Epi-K: Advanced Surface Treatment – No More Lasik Flaps

Advanced Surface Treatment gives the laser access to corneal tissue, not by cutting a flap, but by separating just the thin upper layer of the cornea known as the "epithelium". An FDA Approved Epi-keratome is used to gently separate the epithelium from the underlying layers of the cornea. The patient's vision is then corrected using an excimer laser.

Reston, VA (PRWEB) February 22, 2006 -- Before a surgical laser can be used to correct a patient's vision in LASIK eye surgery, a flap must be cut in the clear covering over the front of the eye (the cornea) and folded back to give the laser access to the tissue beneath. The flap is cut using either a blade, called a microkeratome, or a laser, such as Intralase. Once the flap has been cut and folded back, the excimer laser then reshapes the front of the eye to correct myopia, hyperopia, and astigmatism.

After LASIK eye surgery, the corneal flap is replaced and allowed to heal on its own. It is during this replacement and healing process, or during the actual cutting of the flap, that most complications occur. An imperfect or incomplete cut, or irregular healing can make a patient's outcome less than expected.

These complications associated with LASIK eye surgery are causing Virginia, DC, and Maryland residents, in ever-increasing numbers, to choose the state-of-the-art Epi-K procedure.

Epi-K gives the laser access to corneal tissue, not by cutting a flap, but by separating just the thin upper layer of the cornea known as the "epithelium". An FDA Approved Epi-keratome is used to gently separate the epithelium from the underlying layers of the cornea. The patient's vision is then corrected using an excimer laser's technology and the epithelium is removed, drastically reducing both complications and healing time. In addition, it is suggested from recent studies that Epi-K can provide more predictable outcomes when combined with Custom laser vision correction compared to Traditional LASIK procedures because the bed upon which the laser treats is smoother with this technique.

With regard to recovery, 95% of patients are back to their normal activities including work the next day following LASIK surgery. With Epi-K, patients often have to take a few days off. For example, if Epi-K is performed on a Thursday, most patients can return to work on Monday. Over the weekend, they will experience some mild discomfort or irritation as the surface epithelium heals. By Monday, however, patients are feeling much better and vision is greatly improved.

Some advantages of Epi-K over LASIK are:
- Decreased risk of flap complications (incomplete flap, irregular flap, abrasions)
- Decreased risk of surgical complications post-operative (flap striae, DLK)
- Decreased incidence of post-op dry eye syndrome
- Better in treating thin corneas. Approximately 35% less tissue is removed

So, for patients who have thin corneas, dry eye issues, or who are risk adverse and don’t mind the additional healing time, Epi-K is a great choice. However, if a patient meets the criteria for LASIK and wants to be back to normal activities the next day, LASIK may be the better choice. Either way, it’s good to know there are choices.

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