction patients. A small portion of the profit comes from contact lenses. Dr. Quirante understands that patients have different needs and she is proactive about letting the patients know that her practice can serve the variety of her patients' vision needs. She actively brings up the different options to the patients.

Dr. Quirante also spends time training her staff personally and taking advantage of the PVI laser vision correction staff training sessions. She has a well-thought out employee manual in place, addressing a variety of employee questions such as office conduct, time off, interactions with patients, and many other details.

By having a good referral plan, addressing patients' needs, and taking time to train her staff, Dr. Quirante has developed a successful practice.

Vision Therapy in Post-LASIK Cases

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We have had a handful of LASIK cases that ultimately needed vision therapy in order to achieve their final best vision. Initially, these patients seemed to have excellent uncorrected visual acuity, usually 20/20 or 20/15 at post-op one day and one week Sometime during the first month, however, the patients would report that their distance vision was getting blurry. Uncorrected visual acuities would drop to 20/40 or less, and the manifest refractions would be low myopia, corresponding to the reduced acuity. At that point, the patients would appear to have a case of myopic regression. The patients would be followed for at least three months and when the refraction stabilized, a cycloplegic refraction was performed in preparation for an enhancement Once cyclopleged, the patients were plano, thus the condition was no longer an optical problem but rather a functional vision problem.

Patients exhibiting this pattern of accommodative spasm have fallen into two categories. The first were the typical ones likely to over-accommodate, e.g. young professionals who spend long intense hours at a computer. The other group have had convergence insufficiency and have been straining their accommodation to compensate for weak fusion. Both sets of patients certainly gave us a pause to consider the etiology of their myopia. Vision therapy has been successful in treating the majority of the patients with post-LASIK accommodation.

Is it possible to identify these patients before LASIK? Hindsight being 20/20, these patients did give a warning sign at their pre-op exam. Their cycloplegic refractions were about a diopter less myopic than their habitual prescriptions. Noticing this discrepancy at the pre-op exam would enable the doctor to advise the patient accordingly and avoid any frustration or disappointment later when vision therapy rather than an enhancement is recommended to treat mild post-LASIK myopia.

Note: In addition to her private practice in Larkspur, Dr. Day is currently on staff at PVI and provides vision therapy for PVI LASIK patients as part of their post-operative care. PVI affiliated doctors are encouraged to consult with Dr. Day about any binocular vision issues or vision therapy procedures.

How the new changes in Flexible Spending Accounts (Cafeteria Plans) can effect health care practices

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The end of the year is typically a busy time for many health care practices. Throughout the year, the patients who are enrolled in the Flexible Spending Accounts (also known as Section 125 Plans or Cafeteria Plans) have been redirecting a portion of their income into these accounts before their personal taxes are computed on their paychecks. They pay less tax because their taxable income is lower. In fact, an employee can save up to $40 for every $100 contributed to the FSA account. However, if the money is not used by the end of the year, this money will be lost.

The Medicare Act of 2003 created a new entity – Health Savings Account (HSA). This type of health care account rolls forward, is portable, and can be offered through a Section 125 Cafeteria Plan. Moreover, the interest earned on the HSA accumulated contribution is tax-free. Essentially, HSA is an individual IRA-type account that is established by an eligible individual in order to pay for qualified medical expenses. Because the participant owns the account, the HAS remains with the account beneficiary when changing jobs or health insurance coverage.

Employees enrolled in the HSA's may no longer be rushing in December to use their contributions in the account. The spending on the eligible expenses will probably even out throughout the year.

While most patients are eligible for FSA's, not all may be eligible for HSA's. Patients with high deductible health plans are eligible for HSA's. What is a high deductible health plan? It is a plan with an annual deductible of not less than $1,000 for single coverage with an out-of-pocket total not to exceed $5,000 or an annual deductible of not less than $2,000 for family coverage with an out-of-pocket total not to exceed $10,000. Such plans may be attractive for younger healthier patients who don't anticipate significant medical expenses but who would take advantage of the HSA contribution since it could save them up to 40% on elective medical services such as LASIK, contact lenses, glasses, and other eligible reimbursements.

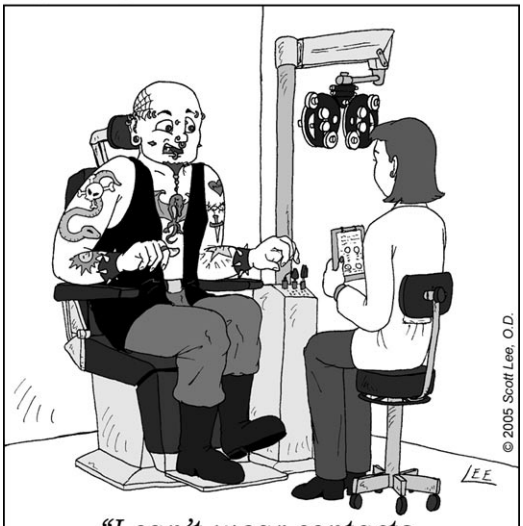
With HSA's the pattern of medical spending may become more even throughout the year with less of a rush toward the end of the year. More patients may be inclined to enroll in HSA than FSA because the contributions roll over with HSA even if the patients elect not to use them during a given year.

For other tax savings strategies go to:
www.taxguideonline.com/cherkas/

2006 calendar of the Upcoming Events for PVI Affiliated Doctors:

01/25/06: Staff Training
03/17/06: 5th Annual San Francisco Cornea, Cataract, and Refractive Surgery Symposium
04/19/06: Staff Training
05/17/06: PVI Grand Rounds - Allergies
07/19/06: PVI Grand Rounds - Cataract and Refractive Surgery
08/02/06: Staff Training
09/20/06: PVI Grand Rounds - Glaucoma
10/18/06: Staff Training
11/15/06: PVI Grand Rounds - Retina

Sight Gags *by Scott Lee, O.D.*



"I can't wear contacts. The thought of sticking something in my eye really freaks me out!"

Note from the Editor-in-Chief: *Welcome to the first edition of the eFocus newsletter. I hope you find it informative and interesting. If you have any comments or topics you would like to read about, let me know at drlee@pacificvision.org.*