



We understand the importance of research.

We want to help you GET THE FACTS.

If any of your questions are not answered on this sheet feel free to [contact us](#) and a doctor, a certified technician, or a laser vision coordinator will be happy to take the time to answer all of your questions.

1. Why do you prefer to perform surface ablation procedures over LASIK procedures? We believe that both LASIK and INTRALASE are excellent procedures in select cases. However, flap procedures are limited by several factors:

- First is age: After the late thirties and forties corneal flaps do not heal thoroughly and heal much more slowly. (Dr. Rampona compares this to fracturing a bone). There is a great difference in the rate of healing between a 25 year old and a 45 year old body.
- Second is dryness: The main nutrient supply to the outer cornea comes from tears (there are no blood vessels in the normal cornea). The most commonly reported side effect of LASIK or INTRALASE is dryness. These results are from the cutting of the deeper nerves in the cornea, which control actual tear production by notifying the brain that more tears are required. In patients with mild dryness, this condition generally improves. However, patients who have significant dryness before flap laser surgery may develop severe dryness. Dry eyes often do not feel well or see well and heal very poorly. SUPRALASE™ does not affect tear production or increase dryness and surface laser is the laser treatment of choice for dry eye patients.
- Third is corneal thickness: Laser vision correction involves removal of a tiny amount of corneal tissue; usually one third to one half the thickness of a human hair. Flap procedures weaken the cornea in proportion to the thickness of the flap. In patients with thin corneas or high prescriptions, this weakness can produce a bulging of the cornea (ectasia) which usually does not appear until several years after the procedure and represents one of the most significant complications of either LASIK or INTRALASE.
- Fourth is the optic nerve or retinal hemorrhage: This is considered to be a result of the suction ring in flap procedures.

[SUPRALASE™](#) does not create a flap and therefore does not similarly weaken the cornea, create dry eyes or depend upon healing of a flap due to a patient's age.

2. What differentiates SUPRALASE from Traditional PRK?

SUPRALASE is mistaken for PRK because it is under the umbrella of surface ablation procedures. There are three major areas that set SUPRALASE apart.

- First is the elimination of the mechanical brush: Traditional PRK uses a mechanical brush to remove the epithelium (the layer that needs to be removed to be able to correct the shape of the cornea). SUPRALASE uses a laser to complete this process.
- Second is the formula used to determine your treatment: With the measurements received in the preliminary tests of your procedure Dr. Rampona calculates the SUPRALASE formula and plugs it into the laser to ensure your best personal vision as the outcome. This formula customizes your treatment proving to lower the need for an enhancement.
- Third is the medications used during and post the procedure: Dr. Rampona has used the combination of prescription medicated drops during the procedure and in your post-operative care to help with discomfort, reduce the amount of healing time, and help eliminate haze.

3. How long have you been performing refractive procedures? Dr. Rampona has been and continues to lead in advancing refractive procedures. He started with a mechanical procedure Radial Keratotomy (RK) in 1986, began performing PRK in 1992 and was one of the first surgeons to be certified in LASIK in 1996. Overall Dr. Rampona has been performing refractive surgery for over 20 years.

4. What percentage of refractive procedure patients report unresolved complications six months after surgery (This includes objective and subjective complications such as halos, starbursts, dry eyes, etc...)? We believe a percentage will not give you an accurate expectation or education of the complications that may result after your procedure. A lot of variances determine if you will have any complications. For example if you comply with the postoperative instructions and your environment after the procedure, as well as, which procedure you are having and the degree of correction needed. Very few of our patients experience post operative complications because we eliminate some complications because we do not create a flap or cut your eye. Please discuss your concerns with the surgeon prior to having any procedure.

- 5. What percentage of refractive procedure candidates do you decline?** Again a lot of variances determine the decision to not perform a laser vision procedure. Dr. Rampona and his staff seek to educate a patient on all their options so that they can make an educated decision to proceed. If the vision is not able to be corrected due to the impacts to a patients overall eye health Dr. Rampona and staff are comfortable educating the patient on why they have been declined for any specific type of laser vision correction. Typically, if a patient has been declined for other procedures, like Lasik or Intralase, they still may be a candidate for Supralase because of its less invasiveness and impact to the cornea.
- 6. What percentage of your previous patients have had an enhancement procedures? Explain your enhancement policy.** Our percentage averages depend on each procedure and the prescription of the patient. Our enhancement rate for SUPRALASE is less than 1%. Our enhancement policy stands that every patient that has a refractive procedure with us is eligible for one free enhancement during the first year. During the second year and beyond you are able to receive an enhancement at half price the current cost. Enhancements also include the procedure and follow-up visits.
- 7. Is the laser and equipment you will use specifically approved by the Food and Drug Administration (FDA)?** Yes. We use the VISX S4 IR Tracking Laser and its parameters are approved by the FDA.
- 8. How much time will I need to take off of work?** Most of our patients are able to have the procedure on Friday and be back to work Monday morning. Again this may be different for each specific person depending on the procedure and the degree of the correction.
- 9. When will I need a driver to drive me to and from my appointments?** We do partially dilate our patients at the refractive exam and depending on how comfortable you feel driving after a dilation, you may need a driver for the refractive exam. You also will need a driver the day of the procedure and for a postoperative visit the day after your procedure.

10. How long do the refractive procedures usually take? Each procedure takes anywhere from 40 to 60 seconds per eye.

11. Will you perform a complete refractive exam including evaluating the medical health of my eyes both before and after the procedure? Yes we perform a thorough exam before and after your procedure to ensure that first you are a good candidate and secondly that your eyes are healing appropriately.

12. What is the soonest I can have the refractive procedure completed? From your initial consultation it generally takes two weeks to have the procedure completed.

13. Will my vision fluctuate after the procedure? How long is the healing period? Vision usually fluctuates during the first month of having the procedure completed but continues to improve over the first six months. Most of the healing does occur within the first week but there may be slight degrees of sharpness over the first six months.

14. How often will you perform postoperative examinations? After the patient's procedure there are the following postoperative examinations: 1 day, 5 day, 3 weeks, 3 months, and a full 1 year of post-op care.

15. Will you provide me the names and contact information of previous patients who have had the exact same procedure with similar refractive error? Yes, we can make available the names and contact information for previous patients as long as we have time to contact them in advance to make sure they do not mind receiving a referral call.

16. Does my occupation, leisure activities, and hobbies have any bearing on my candidacy for having a refractive procedure? Yes. Your day to day life does affect the goals we set with the procedure as well as allowing us to make sure that you have a realistic expectation of the outcome of the procedure.

17. Does my general medical and medication history have any bearing on my candidacy for having a refractive procedure? Yes, your medications and medical history will be reviewed since some illnesses like rheumatoid arthritis may affect the healing of your eye.

18. Does being pregnant or contemplating pregnancy have any bearing on my candidacy for having a refractive procedure? Yes, hormonal influences interfere with the refractive error change with pregnancy and breast feeding. Our guidelines and time frames are three months after you are finished nursing.

19. Does insurance cover the refractive procedures? Most insurance companies claim to cover a certain percentage but we offer better in house discounts than what most of the insurance companies offer. Insurance companies still see the procedure as a cosmetic procedure.