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Batting Cages

Ophthalmologists debating safety of Lasik procedure

By Charlie Lanter
The Macon Telegraph



A Middle Georgia ophthalmologist raised some patients' - and doctors' - eyebrows recently when he announced his decision to stop offering the popular Lasik vision-correction surgery.

Johnny Gayton, owner and chief surgeon for Eyesight Associates, said his practice won't perform m Lasik surgeries because, he maintains, the procedure is too risky.

His decision, however, is disputed by other ophthalmologists who say Lasik is safe.

"It's probably the safest and most effective refractive procedure that we have," said Keith Thompson, an associate professor of ophthalmology at Emory University in Atlanta.

On the Net

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Macon.com's health chan](#)

Thompson said it's "really unreasonable" to say Lasik is too dangerous. In fact, Thompson said, "There's a lot of scientific evidence and well-published trials to the contrary."

[Macon.com's health chan](#)

Lasik, short for laser in-situ keratomileusis, involves using an almost microscopic blade to cut a thin flap in the cornea. The flap is pulled back, and the surgeon uses a laser to flatten the inner layer of the cornea to whatever extent is nece to correct the patient's vision. The flap is then put back in place and heals without stitches.

There will be about 1.5 million Lasik surgeries performed in the United States this year, and they will make up about 95 percent of all refractive surgeries, Thompson said.

Gayton said he's abandoning Lasik at his seven offices across Middle Georgia because of problems can happen with the cornea flap. He cites studies and cases that show the flap can dislodge months even more than a year after the surgery.

"It seals, it doesn't heal," Gayton said of the flap. He explained that only the rim of the flap rejoins wit outer layer of the cornea.

Gayton and Moore both said the patient has to come back in so the doctor can put the flap back in p Gayton said serious vision complications or infections can occur if the flap becomes wrinkled or torn before that procedure.

He will continue offering Lasik only to those patients who do not qualify for other procedures, such a people who have had cornea transplants. But those cases, he said, are rare.

One Middle Georgia patient, he said, had his flap knocked loose while playing basketball more than year after surgery.

The risk is so great, Gayton maintained, that he wouldn't have the surgery himself.

"I would not have Lasik, and I would not recommend it to my family and friends," he said.

Gayton said patients he has performed Lasik on have experienced inflammation of the cornea, infection and other complications.

Thompson, also medical director of the Emory Vision Correction Center, did say that cases of infection are not unheard of.

But Macon ophthalmologist Sid Moore said infections happen in only one in 9,000 cases of Lasik. The procedure is safe, he said, when performed by doctors who know what they're doing.

"To announce that the entire procedure is dangerous in anyone's hands is inappropriate," Moore said and Spencer Maddox perform Lasik for the Eye Center of Central Georgia in Macon.

Thompson and Moore said the risks of Lasik are the same as those with any other medical procedure.

But Gayton said one in 9,000 is one too many. He doesn't dispute that Lasik can be done safely. He disputes whether it is the safest procedure.

Instead, Gayton is offering a newer procedure called Lasek, a variation of an older refractive surgery called PRK, or photorefractive keratectomy.

In Lasek, the outer layer of the cornea is scraped back instead of cut so that the surgeon can access the cornea's inner layer.

Like PRK, there is more pain than with Lasik, and the time it takes before a patient notices vision correction can be longer.

Moore said he has concerns about Lasek because clinical studies of the procedure are in the preliminary stages.

Gayton cites numerous studies done overseas that he says prove Lasek is safer than Lasik.

Thompson said Emory hasn't looked at Lasek because it is too similar to PRK, a procedure many ophthalmologists consider outdated.

"I don't see it as being useful," he said. "I think it's too early and there's too much preliminary data."

Neither of the procedures has been completely accepted by the military.

Until about a year ago, patients who had undergone refractive surgery were not allowed to join the Air Force, said Betty Anne Mauger, a spokeswoman for the Air Force surgeon general.

The concern was that people wouldn't be able to do their jobs if something went wrong with the surgery, Mauger said.

"We look at it from a quality-of-life issue as well as a mission capability issue," she said.

Most Air Force personnel are allowed now to have PRK or Lasik with the permission of their command and base physician, Mauger said. Air crew and special duty servicemen are not allowed to have either.

The Air Force is now offering PRK on a trial basis for some air crew and special duty personnel, but when performed through a program at Lackland Air Force Base in Texas.

Regardless of what is the most accepted procedure, Gayton said he will only offer what he feels is the safest alternative.

"When we're talking about people's eyesight, the stakes are high," he said.

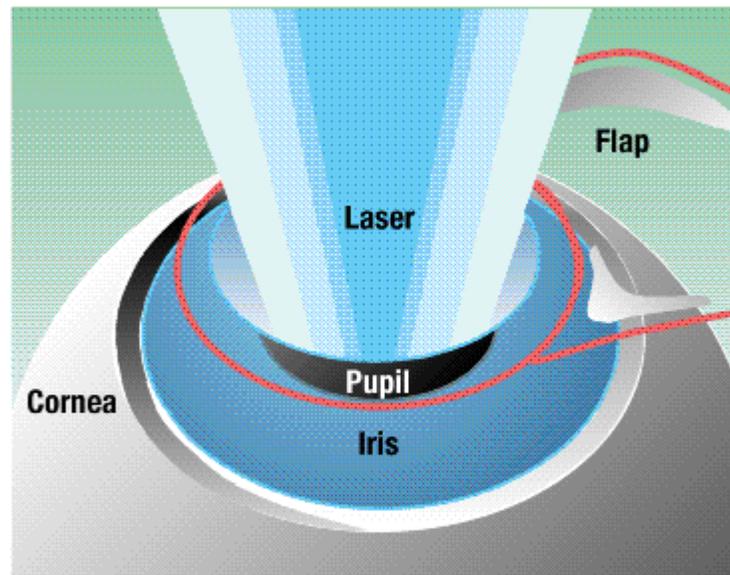
SOME FACTS ABOUT LASIK

- Lasik is surgery to a delicate part of the eye.
- Hundreds of thousands of people have had the surgery, most very successfully.
- As with any surgery, there are risks and possible complications.
- Lasik may not give you perfect vision. The American Academy of Ophthalmology reports that seven of 10 patients achieve 20/20 vision, but 20/20 doesn't always mean perfect vision.
- If you have Lasik to correct your distance vision, you'll still need reading glasses around age 45.
- Lasik surgery is too new to know if there are any long-term ill effects beyond five years after surgery.
- Lasik surgery cannot be reversed.
- Most insurance does not cover the surgery.
- You may need additional surgery - called "enhancements" - to get the best possible vision after Lasik.

- Source: *The American Academy of Ophthalmology*

LASIK eye surgery

LASIK surgery has become the most popular refractive surgery due to the rapid healing and quick return of vision. It is performed under local anesthesia.



The ophthalmologist uses an automated process to cut a thin flap in the cornea. The flap is then laid back, and the surgeon uses a laser beam to flatten the underlying cornea by vaporizing a thin layer of tissue. The flap is gently put back in place. The cornea heals without any stitches.

Source: www.cornealaw.com/laser_eye_surgery.

Ric Thornton / The Telegraph



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