

## **LASIK personal accounts:**

### *Surgeon to patient and back again*

*Taking the leap into LASIK requires confidence and trust on the part of prospective patients. This encounter between skilled surgeons put an intriguing spin on the patient-physician relationship.*

## **Now I can tell patients I know how it feels**

*by Stephen F. Brint, MD Exclusive to EYEWORLD*

A few hours after my bilateral laser in situ keratomileusis procedure in Houston, I flew to Aspen, Colo., for the Fourth of July weekend. For the first time, I enjoyed the annual pyrotechnic display without my contacts or glasses! I could see better immediately, and I marveled at the ability to read license plates en route to the airport. My initial vision could be compared to looking through a foggy windshield; then the fog lifted after 4 or 5 hours.

One of the most notable memories is my first experience at the operating-room microscope, less than a week after LASIK. I performed more than 30 cataract procedures and did LASIK without constantly blinking for lubrication or worrying that I could blink a contact lens out of my eye during surgery, which has happened. I was extremely relieved at the clarity achieved visualizing the anterior capsule during capsulorhexis, which had been my greatest concern.

My decision-making process paralleled my experience with refractive procedures. The amounts of my myopia and astigmatism caused me to postpone a refractive procedure, although I knew refractive surgery was for me as soon as I began to do radial keratotomy more than a decade ago. Unfortunately, the amount of my preoperative myopia placed me out of range. I reconsidered my options while performing both myopic keratomileusis and automated lamellar keratoplasty, and reviewing outcomes. Although these lamellar procedures provided good uncorrected vision for many higher myopes, my expectations were more demanding. I seriously considered photorefractive keratectomy, but the down-time associated with healing made it difficult to find the time. The decision to schedule came almost automatically as I followed my LASIK patients. For the first time, I could not support my decision to procrastinate when patients asked me if I'd had the procedure.

## **Decisions, decisions**

Choosing a surgeon was emotionally difficult. My decision to have Stephen G. Slade, MD, clinical faculty member of the University of Texas Medical School, do my procedure was based on his experience, Houston's convenience and my confidence in his ability to fulfill my unrealistic expectations. I had had the benefit of Slade's microkeratome experience when I performed the first LASIK procedure in the United States with his assistance, and together we supplied the majority of patients for the Summit Technology High Myopia Study, comparing LASIK to multizone PRK.

I now appreciate the preoperative patient adventures, for which I had no prior experience. I learned first-hand the slight anxiety (dulled by 10 mg of diazepam [Valium, Roche]) of checking in, signing the informed consent, and the all-inclusive preoperative testing and preparation. My preoperative refraction was a little unusual: -7.50 D and roughly spherical in the left eye, and -5 sph. +4 cyl. in the right eye (I had irregular corneal astigmatism, plus corneal and refractive astigmatism that didn't match). After a surgeon-to-surgeon discussion regarding the astigmatic correction, the decision was made to treat half the amount of corneal astigmatism. My procedure was done using Chiron Vision's new Hansatome microkeratome, which produced a 10-mm-diameter flap with a superior hinge; a broad-beam excimer laser provided a 6-mm refractive ablation.

## **Hand-holding helps**

What I remember most during the procedure was the comfort of having someone hold my hand. It has subsequently been added to our formal LASIK checklist. I was also not prepared for the drowning-under-eyedrops sensation I experienced during the flood of BSS (balanced salt solution, Alcon) as the flap was repositioned.

Postoperatively, I took nothing but TobraDex (tobramycin dexamethasone, Alcon); I never filled the prescription for pain medication. I had no pain, just a mild burning sensation for about 2 hours after surgery. I was surprised to find that the foreign-body sensation I expected did not occur. At 1 day postop, my uncorrected vision was 20/25 in the left eye and 20/40 in the right eye (with preoperative cylinder).

At almost 2 months postop, my uncorrected acuity is 20/20 left eye and 20/30 right eye (with slight monocular diplopia in the right eye with preop cylinder). Visual recovery has been slower in my right eye (the eye receiving excimer ablation for astigmatic correction), but the quality of my vision continues to improve. My impression is that my vision is as good as or better than what I experienced wearing soft contacts.

### **Adding to the conversion factor**

My experience has added to my patient-education tools and tremendously improved my communication. With the patient positioned beneath the excimer, I can now say, "This is what you will probably see and feel, based on my recent personal experience with LASIK," and that seems to put the patient at ease.

This generates tremendous trust and provides a particularly effective foundation for all marketing ventures. Our marketing director has taken my LASIK surgery experience to the airwaves: A campaign featuring my testimonial on local radio stations has generated one of the highest volumes of inquiries recorded at the Eye Surgery Center of Louisiana. My experience has been inserted into all our advertising and education materials. I've been told that even my own conversion rate has increased substantially since my surgery. I suppose my confidence in recommending the procedure to good candidates has been further magnified by my enthusiasm.

### **ABOUT THE AUTHOR**

Stephen F. Brint, MD: Brint practices in New Orleans and is a clinical professor of ophthalmology, Tulane University. A well-known cataract and refractive surgeon, he has taught and lectured around the world. He is national medical director of 20/20 Laser Centers and medical director of Ambulatory Eye Surgery Center of Louisiana in Metairie.

### **Not as bad as operating on Mom and Dad**

*by Stephen G. Slade, MD Exclusive to EYEWORLD*

The greatest honor I have had in the past few years has been when ophthalmologists ask me to operate on their own eyes. We have operated on more than 30 ophthalmologists in Houston and a like number of optometrists. All these surgeries have been a little stressful: The ophthalmologists have been friends. Stephen F. Brint, MD, was a prime example.

I have known Brint for more than 10 years. He got me started in excimer surgery and laser in situ keratomileusis. He had traveled to Milan, Italy, in 1991 and watched Lucio Buratto, MD, do excimer laser myopic keratomileusis. He then asked me to work with him when he started doing the technique here. Brint was already doing excimer laser surgery as one of the original Summit sites.

### **The set-up**

Brint first mentioned wanting to have his eyes fixed almost a year ago. He said he was a -6 D in each eye. Only later did I find out he had almost that much corneal astigmatism in one eye. That eye also had some irregular astigmatism, with a best corrected visual acuity of 20/40. Brint's plan was to fly in right after he performed surgery in Europe, have both eyes done that day and fly home that night.

### **The screening evaluation**

A week before the surgery, we reviewed his maps and refractions at the International Society of Refractive Surgery meeting in Florida. I saw that despite his large degree of astigmatism, Brint was wearing spherical glasses. He said he was happy with his current corrected vision. I didn't think he could be seeing too well, and that was confirmed when he went into the hall to say hello to Louis D. Nichamin, MD, but it wasn't Nichamin. I then asked Brint if he was happy with his current vision and he said, "Sure." I thought I had a chance to make him really happy.

### **The preop examination**

On surgery day, Brint showed up with his usual entourage - a film crew and friends, about 7 or 8 people. They were all extremely nice and fun to work with. Richard N. Baker, MD, my partner, and I refracted Brint 12 times each and came up with the surgical plan. Each refraction was filmed. Everything was filmed.

### **The surgery**

I was lucky. Brint was an excellent patient and played his role perfectly. People ask if I was nervous, and yes, I was. I operated on my mother and father a few years ago, though, and everything is a little easier now when I compare the pressure to that. I have learned to stick to my normal routine with VIP patients as much as possible. Special deviations are often ill-advised. For example, I always have patients spell their last names, so I can check them against the chart, which is being held in front of me as I enter it into the computer. It is a double-check of the system.

The surgery went well. We used the new Chiron microkeratome, which worked perfectly. Brint fixated like a rock. The flash bulbs going off were not as distracting as I had feared.

### **The postoperative examination**

I managed to catch Brint at a meeting in Washington, D.C. and examined him at 1 week postop. Without correction, he was 20/29 in his good eye and 20/25 in the eye that had had the astigmatism. I was extremely pleased, and more than a little relieved. He told me he had done a session of 30 cataracts 3 days after his surgery.

### **The payoff**

The real payoff for me was Brint's happiness with his result. All the ophthalmologists have been gracious. When they say "thank you," though, my overwhelming reaction is gratitude to them, for the trust and honor of being chosen as their surgeon.

### **ABOUT THE AUTHOR**

Stephen G. Slade, MD: Slade practices in Houston and is national co-medical director for TLC The Laser Center. He serves on the board of the International Society of Refractive Surgery and is chair of the Refractive Surgery Section of the American Society of Cataract and Refractive Surgery. He has received numerous awards, co-authored two textbooks on refractive surgery, and produced

many articles, book chapters, named lectures, surgical instruments and a laser-delivery-system  
U.S. patent.