

Welcome to the MGMC USAF Refractive Laser Center



Frequently Asked Questions

1. When will I know if I am a candidate for refractive laser surgery?

Our center staff, at the conclusion of the pre op consultation, can often inform you at the end of your consultation visit whether you are a candidate for Refractive Surgery. Each week, our surgeon, optometrist and other key individuals review all files and data to assure consistency and identify any additional testing or retesting that may be necessary.

2. What is your prioritization for the waitlist?

The guidelines for treatment prioritization are outlined by each branch of service:

Priority 1 – Aviation and Special Duty Operations personnel.

Priority 2 – Personnel whose daily routine military duties require the wear of NVGs, eye protection or respiratory protection.

Priority 3 – Personnel on mobility status who do not meet the criteria of the higher priority.

3. How do I get an update on the status of my application and scheduling?

We will notify you by email or phone call once we have received your application if you have mailed it or sent in a scan of your application. We will also contact you to schedule your consult/pre op appointment. We ask that you wait until we contact you to ask questions that these documents have not answered.

4. Will I need any other visits before the surgery date?

Prior to the date of surgery, patients will typically return to the Warfighter Center for a pre-operative informed consent briefing. After the informed consent briefing some patients may be required to repeat some testing. If this is the case, you will be informed by our technicians prior to the informed consent briefing. The entire process can take a few hours; including picking up your medications, attending the surgeon's briefing, reviewing risk factors and possible complications, and signing required documents, including convalescence leave. Your particular surgeon will be available for questions at this time.

5. What are some of the more common complications?

Some common complications include dryness, especially in the morning, sensitivity to light, night glare, halos, starburst, ghosting, corneal haze or scarring. These symptoms are usually temporary but it is possible for them to be permanent.

6. Is there any pain involved?

With PRK, a local anesthetic will be used and there is typically no pain during surgery. Each patient and each eye responds differently. Some will feel only mild discomfort while others will feel a lot of pain during the first few recovery days. You will be provided a number of medications to help control varying levels of discomfort.

7. Can I lose vision with laser vision correction?

As with any surgical procedure, there are risks involved. Although blindness through infection or scarring is theoretically possible, the risk is extremely low, however it is not zero. This is an elective procedure.

8. How long does surgery take?

Expect to be at the refractive center from 1-2 hours. Time spent in the actual surgical suite is about 15 minutes. You will need a driver to take you home from surgery.

9. When can I drive?

Do not drive yourself during the entire first week. After the first week, the majority of the patients can see well enough to feel comfortable driving during the daytime. In the Metropolitan DC area, you need to see 20/40 or better to drive. Please use your best judgment and follow the instructions of your doctor.

10. When and what can I expect for my final outcome?

It may take up to many months for your vision to stabilize and optimize. Remember that refractive laser eye surgery is a form of elective surgery and that everyone responds slightly different. Do not expect the final outcome to be as crisp or sharp as you glasses or contact lenses although some results are as good or better than some people see with their glasses. You may still need thin glasses to help you see the street signs when you drive or drive at night. If you have a perfect result, you will still require reading glasses in your 40's.

11. When are my follow-ups?

Follow-up will be 1-day, 4-5-days, and 1 month after surgery. After the first week, follow-ups will be monthly (1, 2, 3, 4, 6, and 12). Your corneas will be monitored for scar formation. Follow-ups are important even if you see very well because scar formation does not affect vision until it is advanced.

12. What about getting water in my eyes?

You may take baths or showers, but avoid getting water in your eyes during the first week. Avoid water sports (swimming, hot tubs and lake water) for 4 weeks.

13. How important are the medications?

The eye drops are mandatory and all the oral medications are optional. For an example, the number one reason a patient's cornea may develop serious scar formation is neglecting the steroid eye drops.

14. When can I work-out?

You may resume exercise after your 1 week follow-up visit. We also recommend that you wear eye protection such as sports goggles for any contact or racket sports where your eye may be likely to come in contact with fingers, dirt, balls, etc.

15. Is there anything else I can do for best possible outcome?

Keeping your body and eyes hydrated is important. That means drinking more fluids, decreasing caffeine intake, decreasing nicotine intake, and getting enough rest and sleep. Also keep in mind that many oral medications such as allergy pills and hormone pills such as birth control pills can dry your eyes. Talk to your doctor before making any changes to your medications.

16. Is there anything else I could do to reduce the risk of corneal scarring?

Although visually significant corneal scarring is rare, there are steps you should take to further reduce your risk.

A. Reducing your exposure to ultraviolet light is very important after PRK. Avoid direct sunlight when possible for 1 year. We recommend that you always wear a good pair of sunglasses when outside. Anti-UV is actually a clear layer, meaning your sunglasses do not need to be dark.

B. Although not scientifically proven, some surgeons feel Vitamin C may also be helpful in reducing the chance of postoperative scar. The recommended dose is 500mg twice a day starting 1 week before the surgery and continued while on steroid drops. (NOTE: If you have a larger refractive error (~6 diopters or greater), consider asking about LASIK which is a good alternative to PRK for **larger** refractive errors.)

C. Females: Pregnancy is NOT recommended until one year after PRK surgery. There have been documented cases of severe scarring due to immune changes.

No Smallpox vaccinations 3 weeks before surgery or while using steroid drops.