

# At Issue: preferred regimen for curing haze after PRK

**Q:** *At Issue* posed the following question to a panel of experts: "What is your preferred regimen for curing haze after PRK?"

**A:** **Corticosteroids prescribed, reduced up to 6 months**

**Noel A. Alpins, MD, FACS:** In my practice, the incidence of corneal haze has dramatically decreased since laser in situ keratomileusis (LASIK) has become the principal mode of treatment. The corneal haze evident after higher correction surface ablation treatment does not occur significantly when treatments are confined

Noel A. Alpins, MD, FACS, can be reached at 7 Chesterville Road, Cheltenham, Victoria, 3192, Australia; (61) 3-9584-6122; fax: (61) 3-9585-0995; e-mail: alpins@newvisionclinics.com.au. Dr. Alpins has no direct financial interest in any of the products mentioned in this article, nor is he a paid consultant for any companies mentioned.



to 3 D of myopia or less. Reduction in the incidence and severity of haze for higher corrections is achievable by reducing tissue temperature with the application of ice packs to the eye before and after photorefractive keratectomy (PRK) treatment and the application during the procedure of chilled balanced salt solution.

I use an MPMZ algorithm for PRK and LASIK that has no more than 3 D per zone or 2 D per pass with a 3-second pause between passes to allow drying and cooling. The use of bandage contact lenses to accelerate the epithelial healing process avoids the haze secondary to delayed re-epithelialization. The application of mild/moderate strength corticosteroids such as fluorometholone (FML; Allergan) for 4 weeks postoperatively and titrating their withdrawal against the superficial stromal appearance aids reduction in the deposit at the superficial stromal level.

The treatment of established haze is principally directed at patient counseling to provide enough time for its spontaneous resolution over a period of 12 to 36 months. Where re-treatment is required, due to the commonly associated regression, this can be undertaken with the LASIK technique to avoid the induction of a greater amount of haze and regression. I use this in preference to transepithelial re-treatment or plano phototherapeutic keratectomy (PTK) for haze removal, as recurrence is evident with all re-treatment modalities. I have not employed treatment using mitomycin C to reduce keratocyte production after surgery.

Corticosteroids are indicated four times daily, with a reduction to two times daily over a 3- to 4-month period for established haze or after re-treatment to aid its resolution, maintain correction and improve best corrected visual acuity. It can sometimes be necessary to continue to reduce dosages up to 6 months. But, together with this, patience, time and optical correction of the remaining refractive error, particularly at night, are the most consistent means of symptom control during resolution.

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