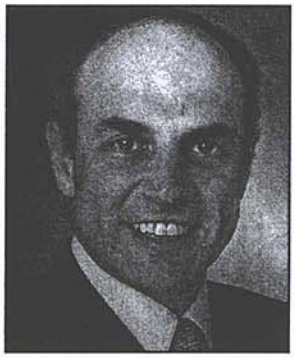
At Issue: LASIK enhancement preferences

Q: *At Issue* posed the following question to a panel of experts: "What do you prefer for LASIK enhancements, lifting the flap or recutting, and why?"

A: Lifting the flap

Noel A. Alpins, MD: Re-treatments in an effective LASIK practice are not common and occur about once in every 20 or more cases. For a refractive re-treatment, flap lift is the preferred technique as it is relatively safe and simple to perform. This is optimally done within 12 months of the initial surgery, but in my experience is still achievable at 2 years and beyond.

Noel A. Alpins, MD, can be reached at 7 Chesterville Road, Cheltenham, VIC 3192, Australia, (61) 3-9584-6122; fax: (61) 3-9585-0995; e-mail: alpins@newvisionclinics.com.au.



Flap lift is performed by identification of the flap edge at the slit lamp and scoring of the marginal epithelium by a 25-gauge needle. The flap rim, viewed through the laser microscope, can then readily be separated from the bed by a spatula through 180° of arc. This enables raising of the flap, toward the hinge, with two pairs of blunt curved-toothed forceps. After ablation of the stromal bed, the flap is returned to its initial site with minimal epithelial or flap disturbance.

Infection or epithelial implantation is rare, and visual recovery is usually as rapid as after an initial treatment. Flap lifts avoid the usual risks of cutting a flap and the additional complication of creating a frail sliver of amputated tissue where there is an existing interface. Patient anxieties associated with cutting a flap are absent.

On occasions there are instances in which recutting a flap is necessary. These include when the initial LASIK treatment did not achieve a satisfactory flap thickness, or when existing corneal incisions, such as AK, perforate a flap. In these cases, because of localized adhesions, flap lifting is hazardous and should not be attempted. OSN