

LASIK *success rates*

The best measure of LASIK success is happy patients with results that meet or exceed their expectations. Although we cannot promise perfect outcomes, or outcomes that exactly match the following approximations, these numbers can be used to guide your expectations. They are not intended to represent the results of formal statistical analysis, but rather, to show our best estimate of expected outcomes. Even though your results may vary, you can be confident that our surgeons and medical team are committed to your best interest in everything they do.

Uncorrected Visual Acuity

Percentages in the left columns show vision without enhancement treatment. Those on the right are after enhancement.

Pre-op Spherical Equivalent	% 20/15 or better	% 20/20 or better	% 20/25 or better	% 20/30 or better	% 20/40 or better	% 20/50 or better	% 20/60 or better	% 20/70 or better
+2.01 to +4.00	17 20	69 88	75 96	83 98	96 99	99 99	99 99	99 99
0.0 to +2.00	28 29	70 90	89 98	99 99	99 99	99 99	99 99	99 99
0.0 to -2.00	30 32	93 97	98 99	99 99	99 99	99 99	99 99	99 99
-2.01 to -4.00	21 24	80 95	92 99	95 99	99 99	99 99	99 99	99 99
-4.01 to -6.00	14 18	72 93	87 98	93 98	98 99	98 99	99 99	99 99
-6.01 to -8.00	7 10	52 85	75 97	87 98	95 99	96 99	99 99	99 99
-8.01 to -10.00	3 7	43 81	67 97	81 98	91 98	95 99	99 99	99 99
-10.01 to -12.00	2 7	35 78	61 96	75 97	90 98	93 99	95 99	98 99
-12.01 to -14.00	1 6	28 64	57 95	60 97	82 98	89 99	93 99	98 99

Change in Best-corrected Visual Acuity Rate

+/- from Target

Enhancement

Pre-op Spherical Equivalent	% gain 1 line	% no change	% lose 1 line	% lose 2 lines	% lose >2 lines	% within 0.5 diopter	% within 1 diopter	% who requested retreatment
+2.01 to +4.00	8	84	8	2	<0.5	58	99	15
0.0 to +2.00	12	82	6	<1	<0.5	95	99	2
0.0 to -2.00	26	70	3	<1	<0.5	95	99	5
-2.01 to -4.00	18	73	5	<1	<0.5	89	98	9
-4.01 to -6.00	17	75	6	<1	<0.5	76	96	16
-6.01 to -8.00	14	75	8	<1	<0.5	70	91	26
-8.01 to -10.00	9	76	10	2	<0.5	62	85	34
-10.01 to -12.00	5	76	13	5	<0.5	57	81	45
-12.01 to -14.00	1	77	15	7	<0.5	55	80	48

over

Lifetime Enhancements

Lifetime enhancements are free-of-charge as long as patients are under the care of an optometric physician and are examined annually. Retreatment is considered if uncorrected visual acuity is 20/30 or worse 4-6 weeks post-op due to residual refractive error.

Correction Range

Our current range of correction is +3.00 to -16.00 with up to -6.00 D of astigmatism—as corneal thickness allows.

Total Cases

Over 95,000 laser vision correction procedures have been performed at Pacific Cataract and Laser Institute.

Consistency of Surgeons

Careful analysis of follow-up data provided by hundreds of doctors from thousands of patients shows that there is no statistically significant difference in the surgical outcomes achieved by each of our surgeons. Our surgeons use the same lasers and instruments to perform PCLI's uniform corporate LASIK technique. Advances and innovations discovered by one surgeon are carefully reviewed and, if deemed appropriate, incorporated by all.

Complications

As with any surgical procedure, LASIK has a degree of risk. However, the skill and experience gained by PCLI's surgeons through thousands of cases have reduced the risk factors to the following:

• **EPITHELIAL CELL IN-GROWTH UNDER FLAP — 1/500**

Epithelial in-growth is more common with patients over age 50 and with patients who have epithelial-adherence problems from other causes. Retreatment involves lifting the flap and clearing the cells away. In most cases, in-growth is limited and no retreatment is required. If the in-growth is progressing and is not cleaned, the corneal flap may be distorted and the vision affected.

• **FREE CORNEAL CAP (NO HINGE) — 1/2000**

An inadequate or absent hinge may produce a free corneal flap or cap. However, since the original LASIK technique created a hinge-less cap, this is not a complication in the true sense. If a free cap occurs, the procedure is continued and the cap is simply replaced after the surface is treated.

• **INFLAMMATION (ENOUGH TO AFFECT VISION) — 1/2000**

A condition known as "Sands of the Sahara" can develop in the hours and days after LASIK treatment. While it is unclear exactly what causes this condition, it seems to be an immune reaction to a substance that comes in contact with the flap interface. The inflammation produces a granular haze within the flap and can affect visual quality. Topical steroids are the normal treatment and in rare instances, the flap is lifted and flushed.

• **ABNORMAL CORNEAL FLAP — 1/5000**

If an irregular flap is made, it may not re-heal properly and result in some loss of visual quality. Irregular flaps can be caused by inadequate or lost suction of the microkeratome's suction ring, blade abnormalities and microkeratome malfunctions. The risk is higher for patients with very flat corneas and those with very high degrees of nearsightedness. Even with very experienced surgeons and careful testing of instruments, corneal flap irregularities can occur. Other corneal flap problems include short or incomplete flaps. If this occurs, the incomplete flap is simply closed and the procedure is repeated 3 to 4 months later. Other than inconvenience to the patient, this complication rarely has any permanent consequence.

• **DEBRIS IN FLAP INTERFACE (ENOUGH TO AFFECT VISION) — 1/5000**

Some people's tear secretions contain more mucus or oil than normal. Despite the surgeon's best efforts to keep tear secretions out of the treatment area, it is possible for enough of this material to become trapped under the flap to affect the quality of vision. If this occurs, the flap can be lifted and the debris can be removed.

• **CORNEAL THINNING REQUIRING CORNEAL TRANSPLANT — 1/10,000**

Rarely a cornea will be weak enough that, after it is thinned by LASIK, it will partially give way and create distortion with blurred vision. As a precaution, we measure the thickness of the cornea before the procedure. In the rare instance that a thin cornea causes distorted and blurred vision, a corneal transplant is required. After transplant surgery, vision is normally good but not perfect.

• **INFECTION — NO CASES; LESS THAN 1/10,000**

If bacteria were to grow under the flap, the resulting infection could cause permanent scarring. This has not occurred at Pacific Cataract and Laser Institute.

• **LOSS OF CORNEAL FLAP — NO CASES; LESS THAN 1/10,000**

If a serious microkeratome malfunction were to occur, the corneal flap could become unhinged. If separated from the eye, the potential exists for the flap to be damaged beyond repair or lost. A complication of this nature might require additional surgery.

• **PTOSIS (PERMANENT DROOPY EYE LID) — NO CASES; LESS THAN 1/10,000**

Theoretically any eye surgery can result in enough inflammation and swelling to cause sensitive eyelid tissue to stretch. If stretched too far, a droopy eyelid could result. The chances of this are extremely rare and eyelid surgery can repair lasting droopiness.

• **CORNEAL PERFORATION — NO CASES**

This complication is not possible with the microkeratome presently used by our surgeons.