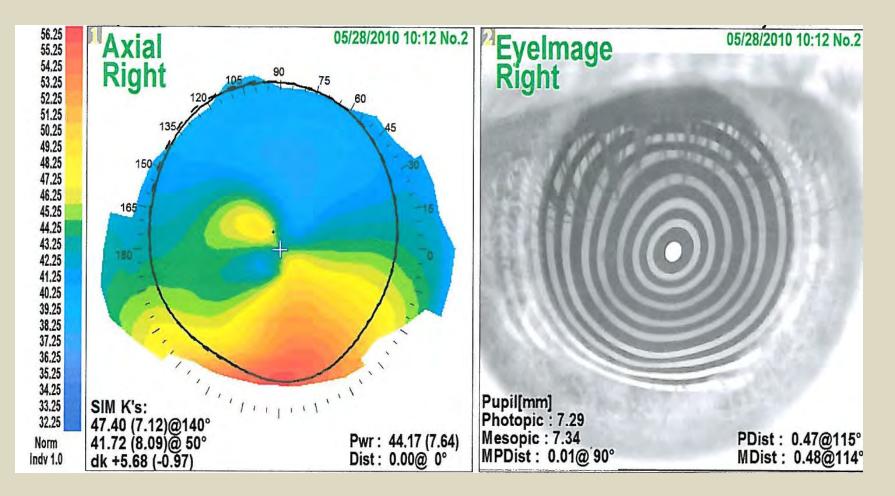
LASIK Ectasia – Rescued with large Diameter 9.5-10mm DALK Case Reports

> Richard A. Erdey, MD Erdey Searcy Eye Group Columbus, OH www.icanseeclearly.com

LASIK Ectasia – Rescued with large Diameter 9.5-10mm DALK Case Reports

- 7 patients
- 11 eyes

Case #1: LASIK Ectasia: 48yo male, CL intol -7.0 + 7.0 x 20/50



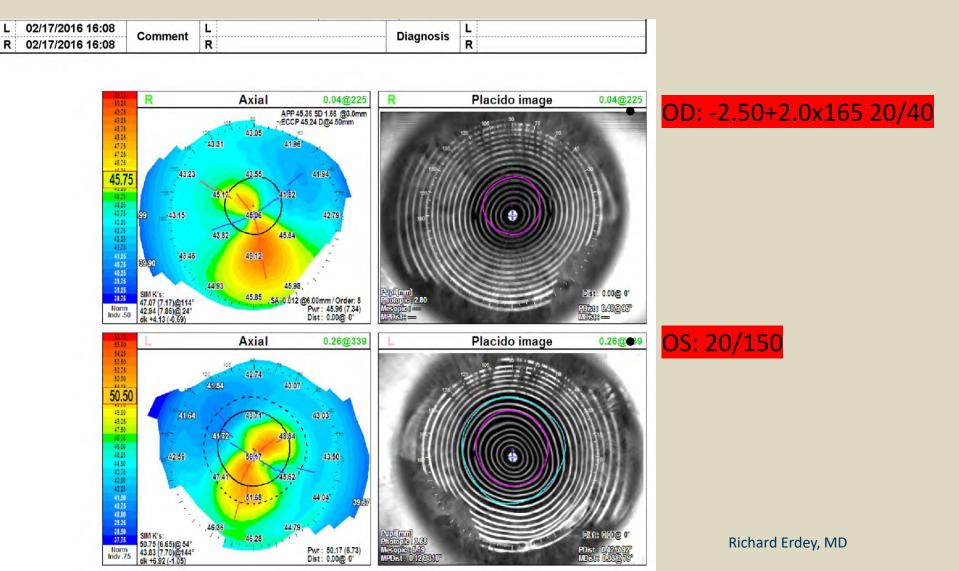
Case #1: OD: DALK 9.5mm dia: 8 mos post-op (2 mos after suture removed) +1.25 + 1.5 x 175 x 20/20-



CASE #2:

2/2016: 33 yo male referred 3 mos after cross linking OS (right eye not x-linked) "I still cannot see out of my left eye and vision very poor right eye – especially at night" 12/2015 OS: Corneal Cross-linking (performed by original LASIK surgeon)

2008 LASIK OU for low myopia (-3.0D OU) "vision OK for for initial 4 yrs" then developed ectasia OU



Case #2:

1/2022 Topo below: wearing soft contact lenses OU

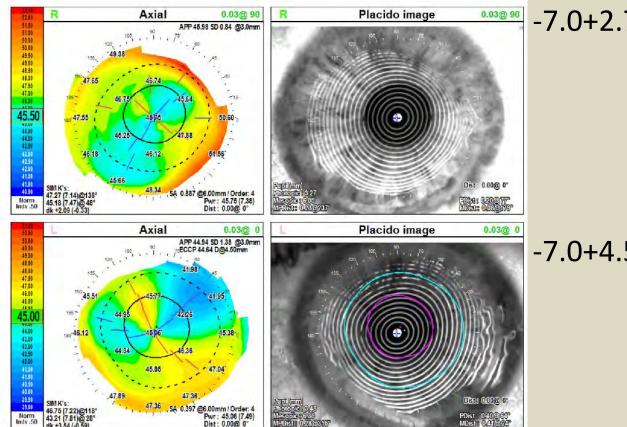
12/2019 suture removed

6/2019 OS: DALK 9.5mm 24 bite running suture

12/2016 suture removed 6/2016 OD DALK 9.5mm 24 bite running suture

 L
 01/31/2022 08:51
 Comment
 L
 Diagnosis
 L

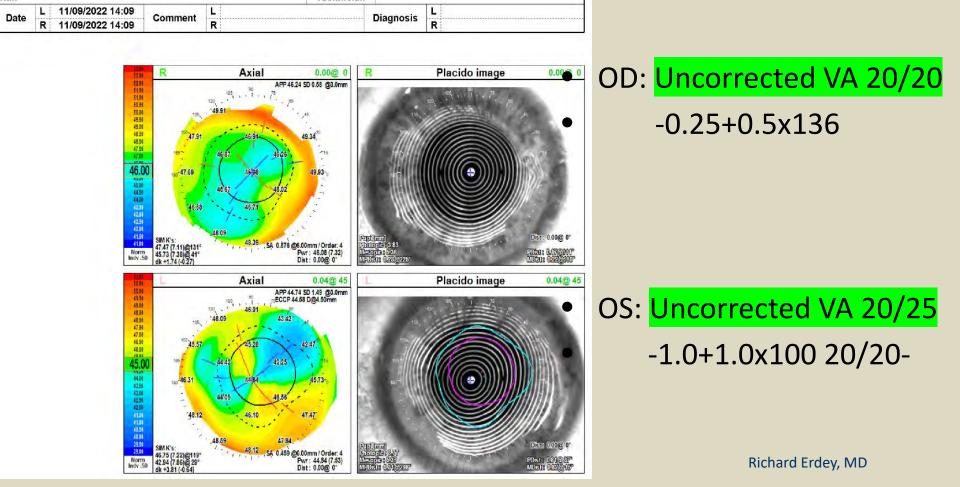
 R
 01/31/2022 08:51
 R
 Diagnosis
 R
 R



-7.0+2.75x141 20/20

-7.0+4.5x129 <mark>20/20</mark>

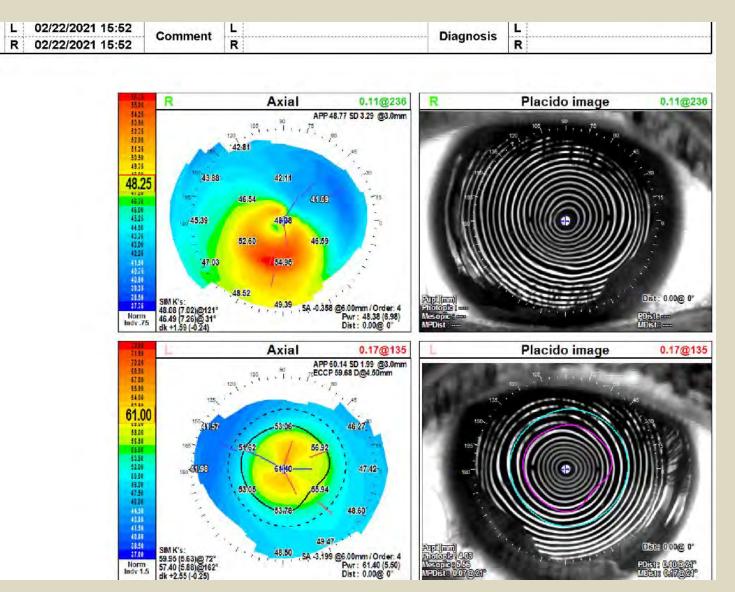
Case #2: 11/2022 Topo below EXTREMELY HAPPY! 2/2022 Staar Toric ICL OD: 13.2 -8.0/2.5 OS: 13.2 -7.5/4.0 6/2019 OS: DALK 9.5mm 6/2016 OD DALK 9.5mm



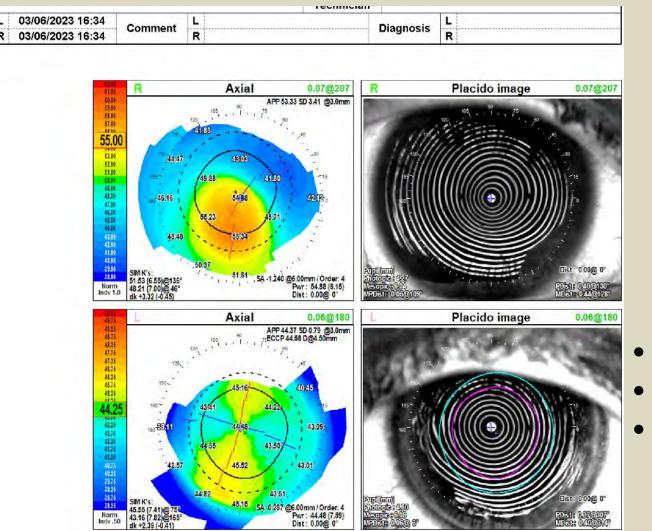
CASE #3: 54 yo female referred with Lasik Ectasia OU "very poor night vision" 2013 Vitamin A trial

2/2011 Cornea Cross Linking OS OSU "didn't help"

1998 LASIK OU mild myopia "vision OK for for initial 10 yrs" then developed ectasia OU

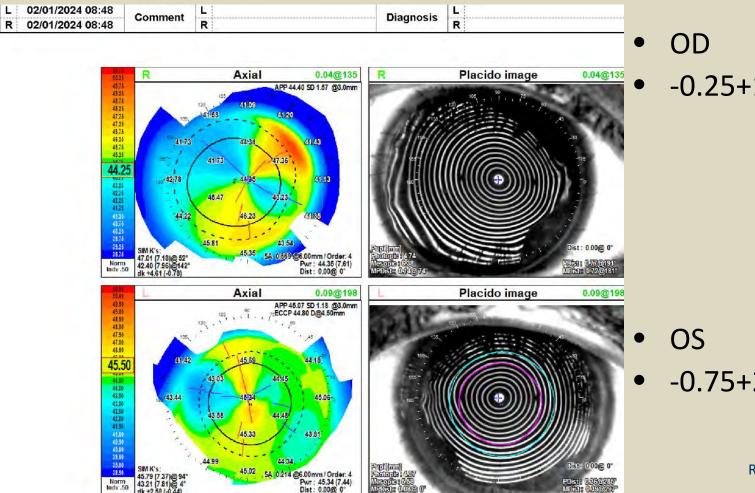


Case #3 LEFT EYE 56 yo female Lasik Ectasia OU 3/6/2023 topo below. VERY HAPPY w dramatic visual improvement OS ! 2/2023 removed running suture OS 3/2021 OS DALK 10mm donor/10mm bed



- Thrilled!!
- UNCVA 20/40-
- -1.5+2.0x80 20/20

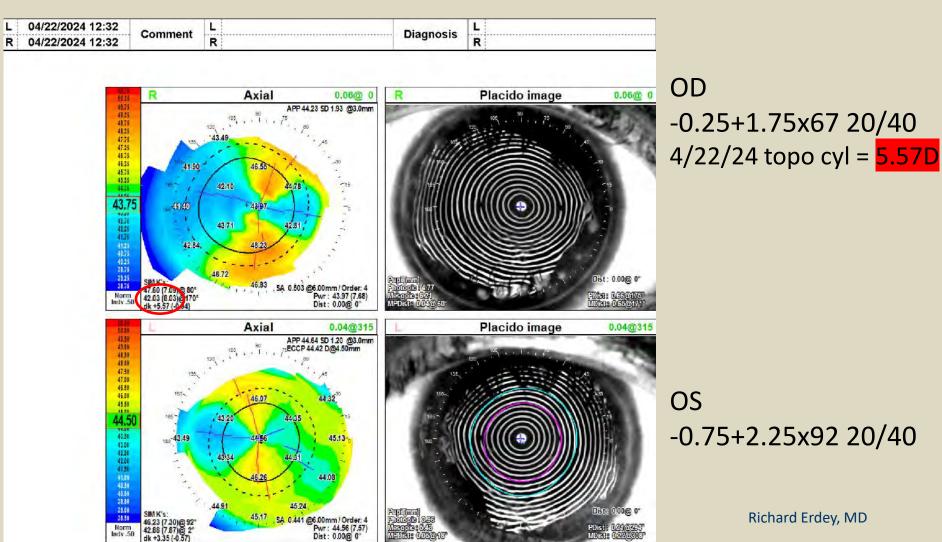
Case #3 56 yo female Lasik Ectasia OU 2/1/2024 OD removed running suture 4/2023 OD DALK 10.0mm donor/10.0mm bed 2/2023 OS removed running suture 3/2021 OS DALK 10mm donor/10mm bed



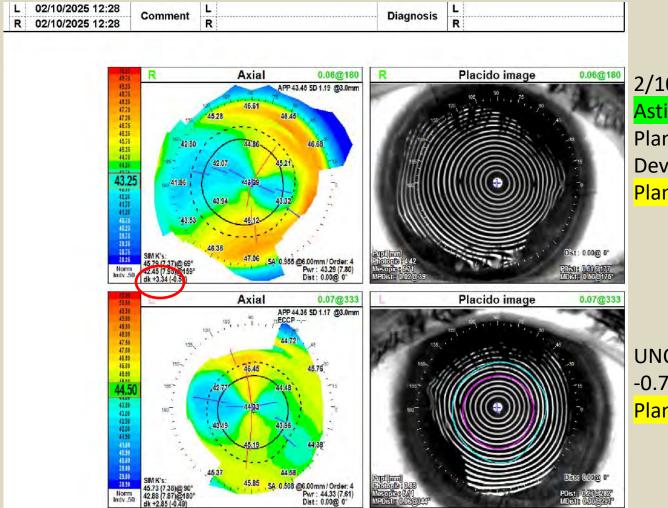
-0.25+1.75x67 20/40

• -0.75+2.25x92 20/40

Case #3 56 yo female Lasik Ectasia OU 2/1/2024 OD removed running suture 4/2023 OD DALK 10.0mm donor/10.0mm bed 2/2023 OS removed running suture 3/2021 OS DALK 10mm donor/10mm bed



Case #3 57 yo female Lasik Ectasia OU 11/2024 OD paired AK scleral tunnel x 65/270 2/2024 OD removed running suture 4/2023 OD DALK 10.0mm donor/10.0mm bed 2/2023 OS removed running suture 3/2021 OS DALK 10mm donor/10mm bed



2/10/2025 Astig reduced to 3.34D Plano+2.25x70 20/30 Developing cataracts Planned Light Adjustable Lens (LAL)

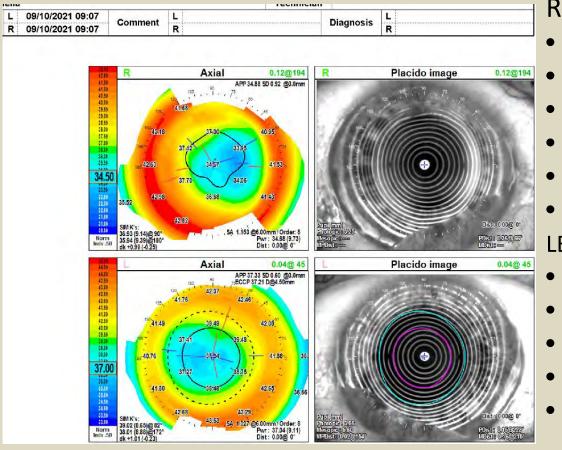
UNCVA 20/60--0.75+2.50x105 20/40 Planned Light Adjustable Lens (LAL)

CASE #3: Summary and Discussion (now 57 yo) female referred with Lasik Ectasia OU "very poor night vision"

4/2023 OD DALK 10.0mm donor/10.0mm (Richard Erdey, MD) 3/2021 OS DALK 10mm donor/10mm bed (Richard Erdey, MD 2013 Vitamin A trial OSU 2/2011 Cornea Cross Linking OS OSU "didn't help" 1998 LASIK OU for myopia " vision OK for for initial 10 yrs" then developed ectasia OU

- Richard Erdey, MD performed a large Dia (10.0mm) DALK for severe keratoconus in both eyes. She had Cornea Cross Linking (CXL) in left eye in 2011 at a university center for LASIK ectasia. She could not tolerate Rigid Gas permeable Contact Lenses (RGP CL's) and had been wearing hybrid CL's in both eyes since. Her original goal was to eliminate corrective lenses her original goal of having LASIK.
- While there have been scattered reports of fortunate keratoconus patients who experience gradual topographic/visual improvement over many years, (but still require corrective lenses) we have found no such potential benefit to applying CXL to patients with visually significant corneal warpage from LASIK/PRK or RK ectasia. The ONLY reason to considering CXL in this population is when subtle changes in corneal topography are detected EARLY, <u>BEFORE</u> visual degradation occurs!
- CXL does NOT restore warped corneas. CXL moderate to severe warped corneas (keratoconus) is advocated by some in hopes of preventing progression so that mandatory life-long RGPor scleral CL's can be continued. The value proposition of CXL warped corneas FAILS to adequately address this growing problem due to excessive cumulative cost, lack of access and life-long cumulative risk of chronic specialty contact lens wear.
- CXL is increasingly very expensive and is a very poor population-based solution for warped corneas.
- CXL is NOT refractive surgery!
- We strongly advocate Large Diameter DALK followed by EVO ICL (younger patients) or cataract surgery w LAL (older patients). DALK corneal grafts last a lifetime and topopgraphy of a large diameter DALK is STABLE. This combination meets every definition of an ideal REFRACTIVE SURGICAL PROCEDURE! The results are "LASIK-LIKE"!
- If this pt had instead elected to have DALK performed in 2011, at a minimum, she would have enjoyed Contact Lens independence since, saved the annual cost of replacement contact lenses over the last decade and avoid the lifetime cumulative risk of Cl's. When she has cataract surgery with a Light Adjustable intraocular lens in each eye, she is expected to achieve her original goal of independence of corrective lenses.

8/2021: 64 yr old female referred c/o poor vision / severe night glare both eyes last 22yrs "ever since PRK" both eyes. Told she developed "central corneal haze" both eyes and "nothing they could do" 1999 OD undercorrection added paired corneal intacs 1999 PRK high myopia (-13.0 both eyes)



Right: (Dominant)

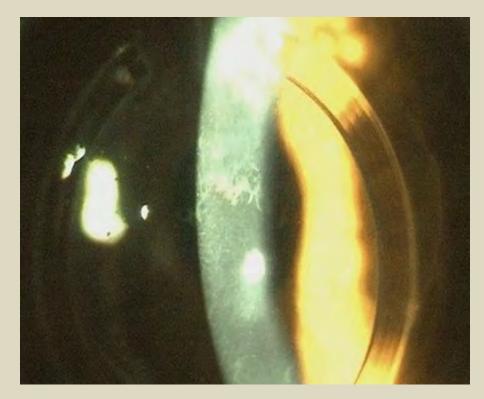
- uncorrected VA 20/30
- -0.25+1.0x96 20/30
- Glare 20/100
- Very flat central K's (35D)
- central corneal haze
- Paired intacs

LEFT

- Uncorrected VA 20/150
- -3.0+1.75x86 20/40
- Glare 20/400
- Very flat central K's (37D)
- Central corneal haze

8/2021: 64 yr old female referred c/o poor vision / severe night glare both eyes last 22yrs "ever since PRK". Told she developed "central corneal haze" both eyes and "nothing they could do" 1999 OD undercorrection added paired corneal intacs 1999 PRK high myopia (-13.0 both eyes)

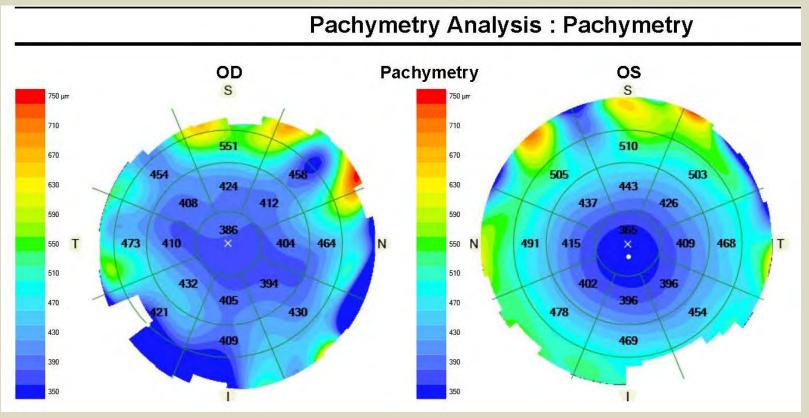
Right eye: Central corneal haze and intacs



8/2021: 64 yr old female referred c/o poor vision / severe night glare both eyes last 22yrs "ever since PRK". Told she developed "central corneal haze" both eyes and "nothing they could do" 1999 OD undercorrection added paired corneal intacs 1999 PRK high myopia (-13.0 both eyes)

OD: 375u (central cornea thickness after PRK subtracted 150u)

OS 359u (PRK subtracted 150u)



3/1/2023 topo below

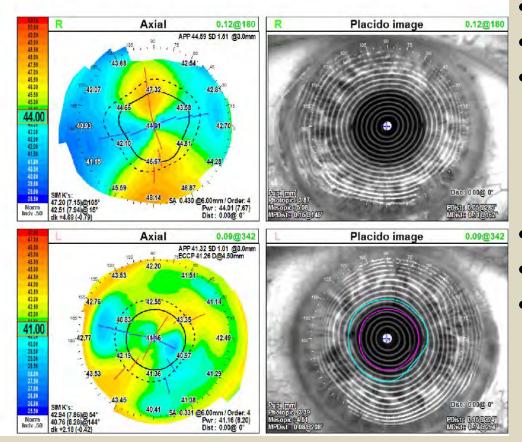
2/1/2023 OS removed running corneal suture

10/2022 OD -14.75+5.5x115 Cat Ext w toric B&L MX60T5.0 6.5D x 106

8/2022 OD removed running corneal suture

6/21/2022 OS DALK 9.5mm bed/9.75mm donor laterality matched nasal marked 11/2/2021 OD Removed intacs/DALK 9.5mm bed/9.75mm donor laterality matched





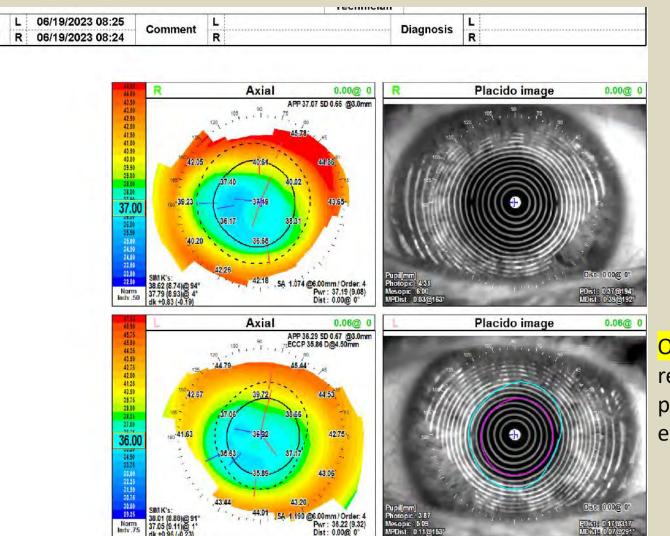
Right eye

- Uncorrected VA 20/30
- -1.50+1.50 x 135 20/25
- Pt is THRILLED with improvement in visual quality and elimination of glare after 20+ yrs!!!

Left eye

- -12.0+3.5x 55 20/60
- (note: high myopia temporarily restored – will be neutralized after planned cataract extraction with toric IOL Richard Erdey, MD

Case #5 52 yo woman with severe night vision glare (dysphotopsia) since LASIK (well-centered) in both eyes 2003 for high myopia (-10.0) performed elsewhere. Glare is worse in left eye. Snellen visual acuity is -0.50+0.50 x 151 20/30 but reduced when challenged with peripheral lights in dark environment in the left eye.

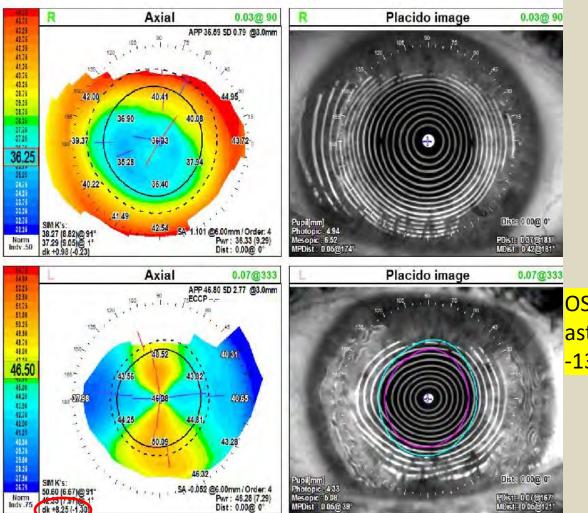


OS: -0.50+0.50 x 151 20/30 but reduced when challenged with peripheral lights in dark environment in the left eye.

Case #5 52 yo woman (dysphotopsia)

8/2023 OS: Large diameter DALK (10.0mm donor/10.0mm) laterality matched. 2003 LASIK OU for high myopia (-10.0)

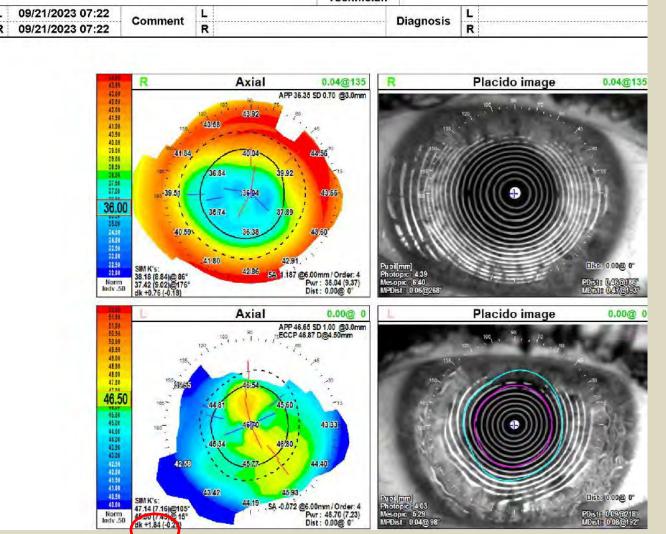




OS: 3 WKS POST-OP: large astigmatism magnitude -13.5+8.0x88 20/70

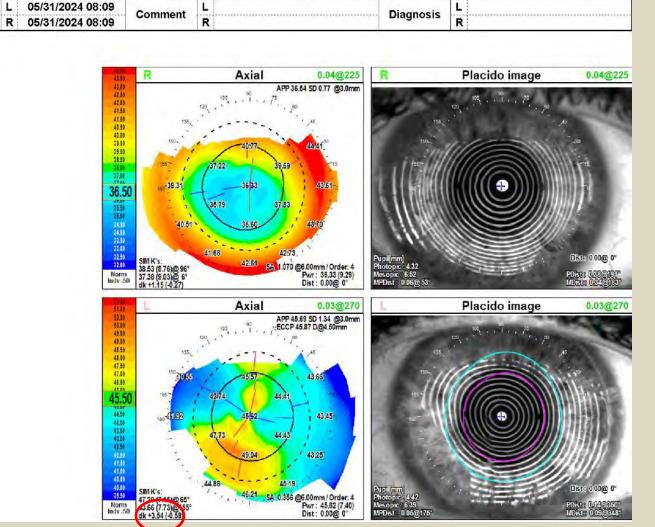
Case #5 52 yo woman (dysphotopsia)

9/6/2023 OS: ADJUST RUNNING SUTURE UNDER INTRAOPERATIVE KERATOMETER 8/2023 OS: Large diameter (10.0mm donor/10.0mm) DALK 2003 LASIK OU for high myopia (-10.0)



OS: 2 WKS after suture adj: astigmatism dramatically reduced in graft, cornea resteepened -14.0+2.75x105 high myopia has returned as expected. Temporary Soft Contact lens OS to restore binocularity until suture can be removed – GLARE RESOLVED!

Case #5 52 yo woman (dysphotopsia) 4/4/2024 OS: remove running suture 9/6/2023 OS: ADJUST RUNNING SUTURE 8/2023 OS: Large diameter (10.0mm donor/10.0mm) DALK 2003 LASIK OU for high myopia (-10.0)



OS:5/31/2024 6wks after suture removal, residual astigmatism 3.5D (higher than 2.5D upper limit for LAL) AK paired scleral tunnel planned to further reduce astigmatism.

Case #5 52 yo woman (dysphotopsia)

6/11/2024: OS AK Paired Scleral tunnels x 75 and 150

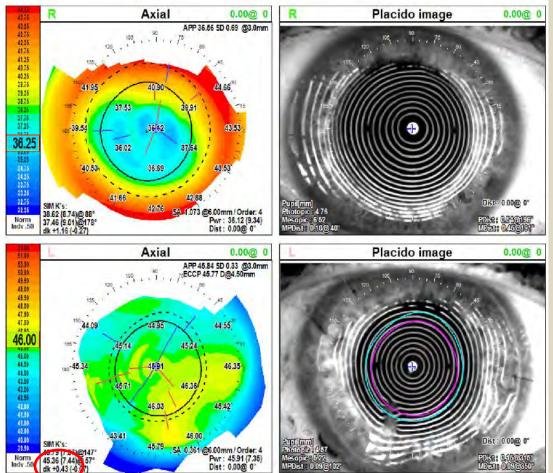
4/4/2024 OS: remove running suture

9/6/2023 OS: Adjust running suture

8/2023 OS: Large diameter (10.0mm donor/10.0mm) DALK

2003 LASIK OU for high myopia (-10.0)



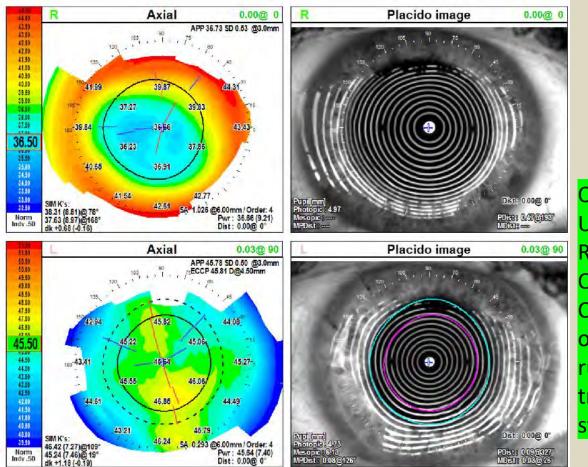


OS:7/1/2024 2wks after AK paired scleral tunnel astigmatism is reduced to near spherical levels. OS RX: -12.0 ready for cataract extraction w LAL Richard Erdey, MD Case #5 52 yo woman (dysphotopsia)

7/2/2024: OS Cataract Extraction with LAL - GLARE RESOLVED!

- 6/11/2024: OS AK Paired Scleral tunnels x 75 and 150
- 4/4/2024 OS: remove running suture
- 9/6/2023 OS: Adjust running suture
- 8/2023 OS: Large diameter (10.0mm donor/10.0mm) DALK
- 2003 LASIK OU for high myopia (-10.0)





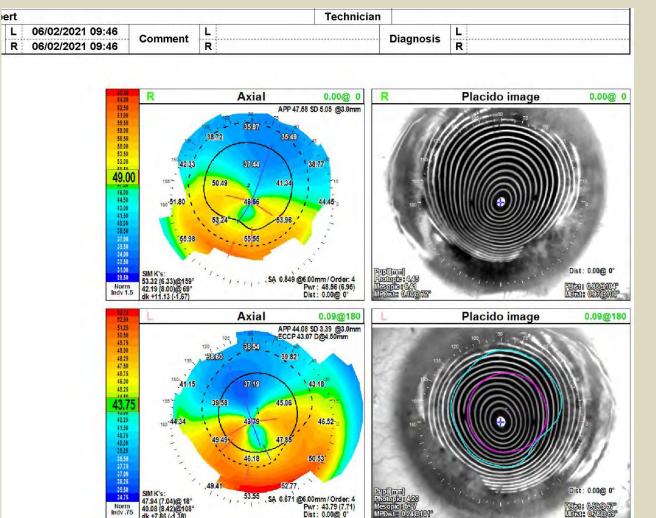
OS:11/20/2024 UCVA 20/20 GLARE RESOLVED! OS RX: -0.5+0.5x151 after Cataract Ext w LAL. Since outcome so exceptional no rush to perform LDD treatment until cornea stability assured. Richard Erdey, MD

Case #5: Testimonial



https://youtube.com/shorts/pTE4M3 TDus

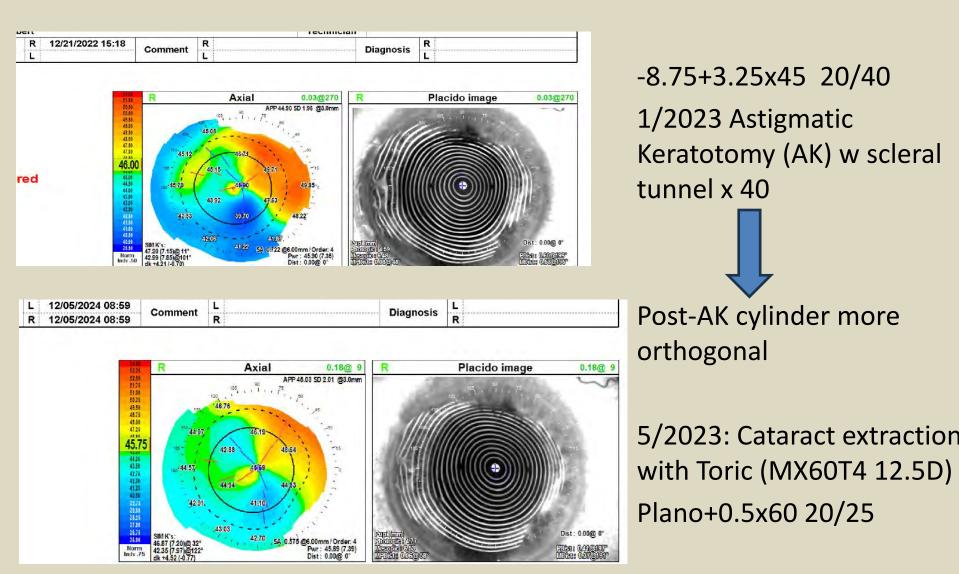
Case #6 65 yo man LASIK ectasia both eyes 2001 LASIK (-4.0 OU)



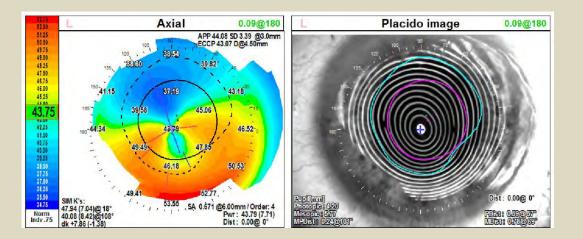
-10.0+8.0x155 20/100

-6.5+6.5x20 20/30

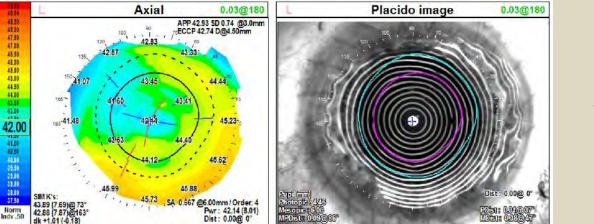
Case #6 65 yo man LASIK ectasia both eyes 7/2022 Right eye: running suture removal 8/2021 Right eye: DALK 10.0mm bed/10.0mm donor 2001 LASIK both eyes (-4.0 OU)



Case #6 65 yo man LASIK ectasia both eyes 11/2023 Left eye: DALK 10.0mm bed/10.0mm donor 24 bite adjusted running suture 2001 LASIK both eyes (-4.0 OU)



-6.5+6.5x20 20/30



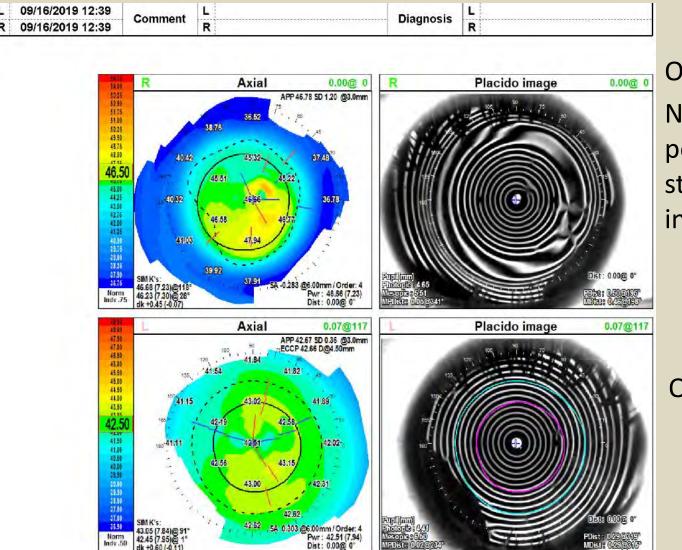
12/6/2024 suture "in" -3.0 +1.25x20 20/40

Case #6 Testimonial



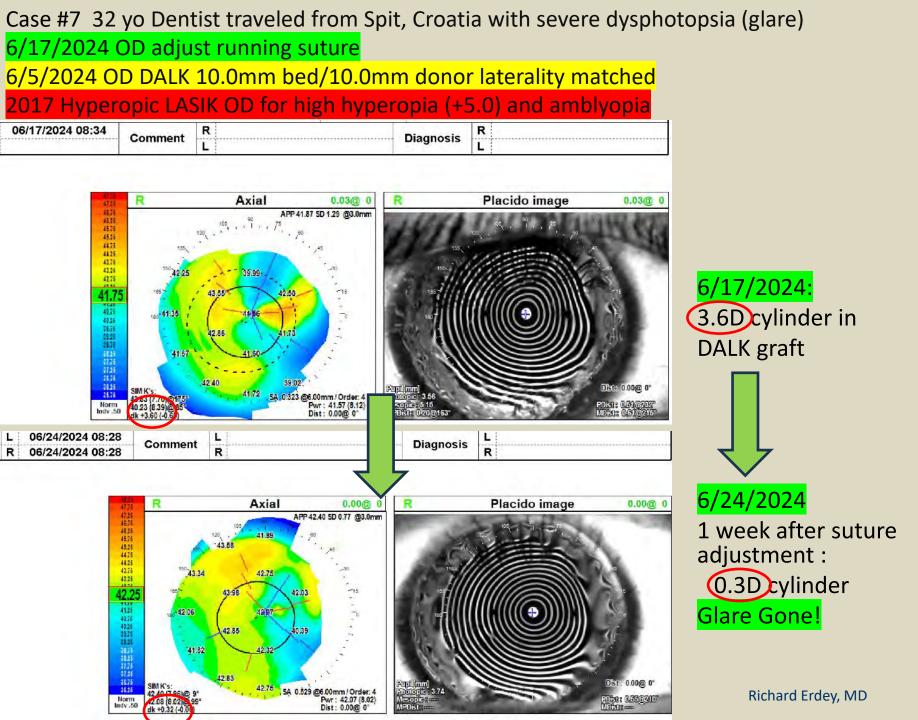
https://youtube.com/shorts/uj4bneNT3Gk

Case #7 32 yo Dentist traveled from Spit, Croatia with severe dysphotopsia (glare) immediately after 2017 Hyperopic LASIK OD in Croatia for high hyperopia (+5.0) and amblyopia

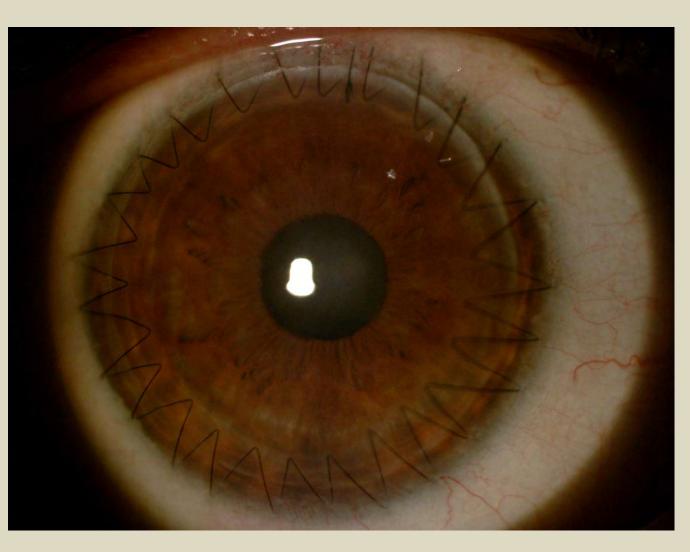


OD: +1.0 20/100 Note total corneal power excessively steepened w distortion in periphery

OS: Plano 20/20



Case #7 32 yo Dentist traveled from Spit, Croatia with severe dysphotopsia (glare) 6/17/2024 OD adjust running suture 6/5/2024 OD DALK 10.0mm bed/10.0mm donor laterality matched 2017 Hyperopic LASIK OD for high hyperopia (+5.0) and amblyopia



6/24/2024 1 week after suture adjustment : 0.3D cylinder Glare Gone! Case #7 TESTIMONIAL: 32 yo Dentist from Spit, Croatia with severe (dysphotopsia) 6/17/2024 OD adjust running suture 6/5/2024 OD DALK 10.0mm bed/10.0mm donor laterality matched 2017 Hyperopic LASIK OD for high hyperopia (+5.0) and amblyopia



6/24/2024 1 week after suture adjustment : 0.3D cylinder Glare Gone! Last visit before leaving for home (Croatia)

https://youtube.com/shorts/MAI_HkrSmKQ

Case #7 32 yo man Dentist traveled from Spit, Croatia with severe (dysphotopsia)

6/17/2024 OD adjust running suture 6/5/2024 OD DALK 10.0mm bed/10.0mm donor laterality matched 2017 Hyperopic LASIK OD for high hyperopia (+5.0) and amblyopia



1/8/2025 6mos later Iphone/Viber App Glare still gone!