

Blurred results

Claims for laser surgery sometimes out of sight

By Anne Michaud
TRIBUNE-REVIEW

Tears come to Joanne Leslie's eyes when she talks about how Lasik surgery gave her a new start in life.

Stacey Bisceglia wishes he could cry about his Lasik surgery. He suffers from an extreme case of dry eyes.

Since his surgery in early February, Bisceglia has had more than 30 follow-up surgeries to affix plastic tubes in his tear ducts. Still, he must perform a complicated daily ritual of antibiotics, eye drops and washes.

Seated near an air conditioner or on an airplane, Bisceglia must don special goggles to keep out dryness.

"I had been dreaming of the day when I could be without glasses," recalled Bisceglia, 46, of South Beaver Township, Beaver County. "Now, I would like to see these problems exposed."

More than 2.5 million Americans have had laser surgery to correct their vision. As the procedure's popularity has grown, so has the number of horror stories. One Web site, SurgicalEyes.org, has unified people with problems. Run by Ron Link, a former Cleveland-area firefighter who lost adequate vision for the job, the site is an agent for change, education and new therapies.

Costs range from \$199 to \$2,400 or more per eye, and because the surgery is not covered by insurance, many centers offer payment plans. "No payments until October," one ad promises. "As little as \$31 a month" if you act now. The ads, sporting pretty-eyed models and buff water-skiers, seem to offer eagle eyesight without glasses.

The bargain-basement atmosphere misleads many people to believe they can select an eye surgeon much the way they choose a dinette set, said Dr. Dan Reinstein, former chief medical officer of a 30-clinic chain called Lasik Vision.

"There are surgeons who are delivering expert care, but I don't think they are easy to identify for the average patient," Reinstein said. "Most surgeons undergo a weekend course, and they're on their own."

Patients need to carefully choose a surgeon and should know a surgeon's training, experience and complication rate, experts said. They should insist that the same person examine them from pre-operation through follow-up.



Chaz Palla/Tribune-Review

Stacey Bisceglia displays all the medication he uses since his Lasik surgery. Like some patients, Bisceglia mistakenly believed laser eye surgery would be a simple fix.

"It's not that we can't police our own, but there's a balance between certifying someone to perform Lasik and being restrictive. In America, we're free," said Dr. Jack Holladay, president of the International Society of Refractive Surgery, a professional organization. "If you find a guy who has a 10 percent complication rate and the price is right, well, most people feel their eyesight is too important to risk that."

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Laser surgery claims sometimes out

LASER SURGERY FROM/A1

A NEW LIFE

Leslie, the happy Lasik patient, took the recommendation of her longtime optometrist about where to have the surgery done. Her eyesight had been so bad since birth that she could never navigate on car trips. She couldn't read the street signs, even with thick glasses.

"I can truthfully say I didn't know how bad my eyes were until they were fixed," said Leslie, 56, of Bradford Woods.

She rented a hotel room with a friend near the surgery center. That night, as the swelling in her eyes receded, she kept running to the hotel-room balcony to test her vision.

"By the hour, sometimes by the minute, I could see clearer and clearer," she said.

Within months, she quit the bank job she had held for 33 years and pursued her dream of becoming a massage therapist. "People at the bank said I had been hiding behind my glasses. I have a new life," Leslie raved.

Nancy LaFrankie has a new life, too, but it's not the one she intended. LaFrankie, 49, also visited a surgeon recommended by her optometrist, someone she had known for years who had the surgery on his own eyes.

"I believed the hype," said the Jefferson Hills resident. "I believed in the 20-second miracle."

She paid \$4,000 to have PRK, another type of laser surgery. Within a year, she was back to her old, nearsighted prescription, so

she returned to the surgeon for a follow-up. This time, he recommended AK, yet another laser surgery. She began to see double and lost contrast sensitivity — that is, she could not find a navy blue backpack, for example, on a brown background.

"That was the darkest period of my life," LaFrankie said.

LaFrankie returned to her optometrist and broke down in tears in his office trying to read the eye chart.

"He told me I'd get used to it," she said. "I think a lot of people put up with some side effects. That was even more disheartening to me. I thought, gosh, if somebody had shown me pictures of what my eyesight could become, I never would've had it done."

WHY THE CONTROVERSY?

The underlying problem with eye laser surgery may be that it is so new and its growth so explosive. Lasik emerged in 1996 as the most popular of several kinds of eye laser surgery, and its use has nearly doubled every year, from about 42,500 patients in 1997 to 650,000 last year, according to the American Society of Cataract and Refractive Surgery, a professional association.

The American Board of Ophthalmology has yet to define standards. Long-term studies don't exist; informed-consent practices are uneven.

Lasik doctors have only recently discovered an accurate measure of pupil size and how to adjust for varying degrees of vision problems, Holladay said. If the surgery area is smaller than the pupil, patients can see halos and starbursts in the untreated area. When the pupils widen naturally in the dark, night-vision problems occur.

"The problem with many of the patients on SurgicalEyes.org is they have pupils that are much larger than average," Holladay said.

Error rates are underplayed because of the way eye doctors measure success, contends Link, of SurgicalEyes.org, who sees five traffic lights at night where there is one. He claims far more surgeries lead to worse vision than the 1 percent to 5 percent complication rate the profession quotes.

The profession's measure is whether a person loses the ability to read two lines or more on an eye chart with "best corrected vision." That means that you could read more of the chart with glasses before the surgery than you could read with glasses or contacts after the surgery.

Link criticized that standard of failure as much too low: "You can end up with substandard vision and still be able to pick out these letters on the eye chart."

Surgeon Reinstein said experienced surgeons would be closer to the 1 percent complication rate, and the most expert caregivers can quote rates of 0.1 percent, or one in 1,000. Extensive fellowship training at his former chain. Lasik

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of sight

Vision, had reduced complication rates to 0.1 percent for the most common type of nearsightedness, he said, even though it charged low prices.

For all of its controversy, Reinstein predicts laser eye surgery will blossom and will become as common as braces for crooked teeth.

IMPROVING YOUR ODDS

Cathy Beatty, executive director of the TLC Laser Eye Center in Wexford, said that in the last year, patients have begun to focus less on price and more on the surgeon's qualifications. TLC is a higher-priced chain of 50 centers in North America, charging \$1,800 to \$2,400 per eye.

"All the hype really obscures the most important factor, which is the skill and experience of the surgeon," Beatty said. "No matter what people have heard, laser vision correction is not a simple, one-size-fits-all procedure."

Today potential customers are asking about the surgeon's experience, education, subspecialty training, board certifications, complication rates and outcomes.

TLC stoops to a bit of hype itself, highlighting celebrity patients such as Tiger Woods.

The Laser Vision Institute is a low-priced competitor which is advertising surgery for \$499 an eye at its North Hills location. President Marcandrea Musa said the 20-center chain can offer lower prices because it employs both the optometrists and surgeons, cutting out the referral fee surgeons pay

for patients, which can reach \$1,000. The chain buys in bulk, saving more money, and owns laser machines that do not require paying royalties to the manufacturer for every use.

He knows his cut rates take a lot of criticism, but he says he does believe people choose Lasik on price. "They think we cut corners, but we don't," Musa said. "It's impossible to cut corners in surgery. You're talking about the patient's vision."

Laser Vision Institute claims that 90 percent of its patients chainwide come out with 20/40 vision or better, seeing well enough to drive legally without glasses.

The licensing authority for Pennsylvania, the Department of State, keeps records of laser eye surgery complaints, but the public can see those complaints only after the board decides to discipline a doctor, said Jill Goodrich, a department spokeswoman. The most consumers can do is log on to a licensing Web site, www.licensepa.state.pa.us, to find out whether a surgeon's license is current.

Several experts offered advice for choosing a laser surgeon.

Holladay, who runs the Holladay Lasik Institute in Houston, said patients should ask how many surgeries a doctor has per-

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— Cathy Beatty

EXECUTIVE DIRECTOR OF THE
TLC LASER EYE CENTER IN WEXFORD

formed, and he recommends choosing someone with no fewer than 500 to 1,000 procedures.

"The No. 1 factor is the experience of the surgeon," Holladay said. "Like everything else, when you do more and more, you get better."

Dr. Robert Arrfa, medical director for TLC in Wexford and chief of ophthalmic specialists at UPMC Health System, said patients should expect the doctor to tailor a discussion of risk based on their individual pupil size and degree of vision problems.

For example, he said, someone with pupils that approach the large end of the scale, 7 to 8 millimeters, may not be a good candidate because they face a higher risk of night vision problems afterward. And, he said, the odds of ending up with worse vision after surgery depend on your original vision.

Dr. Barrie Soloway, director of vision correction for the New York Eye and Ear Infirmary, said patients should not shop on price alone, nor should they be satisfied with one opinion about whether they should have the surgery. "It seems to me, on the low price

level, one of the problems is a certain number of patients need to be done in order to make that price effective," he said. "You start to wonder, are they not spending enough time in the evaluation process?"

Reinstein said a doctor who devotes his or her practice to eye laser surgery is a better bet than someone who does "a few on a Friday afternoon." He runs the Reinstein Institute for vision care in London and New York. He also said patients have a right to know a doctor's success rate, in writing. He warns that many doctors do not measure their outcomes, so patients may have to shop around.

Mere experience is not enough, he said. Training prior to experience can make a big difference in the face of an unexpected situation or surgical complication.

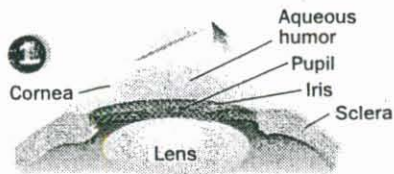
"The industry itself has managed to blur the distinction between expert and experienced," Reinstein said. "I do think patients have to be critical. It is most definitely 'shopper beware.'"

Anne Michaud can be reached at amichaud@tribweb.com or (412) 380-5615.

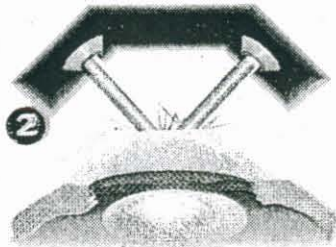
Two most common forms of corrective eye surgery

Lasik

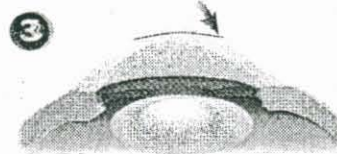
Laser assisted in-situ keratomileusis



The eye is immobilized using a suction device. Using a microkeratome blade, the surgeon creates a corneal flap, with its hinge either at the top or on the nasal side of the cornea. It is then swung out of the way.



Once the flap is folded aside, lasers vaporize a minute amount of corneal tissue. Excimer lasers, which don't require heat to remove tissue, are exact to 1/4000th of a millimeter. Actual laser time per eye is less than a minute.



After lasers reshape the cornea, and excess corneal cells are rinsed away, the surgeon places the corneal flap back in its original position.

The corneal tissue begins healing almost instantly, but makes a good seal in a month's time. Protective goggles are worn for the first 24 hours, and then each night while sleeping for the first week.

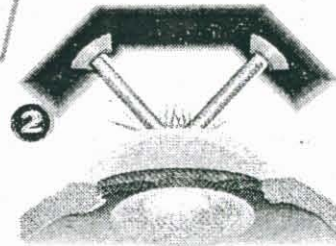
\$ A patient's prescription governs the price per eye.

PRK

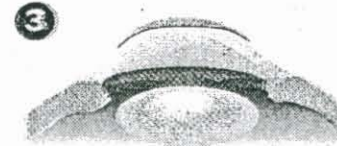
Photorefractive keratectomy



The patient's eye is immobilized with a suction device, but no microkeratome is used. In PRK, a flap is not made, as the excimer laser reshapes the outer surface of the cornea.



The laser produces a highly concentrated beam of light which flattens the front surface of the cornea.



Once the laser reshapes the outer surface, a protective contact lens is placed over the cornea for several days to allow the eye tissue to heal. The lens also helps the patient avoid the discomfort of the recovery process.

Are you a good candidate for Lasik?

- You should be at least 18 years old (21 for some lasers), since the vision of people younger than 18 usually continues to change.
- You should not be pregnant or nursing as these conditions might change the measured refraction of the eye.
- You should not be taking certain prescription drugs, such as Acutane or oral prednisone.
- Your eyes must be healthy and your prescription stable. If you're near-sighted, you should postpone Lasik until your eyesight has stabilized, which for some people may be as late as their late 20s.
- You should be in good general health. Lasik may not be recommended for patients with diabetes, rheumatoid arthritis, lupus, glaucoma, herpes infections of the eye or cataracts. You should discuss this with your surgeon.
- Do enough research to have realistic expectations of the surgery.

If you're a good candidate, facts to consider:

- Enhancement or re-treatment surgeries may be required to achieve your desired results.
- Fitting contact lenses may be difficult or impossible because of cornea changes following refractive surgery.
- Reading glasses may still be necessary for middle-aged and older adults. In fact, you may need reading glasses at an earlier age after refractive surgery.
- You may still need glasses or contacts to achieve your best vision even after refractive surgery.
- If you have specific occupational goals, check with your prospective employer about its regulations concerning refractive surgery.
- Some patients report difficulty with night vision. Tasks performed without difficulty during the day are more difficult in low light or at night.
- A percentage of patients experience a decrease in best corrected vision, meaning they might not be able to see as well, even with glasses, after the surgery.
- Lasik surgery is still too new to know if there are any long-term ill effects.
- The surgery cannot be reversed.
- Most insurance does not cover the surgery. Prices range from \$199 to about \$2,400 per eye.

Source: American Academy of Ophthalmology

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