Warburton, Karen

From: [redacted]
Sent: [redacted]
To: Warburton, Karen
Subject: Lasik Eye Surgery

Dear Karen,

I understand that you are accepting comments from Lasik patients that have had bad outcomes. Below is my story. Thanks for listening.

I was born a -7.00 myope. I cannot remember a time in my life when I did not wear glasses. Glasses were as much a part of me as my hair color. At forty-six years of age (March 05), I walked into my eye surgeon's office ([redacted]) with the dream of not having to wear glasses ever again. After all, my sister and brother both had Lasik with great results. I elected to have an epi-lasik procedure confident with the knowledge it was the conservative "safe" route to take.

I knew something was wrong within days after the surgery. At first my fear focused on being overcorrected. After a lifetime as a myope, I hated being farsighted. I was terrified. I didn't sleep for weeks. I didn't eat. I lost 20 pounds. I did not feel comfortable in my own skin. Things only got worse. My left eye stabilized at +1.00 while my right eye went into a tailspin. When the dust settled three months post op, my right eye was +1.75.

As it turns out, the hyperopia was not the worst symptom. Since, I had my surgery in the spring, the long periods of sunlight masked the glare, halos and starbursts that would be the focus of my most intense fears. I soon discovered that stop lights at night were an unrecognizable mess of glare, LED lights created huge streaks of light, etc. My fear now became panic.

I saw several "specialists" during this period. I was desperately seeking answers/solutions. To a person, they told me that my situation was not that dire and that additional surgery would most likely fix all of my symptoms. In September 05, my surgeon had an idea: perform an epithelium debridement on my right eye. He believed that irregular epithelium healing was the cause of much of my hyperopia. He told me it was a safe procedure and healing would only be a few weeks. No such luck. Shortly after the surgery, I developed severe haze in the right eye that did not diminish with time. My apprehension was now a total obsession.

I saw another specialist, a world class surgeon in---------- (at the suggestion of my original surgeon). Again, I was told not to wor---------- e haze scrapped, allow the eye to heal, then have another laser surgery performed. I had the haze scrapped from my eye in January 06. This further flattened my right eye and left me at +3.00. The real problem was that the +3.00 did not tell the whole story. Contacts and/or glasses no longer corrected my right eye. Night vision was an even bigger mess. While my right eye healed from the haze scraping, I had a second surgery (PRK) performed on my left eye in March 06. I so wanted the hell to be over. After a couple months, the left eye healed okay; however, the glare, starbursts and halos were still extremely prominent.

In July 06, I flew to Vancouver to see another world class eye surgeon ---------- at the suggestion of my original surgeon) regarding my right eye. Due to the FDA approval process, Canadian eye surgeons have several tools available that American surgeons do not. After a short consultation, I consented to have a topographic guided PRK procedure performed on my right eye.

Sixteen months of hell for me and my family; untold thousands of dollars on surgery, optometrists, glasses, and contact lenses and I still had terrible vision. My left eye was near plano but my right eye was now -2.50. I wanted to celebrate my left eye but the glare, starbursts, and halos were ruining my life. I avoided the night like the plague.

I hit rock bottom after trying RGP lenses with a local optometrist. The local optometrist I saw did not have much experience fitting post refractive patients. The lenses did not mitigate the glare and were incredibly uncomfortable.

---------- o specializes in fitting post refractive patients with contact lens in ---------- _ . The first lens iteration, using a Macrolens, fixed my eye chart vision but did not mitigate the glare. Not to worry, a larger optical zone might be necessary. The next day, the second iteration lenses, again the Macrolens (14mm diameter lens with a 10mm optic zone), arrived. I could see 20/15 and the glare was significantly reduced. In addition, the lenses were comfortable. In fact, the lenses were no less comfortable than the soft silicon hydrogel lenses I was previously wearing. I immediately wore the lenses for a full day. Another iteration was necessary to find the "perfect" fit, but I now had hope that I could live a normal life.

I wish this story had a perfect ending; however, it does not. I still see excessive amounts of glare. It can be mentally debilitating. Streaks of light shoot out from bright sources (i.e. overhead track lights, street lights, etc.) like dancing spikes of light every time I blink or move my eyes. No one seems to understand why. It is not a function of the contact lenses. Sometimes I can mentally erase these streaks and sometimes I cannot. I also still see large starbursts (with the contact lenses). Green stop lights at night are the worst. I hold out hope that my remaining symptoms will mitigate over time or there is some kind of alternative. I continue searching for the perfect solution.

---------- ilog to this story is that contact lenses continue to get better, and ---------- , has led the effort in this regard.

The contact lenses that currently help are custom manufactured using data obtained from a [redacted]. The lenses are very large 15mm with a huge 10mm optic zone. Luck and skill would have it that they are comfortable; however, they do not completely eliminate the starbursting which has become the bane of my existence. My hope is that technology catches up with my situation. Any additional laser surgery is out of the question (only 400mm of central cornea left in my right eye), even considering custom topo. New wavefront contact lenses offer some hope. One company is going to release soft wavefront lenses soon. Who knows if they will work. I tend to doubt it but wavefront RGP lenses should be next. If they can be made rotationally stable, they might work.

Life in Lasik Hell,
