Q: What is the difference between PRK and LASIK?
A: Both procedures use the excimer laser to reshape the cornea; the difference lies in the initial stage of the procedure. In PRK, the surface of the cornea is wiped clear of cells and the laser treatment is then applied. In LASIK, a thin flap is created on the surface of the cornea, the flap is lifted, and then the laser treatment is applied. In general, LASIK provides quicker and less painful visual recovery. PRK involves less risk and is more appropriate for individuals with certain corneal conditions or occupations.

Q: How do I decide between PRK and LASIK?
A: Certain patients are not good candidates for LASIK due to specific ocular characteristics such as thin corneas, or conditions such as dry eye. Others engage in activities or occupations placing them at increased risk of ocular injury, which might dislodge the LASIK flap. PRK is a better choice for these patients. Your surgeon will help you to decide which option is best for you.

Q: How do I know if I'm a good candidate for PRK?
A: Ideal candidates for refractive surgery are those who want to reduce their dependence on glasses and contacts lenses. They are over the age of 21, have had no significant change in prescription for 2 years, and have very healthy eyes. A comprehensive eye exam and special measurements must be done to verify ocular health and help determine candidacy. A free Refractive Screening at Relf EyeCare Specialists is a good place to start!

PRK might be a more appropriate type of laser vision correction for those who are borderline candidates for LASIK. A non-laser procedure such as clear lens exchange is another alternative. Some individuals may want to wait until future technology becomes available. Our eyecare specialists will assist you in this complex decision making process.

Q: Where do I go for my surgery?
A: The refractive surgeons at Relf EyeCare Specialists operate at Lakewalk Surgery Center on London Road in Duluth. Preoperative assessment and postoperative visits are conducted at our clinic on Air Base Road in Hermantown.

Q: How long does the procedure take?
A: PRK takes 10 to 15 minutes per eye. You will be at the surgical center for 1 1/2 to 2 hours and should plan to rest during the afternoon following procedure.
Q: Does the procedure hurt?
A: The surface of the eye is numbed with eye drops prior to the procedure; most patients have no discomfort during PRK. The amount of pain individuals experience following their procedure is quite variable; some say it is minor and some find it severe. Soft contact lenses are placed to protect the corneal surface and minimize pain while the epithelium heals. Oral pain medications are prescribed; not all patients need them. Most patients feel more comfortable the day after the procedure and any residual discomfort resolves quickly during the next few days.

Q: What if I move or blink during the procedure?
A: A mild sedative given prior to surgery helps you to relax both during and after your procedure. The surgeon and laser technicians talk to you throughout your procedure, letting you know what to expect. A lid speculum is used to hold your eyelids open and prevents blinking during the procedure. A fixation target keeps your eye aligned and the laser tracks your eye movements and repositions itself to ensure accuracy. It will slow or stop if your eye is not properly aligned.

Q: How soon can I drive after PRK?
A: You may not drive on the day of your procedure. Your vision will improve daily, but may take as much as a week to return to a functional level and several weeks or months before it reaches full clarity. You should not drive until your eyes are comfortable and your vision seems adequate, usually 3 to 5 days after PRK.

Q: When can I return to work after PRK?
A: Most people undergo PRK on a Friday morning, and use the weekend to rest and recuperate. Depending on your visual requirements, you could return to work in 3 to 5 days.

Q: Will I have both eyes treated on the same day?
A: Usually both eyes are treated on the same day. Feelings of imbalance are common if one eye is treated and the other is not. If you prefer to have your eyes treated on different days, you can discuss this with your surgeon. If we anticipate a lengthy recovery period, treating one eye at a time can ensure functional vision for driving and work at all times.

Q: What side effects can I expect to experience, following PRK?
A: All patients experience dry eye symptoms during the first 3 months following PRK; the frequent use of artificial tears is necessary during this time of healing. In general, however, the risk of permanent and severe dry eye is lower with PRK than with LASIK.
Q: What can go wrong with PRK?
A: With any surgical procedure, there may be complications or unwanted side-effects. In general PRK is safer than LASIK. Though complications with LASIK surgery are rare, many of the serious ones are related to the LASIK flap and this is simply not an issue with PRK.

Infection or development of corneal haze can cause loss of corneal clarity and thus loss of quality vision, necessitating another procedure to improve the clarity or possibly even corneal transplantation.

Glare or halos around lights in low light conditions may interfere with your ability to drive at night or see well in dim light. Your surgeon will discuss your particular risk for these side effects during your evaluation.

We try to educate our patients about all possible side effects and avoid all possible complications, but not all problems can be anticipated or prevented. If unexpected side effects or complications do occur, we will manage them effectively and work with you to obtain the best possible outcome.

Q: Will I need glasses or contacts after my surgery?
A: Almost everyone has improved uncorrected (without glasses) vision following PRK surgery. There can be no guarantee, however, of perfect vision. Most see well enough to pass a driver’s test without glasses. A high percentage have 20/20 vision or better. Many patient’s eyes change as they get older, thus making glasses an eventual necessity for certain tasks. Some patients opt for surgical enhancement of this refractive error down the road.

Q: How about reading glasses?
A: As with LASIK, PRK does not eliminate the need for reading glasses after the age of 40. This applies to everyone, even you! If you are currently over the age of 40 and enjoying good near vision without the use of glasses, you will sacrifice this ability when you undergo refractive surgery. If you are in or near this age group, we will discuss this further with you during your evaluation. You may want to consider options such as monovision to deal with this situation.

Q: What is the cost of PRK?
A: The cost varies depending on whether custom or conventional PRK is chosen. Usually PRK is slightly less expensive than LASIK, because there is no flap created. Our refractive team will thoroughly discuss all options with you and the cost of your procedure will be provided in advance. Low interest financing programs are available through Relf EyeCare Specialists.

Q: Does insurance cover PRK?
A: Most insurance plans do not cover PRK. Check with the human resources department at your workplace, as options may be available for you to use pre-tax savings plans for your LASIK surgery.
Q: Where can I get more information about PRK Refractive Surgery?
A: Follow this link <http://www.geteyesmart.org/eyesmart/glasses-contacts-lasik/refractive-surgery.cfm> to the American Academy of Ophthalmology information on PRK.

Q: Where can I get more information about LASIK Refractive Surgery?
A: Follow this link <http://www.geteyesmart.org/eyesmart/glasses-contacts-lasik/refractive-surgery.cfm> to the American Academy of Ophthalmology information on LASIK.