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13TH INTERNATIONAL CONFERENCE OF THE
RESEARCH INSTITUTE OF OPHTHALMOLOGY

CURRENT
CHALLENGES IN
*Cataract
& Refractive*
SURGERY

23-25
JANUARY
2019

 **Hilton**
CAMBRIDGE

**LASIK FLAP RE-LIFT
WHY ,WHEN &HOW**



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WHY

VISUAL (CATCH-UP/ENHANCEMENT)

- UNDER /OVER CORRECTION .
- REGRESSION .
- INDUCED HOA . IRREGULAR CUT / ABLATION.



WHY FLAP COMPLICATIONS

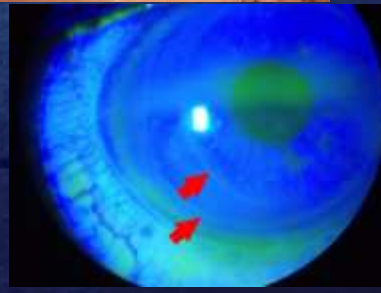
- WRINKLES :
 - LARGE , HORIZONTAL FLAPS
 - HIGH MYOPIC CORRECTION (TENTING EFFECT)
 - LESS EXPERIENCED SURGEONS
- DISPLACEMENT :
 - LID RUBBERS
 - TRAUMATIC



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FLAP COMPLICATIONS



WHY INTERFACE PROBLEMS

- DLK
- INFECTION
- EPITH INGROWTH



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LASIK FLAP RELIFT ENHANCEMENT

- **EARLY;**
EASY SO LONG THERE IS ENOUGH STROMAL BED
- **LATE ;**
3-4 YS OR MORE
- **RISK OF** FLAP TEARS , EPITH INGROWTH.
- **PRK ON FLAP** : BETTER



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PRK ON FLAP

- EASY SURGICAL TECHNIQUE
- AVOID FLAP RELIFT COMPLICATIONS
- **BETTER IN POST LASIK**
THIN CORNEAS
SEVER DRY EYES.
PREVIOUS FLAP COMPLICATIONS.
- DEC . RISK OF ECTASIA
- REDUCTION OF FLAP RELATED HOA



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WHEN NOT TO DO

SLE:

- SCARING OF FLAP EDGE
- DECENTERED OR INCOMPLETE FLAP
- PREVIOUS BUTTON HOLE.

TOPOGRAPHY

- INCOMPLETE ABLATION (INCOMPLETE CUT)

TOMOGRAPHY/ AS-OCT

- LOW RESIDUAL BED THICKNESS



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SURGICAL TECHNIQUES

- IDENTIFY EDGE
- MARKING
- DISENGAGE FLAPE EDGE.
- REMOVE EPITH PLUG FOR 3-6 HRS
- FLAP RHEXIS AND LIFT

NON TOOTHED FORCEPES

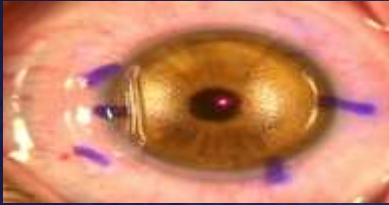
- SPATULA SEPARATION AND ELAEVATION



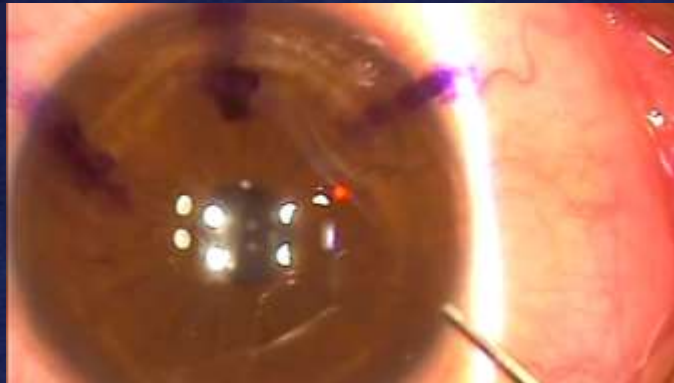
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WHERE IS THE HINGE



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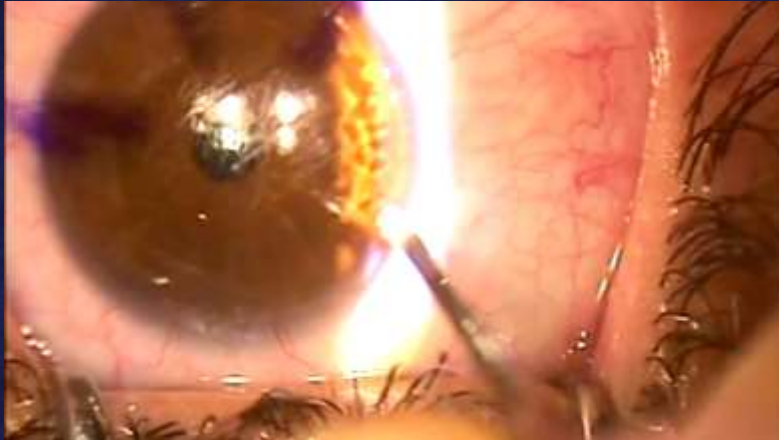


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Thank you

