

Doctor – Should I have LASIK Surgery?

By Larry Malashock, O.D.

I must get asked the above question at least half a dozen times a day anymore. Patients want a quick answer to that question but unfortunately there is a bit more to it than what can be provided in a 30 second sound bite. Certain considerations need to be made and they are different for each person.

First thing to consider is that nearsightedness is not an eye problem per se, it is a vision problem. Your eyes are healthy it is just that you have vision that is no different than having a great camera focused up close - when you want to take a picture far away. The camera isn't bad it's just focused at the wrong distance. Therefore, your eyes don't need surgery your vision does. Unfortunately – to fix your vision with surgery you need to operate on a healthy eye. Ask me if it is a good idea to operate on a healthy eye and I would have to answer emphatically “NO!” However, if you want to surgically correct your vision for far away it can be done - it just has some risk to it. That risk assessment process is where the answer to the above question will be made.

For each patient that asks the question, I usually turn it around and ask, “How come you haven't had LASIK surgery yet?” The response is usually about the money. If it were cheaper they'd do it or if they had the money they'd do it. When I ask, “If it was free would you do it?” The response is usually some form of “...in a heartbeat!” The next question I ask generally stimulates some thought, “If you knew it would screw up your vision or if you had to use a bad surgeon would you do it?” The response is universally “No!” Therefore – as it turns out with most everyone, it isn't just about the money. It's actually about the money qualified by having a good surgeon and getting a good result. With a little thought – it isn't about the money at all – it's just that the money is the easiest hurdle to identify. The money though is not as important as the end result. Get the money question out of the way and again it gets down to the question of risk assessment.

No one should tell you that you should operate on a healthy eye. Whether it is a friend or family member who had a good result, a Heisman Trophy winner on a TV spot or even myself, anyone who tells you that you should do it is not considering that they're your eyes being operated on – not theirs. So it may have worked for them – there is absolutely no relevance to your case what so ever. Each patient has a different prescription, different corneal thicknesses, different health concerns, different vision demands and different wants and needs. What works for one patient means nothing to the next. Each case is unique. Therefore, no one, myself included should tell you that you should do it, as the risk is all yours.

In addition no one should tell you that you should not do it – myself included – unless there was a medical reason. If you are a diabetic, or if your corneas are too thin or any number of possible contraindications then you absolutely should not do it. However, anyone who tells you otherwise that you shouldn't do it doesn't know what problems you have with either your vision or the means with which you have been correcting your vision – contacts or glasses. Only you know what you will see if you wake up in the middle of the night and smell smoke or try to see your kids when swimming without your contact lenses on. Only you can judge the potential benefits to you if you would have the surgery.

My job according to the last few paragraphs therefore is not to get you to have the surgery or not – it's strictly to help you figure out how you make the critical decision whether to have it done or not. As previously mentioned – it isn't about the money nor is it about the success experienced by your best friend or spouse. What it is about is the risk assessment. Risks versus benefits. What can you gain versus what can you lose? This is where the decision is going to be made but you don't know the risks and benefits as well as I do. The simple equation of risk versus benefit is like a scale – if you are having nothing but problems with your glasses and contacts and you are functionless uncorrected yet the surgery was free of cost and potential health concerns – the benefit obviously outweighs the risk and you'd have it done. By the same token – if you had no trouble with your glasses or contacts and if there was a 50/50 risk of blindness with a cost of \$5,000 per eye for the surgery – the risk both financially and to the eye would outweigh the benefit and surgery would not be scheduled. My job is to simply identify the variables to plug into the risk assessment equation and be your advocate – not pro or con, but a simple education resource.

I find it kind of funny that many surgeons spend most of their time during a consultation trying to convince a potential patient of the reasons to have the surgery done. That is the easiest part. If you are uncorrected and can't see 20 inches past your nose, as is the case with my average patient, you know why you'd do it. Where I would spend more time is evaluating why you haven't done it. There are risks associated with the various procedures and anyone who says there isn't is lacking knowledge, integrity or ethics.

The risks, however, can be substantially minimized with proper procedures. In my experience, when I have a consultation with a post-op problem patient, the problems were usually preventable. There are potential problems with patient selection, pre-op education and goal setting, surgical protocol or follow up – which can all lead to a less than desirable result or outright problems. This is strictly elective surgery and it is just as important if not more so, to know what the procedures can do to you as well as for you.

The risks of a bad outcome are very remote for the masses but could be very high for the individual. To pull a number out of the air it could be somewhere around 1 in 2,500 procedures for a bad outcome depending on the study. That is just a number however. If your corneas are too thin the odds of a bad outcome could be 50/50 or worse – guaranteed to fail yet you the patient may not know it. Quite a difference between 1 in 2,500 or 1 in 2 with you relying on the willingness of your surgeon to tell you the difference. It happens.

I have patients who are thoroughly dissatisfied with the result they got elsewhere – yet I see nothing wrong with the outcome - simply a problem of unrealistic expectation. If you expect life without glasses, sorry. Doesn't do that. It works well for far away. Period. Everything else is going to be a compromise. Your eyes are subject to the same laws of physics that works your camera, and if you focus a great camera for far away and then try to take a picture up close - it doesn't work. LASIK surgery is no different. It will work very nicely to focus the camera for the far point. However, we are all maturing and sooner or later after age 40 – the auto-focus mechanism we have in our eyes starts to let us down. The camera isn't bad – it's just that the auto-focus gets rusty. You don't throw the camera away – you just refocus it manually. That is why Walgreen's sells those cheap reading glasses by the boatload. It will happen to everyone whether they have surgery or not. Monovision or the attempt to focus one eye for distance and the other for up close is not as effective as both eyes focused for all distances. It may work somewhat short-term or long-term – but it is still a compromise.

When I have a nearsighted female patient over the age of 45 or so I will ask her where in the bathroom she will install a magnifying mirror. Usually I get a quizzical look from the patient as nearsighted patients can see perfectly fine up close in a mirror. That is of course as long as they take their glasses off. That is what is perfect for nearsighted patients – the close up stuff. In fact – usually the closer the better! Surgery corrects that. Now the vision is perfect far away and you will lose your built in bifocal. If you don't expect it – it can be quite shocking and immediate how much you actually miss being nearsighted for the stuff up close – especially working on your eyebrows or make up. Some patients are simply trading wearing the glasses for distance only for wearing the glasses for near only. So some ask, “What's the point?”

Again it gets down to personal preference and risk assessment. For most worthy candidates having glasses is not an option as getting from point A to point B requires correction. Glasses are not optional for these people. If corrected for distance with surgery – glasses now are optional. Can't read or see up close without them, but that is still an option. Reading, baiting a hook, working on your fingernails, taking a piece of metal out of your hand, perusing your e-mail etc. are all options. Can't function up close without them but it is still optional. Being able to get around in your environment is not an option. Surgery or not depends on your personal preference – but understand what it is going to do. After successful surgery you will eventually need glasses for near tasks – but you can put them down and walk away.

Last point to revisit is the risk of catastrophic outcome. As mentioned before it is very rare. More likely you have nuisance problems if not perfect – but I am not worried about that. I am more concerned about the major problems that people can have post-op. There are a lot of studies out there but of course the numbers can always be twisted to say whatever agenda fits the author. As pointed out before, if all of the preventable problems are taken out with proper screening, education, surgical skill and proper follow-up – the risks drop to a very low number. Could be around 1 in 2,500 give or take a few hundred for a very unhappy patient.

That statistic is of course just a number and it could be higher or lower by a substantial percentage. The number really doesn't matter. What is important is that my patients look at numbers like that and they align themselves into one of two camps. The minority of my patients look at a number like 1 in 2,500 or so and say, "With my luck I'd be the one." I cannot tell them that their fear isn't justified and they should not have the surgery done. If they really believe that – end of LASIK story for them in my office.

The majority of my patients however, will try to make a percentage out of that number and minimize the risk. It is just a number but it is real. The odds of a nasty outcome may be ridiculously low – but there's nothing that says if you flip a coin 7 times it won't come up heads every time. The risks should be considered appropriately, understood and respected. I'm not concerned about the 2,500 but I am concerned about the 1.

So go ahead and ask, "Doctor – should I have LASIK" and you'll excuse me if I cannot answer in a sound bite. This is a procedure that has major potential for pain or gain over the rest of your lifetime. I am not the one pondering surgery here – you are. All I can do is help you put things in perspective and be your guide. If you need clarification – just ask. I'll be here.