

IMPLICATIONS of LASIK SURGERY

There are 3 important implications of the surgery that you need to understand before making a decision about LASIK:

1. **READING GLASSES (after age 42 yrs.):**

If both eyes are corrected to **zero** (= the perfect refraction for distance vision), then you will need reading glasses from around the age of 42 to 45 years. If you are older than this, you will need reading glasses for all close work with immediate effect. If you are younger than this, you will not need reading glasses immediately, but you will need them when you approach the age of 42 to 45 years. The need for reading glasses can be delayed or completely averted by undercorrecting the non-dominant eye intentionally. If this eye is undercorrected to -1.00 diopter, you will now need reading glasses at ± 52 to 55 years of age and if it is corrected to -2.00 diopter, you will probably never require reading glasses. This situation where the one eye is at zero and the other at -1.00 or -2.00 is known as "**monovision.**"

Monovision is a good option for those who would like never to wear any type of glasses again and are prepared to live with the side effects of monovision, namely that the vision is not 100% and there is increased glare at night. It is important to note that not all people are candidates for monovision. People in jobs with variable needs for vision i.e. a mix for distance and near vision interspersed during the day tend to do well with monovision. Those who need to look at the same distance for prolonged periods (airline pilots, drivers, computer programmers, etc.) tend not to like monovision at all and prefer both eyes corrected to zero with the knowledge that they will need reading glasses after the age of 42 to 45 years.

2. **ENHANCEMENT/RETREATMENT**

Anyone having LASIK done has a certain chance of needing an enhancement or a fine-tuning procedure at 6 weeks to 3 months post-operatively. There are no further costs involved as the enhancement is done free of charge for up to 1 year after the initial LASIK procedure. Your chances of needing an enhancement depend on your initial refraction and your reaction to the treatment. Broadly speaking, the lower myopes (-1.00 to -3.00) have a very small chance (less than 2%), the moderate myopes (-3.00 to -6.00) about a 5% chance and the high myopes (more than -6.00) have a 10% chance of needing the enhancement. High astigmatism increases the chances of needing an enhancement to about 12% and the group with the greatest possibility of needing an enhancement is the hyperopes or far-sighted people at around 20%.

3. **GLARE AT NIGHT**

Everyone experiences some haze or glare afterwards. It lasts for about 1 month per diopter e.g. a -5.00 myope will have glare for about 5 months whereas a -2.00 individual will only have glare for 2 months. The glare is worst on day 1 and halves in effect every week thereafter. Typically the glare can be compared to what night vision looks like with contact lenses i.e. halo's around lights, etc. With monovision the glare persists permanently and is caused by the undercorrected eye (or untreated eye in some cases). This can be remedied by wearing glasses for driving at night, the one lens being clear and the other lens having the reading eye's prescription e.g. -2.00.

PLEASE ASK THE DOCTOR ANY QUESTIONS YOU MAY STILL HAVE.

There are 3 important considerations when deciding whether someone is a good candidate or not:

1. **Your refraction:**

The treatment works well for myopia between -0.50 and -12.00 diopters and for hypermetropia between +1.00 and +4.50 diopters.

Lower myopes (-1.00 to -2.50) need to consider the following point: if they are older than 45 years, they will be swapping one pair of glasses (distance glasses) for another (reading glasses) if they have the surgery done to **both** eyes. This subgroup of people tends to be good candidates for monovision. Monovision in their case would involve treating only one eye.

2. **Your age:**

If you are younger than $\pm 38 - 40$ years, it normally makes sense to aim for zero in both eyes. If you are older than 40, it is sensible to try monovision. During your consultation the doctor will demonstrate monovision to you and may also ask you to try out monovision with the use of contact lenses to get a better idea of its suitability for you.

3. **Your work, your hobbies and sport:**

People who have visually demanding jobs normally prefer both eyes at zero whereas those who have varied needs at work tend to do well with monovision. Golfers and tennis players tend to prefer both eyes at zero whereas other sportsmen and sportswomen tend to accept monovision quite well.

REMEMBER that if you have monovision done and find out later that you don't like it, that the reading eye can be changed back to zero 6 weeks after the initial procedure.