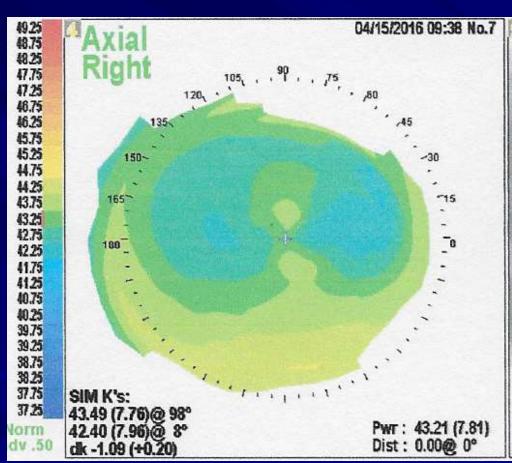
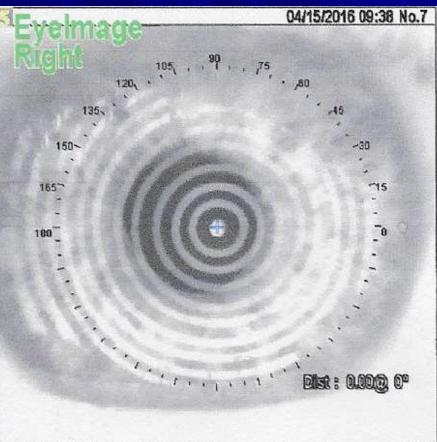


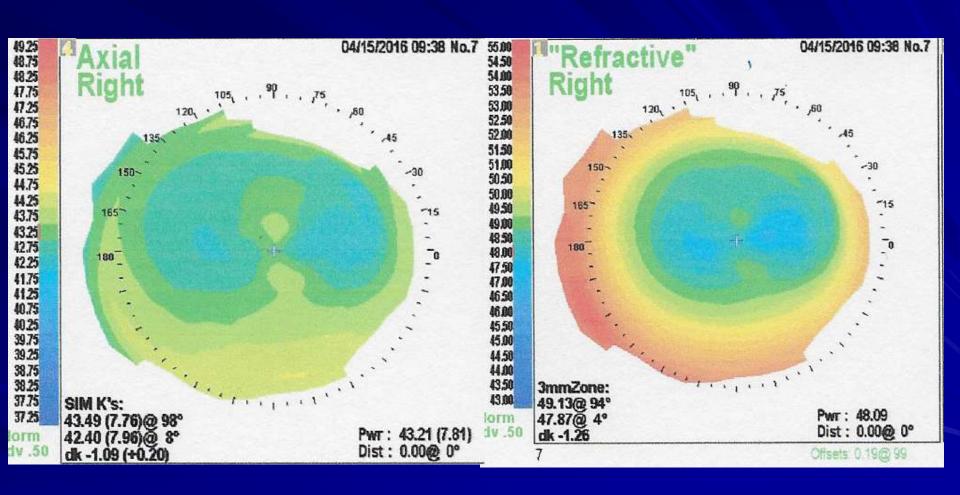
Enhancement surgery



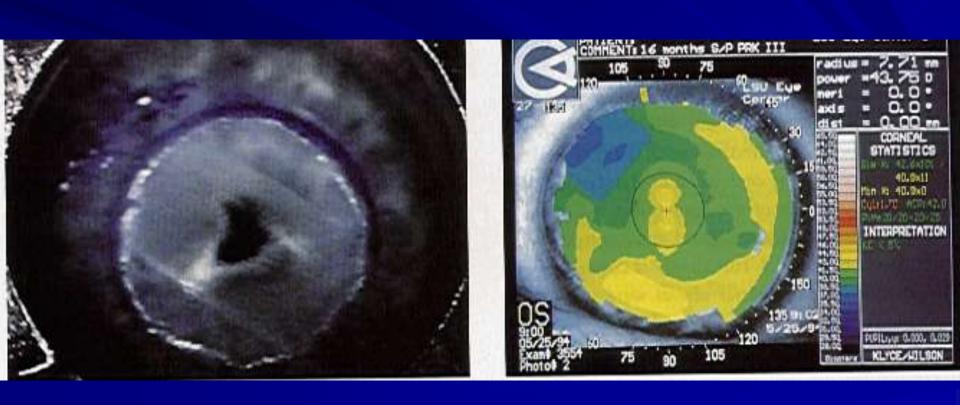


Axial Map

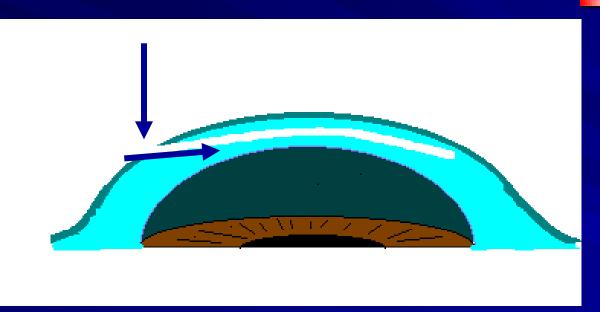
Refractive Map



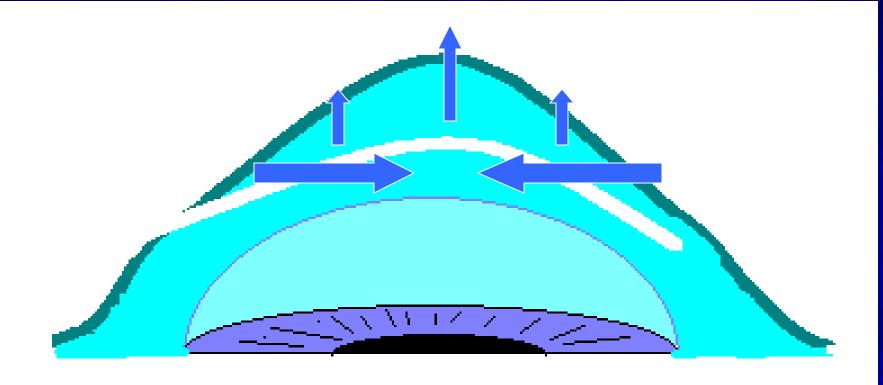
Laser-induced central island Very common with early lasers Partly topographic artifact



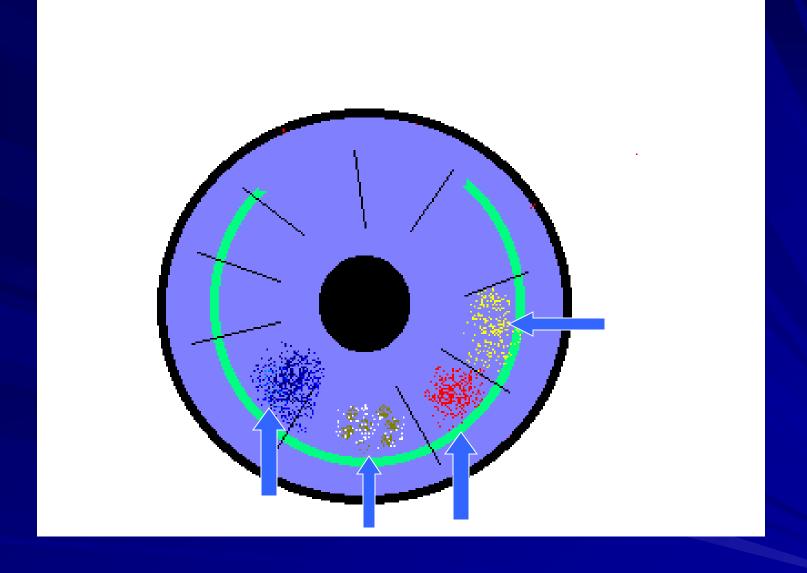
Epithelial Defect



Lasik creates a circular epithelial defect (gutter) confluent with the potential space in the Lasik interface



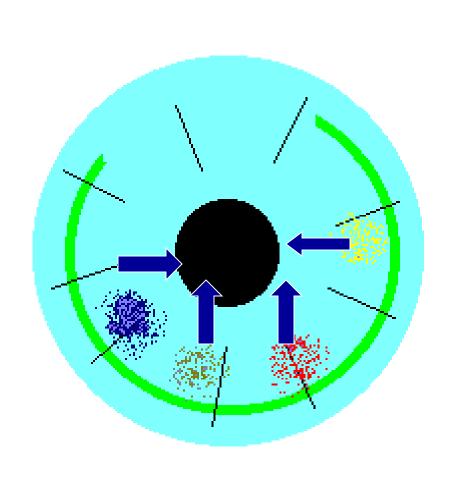
The corneal swelling pressure draws fluid and debris into the Lasik interface. The swelling pressure is greatest centrally and draws fluid and debris into the central cornea (thereby creating central islands).



Until the epithelium is intact debris and fluid are actively aspirated into LASIK gutter and the potential space in the LASIK interface

DLK

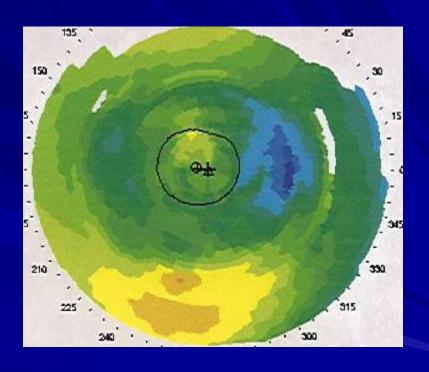
- White cells enter through gutter and are drawn towards the center
 - May be nonspecific aspiration of white cells from the tear film
 - atopic patient with conjunctival reaction
 - May have toxic factor in interface pulling in cells
 - Endotoxin on keratome or blade



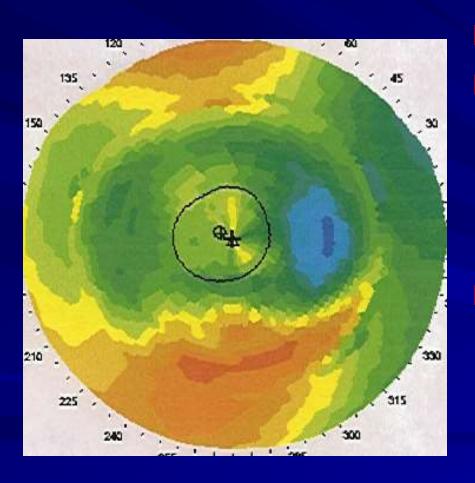
Peripheral debris and fluid are drawn towards the central cornea by the higher central corneal swelling pressure.

Case 4- Day 1- AM

- Vision 20/20
- Fine granular material in the inferior LASIK interface
 - Material consistent
 with desquamated
 corneal epithelial cells

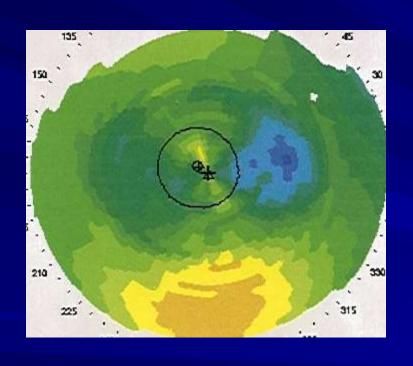


Case 4- Day 1 -PM

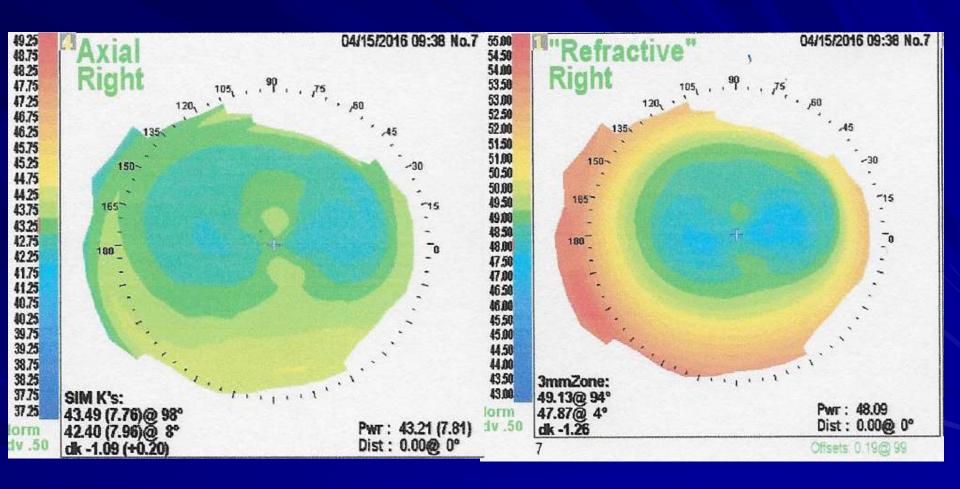


- Vision 20/30
- Migration of the interface debris into the inferior mid-peripheral interface
- Topography showed increased corneal thickness in the area of the shifting debris

Case 4- day 4



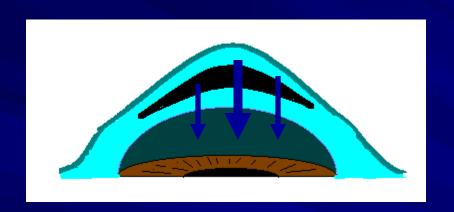
- The island is resolved
- Further migration noted
- Vision has improved to 20/25



Etiology of Microstriae



Microstriae Related to Excess Tissue

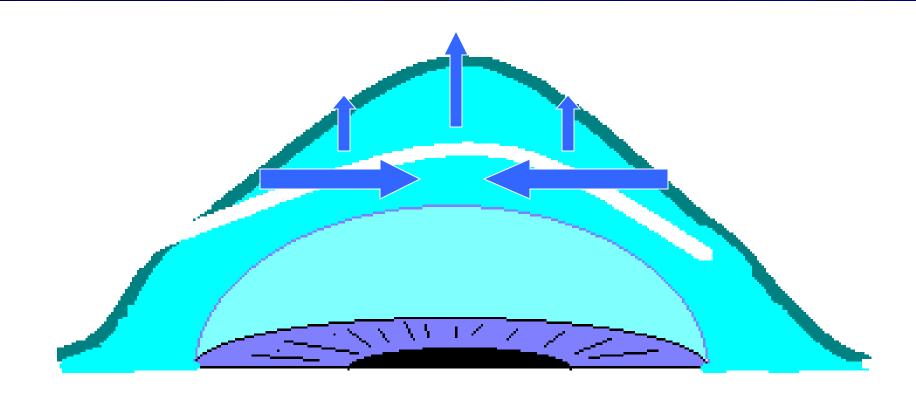


- Standard teaching:
- Excess tissue folds in on itself. Theory consistent with microstriae being more common after high corrections

■Does not explain the distribution in our patients (AV SE:-5.94+/-2.7D)

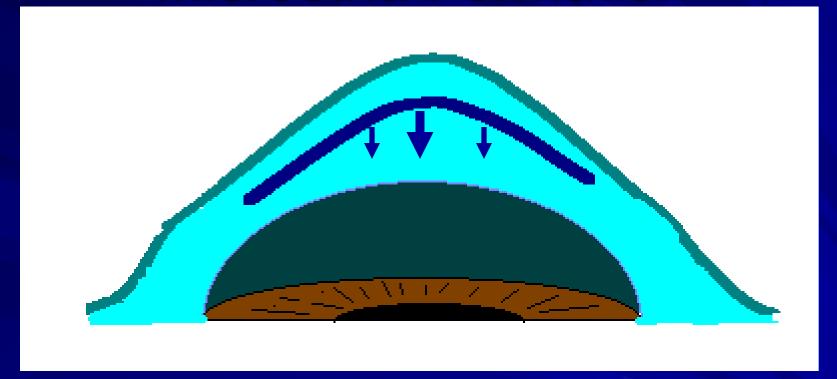
Risk factors-Microstriae

- Thinner flap
 - 160 Hansatome keratome head had a 3.12 risk ratio compared to the 180 head
- Dry eye
- Above average correction
 - ■AV SE:-5.94+/-2.7D



Etiology of Microstriae: excess corneal swelling

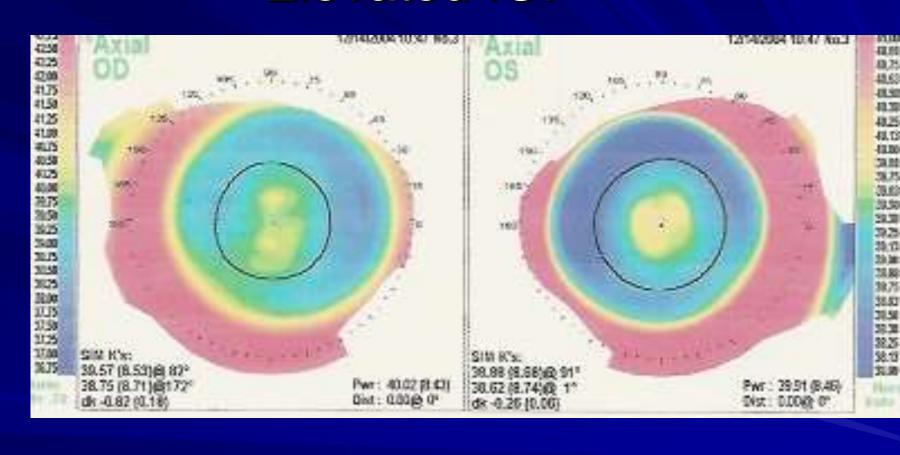
Microstria Formation



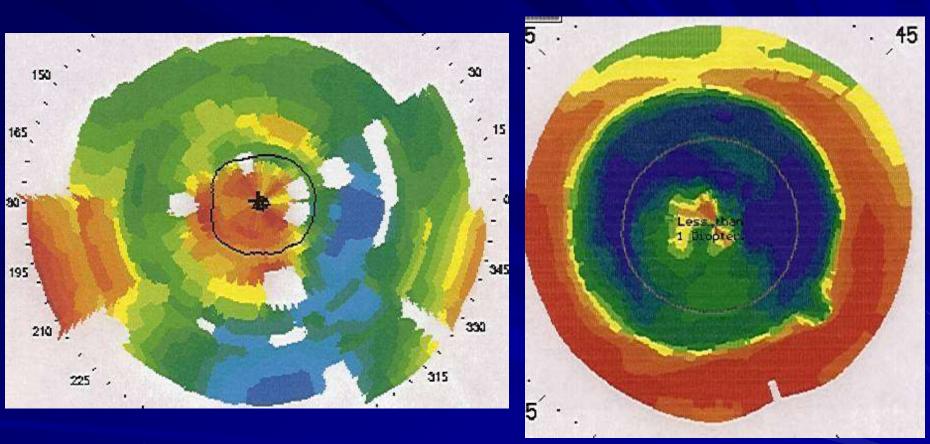
After surgery, the cornea dehydrates and the excess flap tissue infolds with secondary microstria of the cornea.

•

Other causes of Central islands – Elevated IOP



Central Island formation

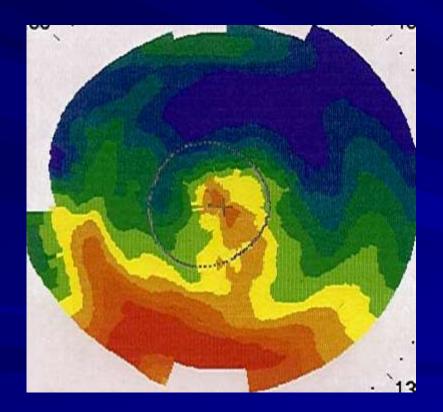


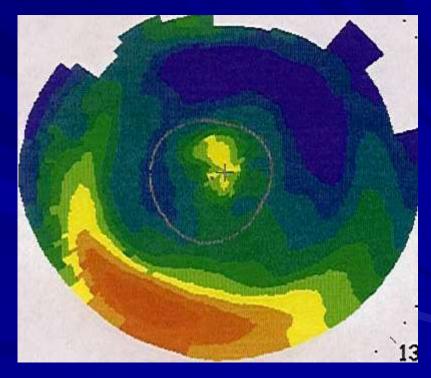
Case 5. A. Left: Thirty minutes after surgery a central island and moderate flap and deep stromal edema are noted. B. Right: Six weeks after surgery a central island persists.

One day after surgery diffuse lipid is noted under the flap.

Topography shows a central island and an inferior peninsula;

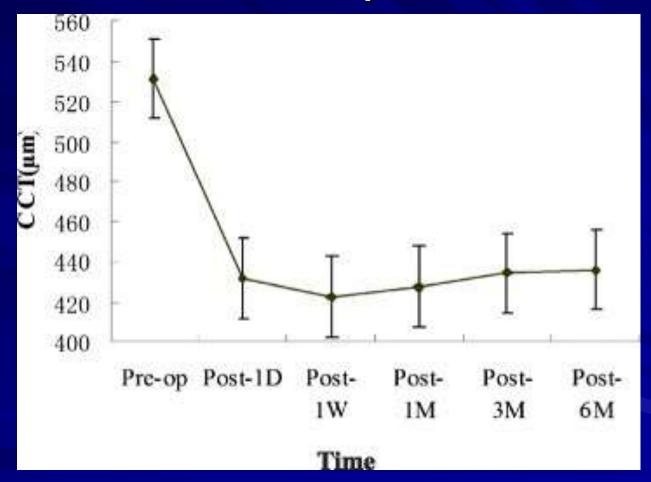
Three days after surgery less lipid is noted under theflap
Topography shows significant resolution







Myopia: Corneal thickness over time Presumed Epithelial

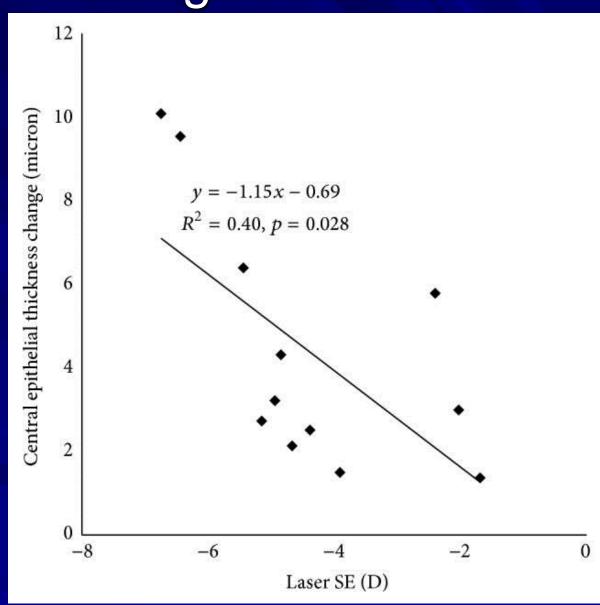


BMC Ophthalmol. 2015 Jul 29;15:86. doi: 10.1186/s12886-015-0083-2.

Changes in central corneal thickness and refractive error after thin-flap laser in situ keratomileusis in Chinese eyes.

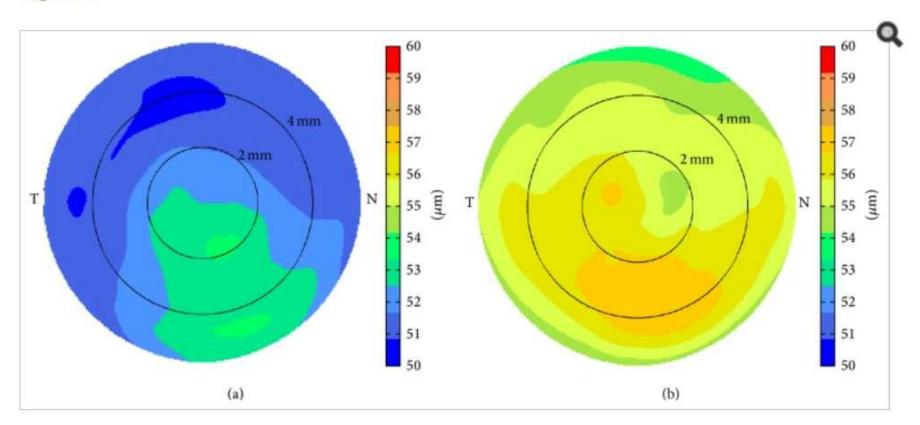
Zhao MH1, Wu Q2, Jia LL3, Hu P4.

Thickening and regression greater with high corrections



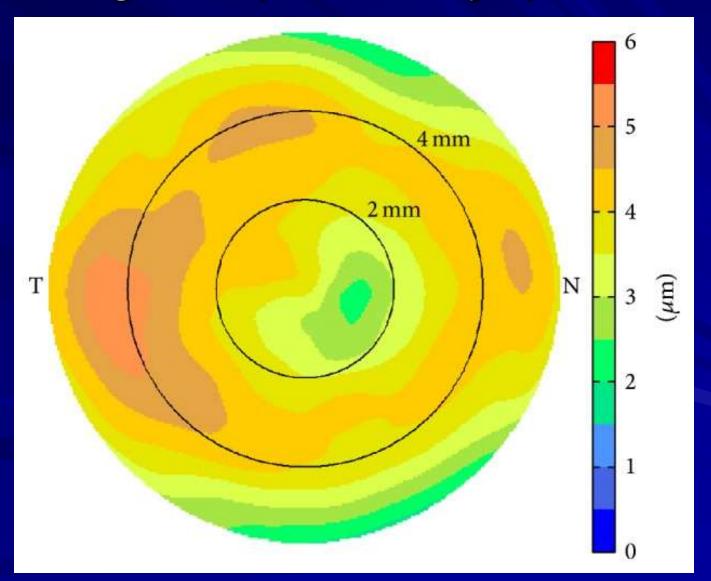
Pre-Post Lasik Epithelium

Figure 1

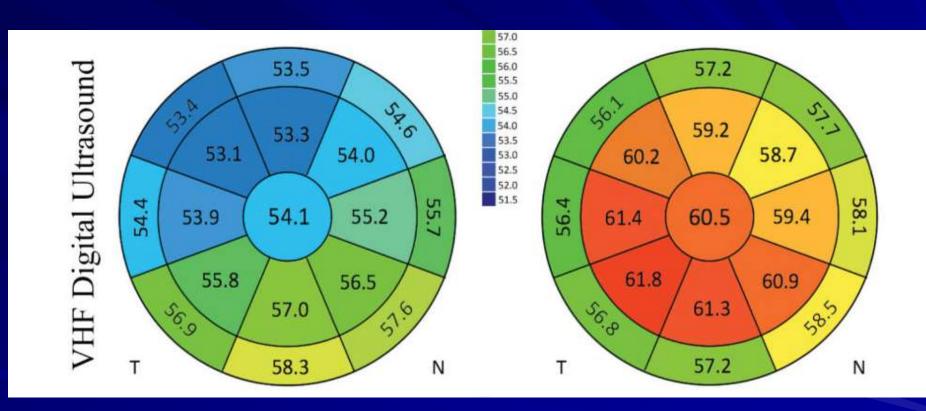


Average epithelial thickness map (a) before LASIK and (b) 3 months after LASIK measured by a Fourier-domain OCT system.

Average epithelial thickness change map after myopic LASIK



Pre-post Lasik Epithelium



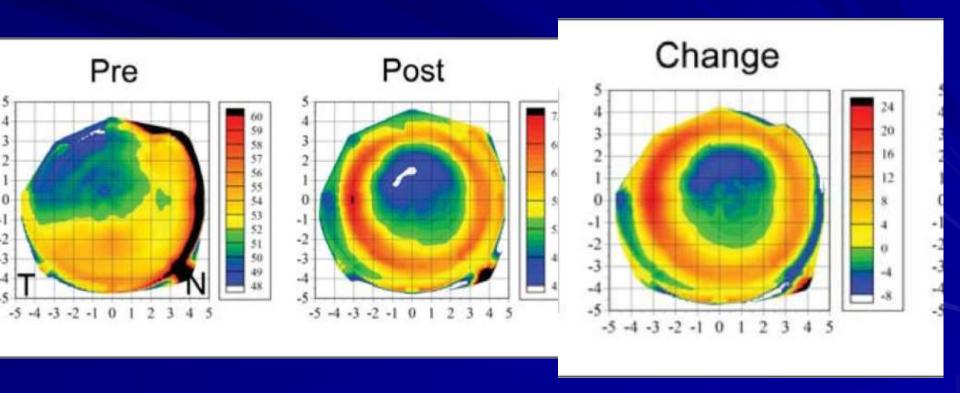
J Refract Surg. 2015 Jul;31(7):438-45. doi: 10.3928/1081597X-20150623-01. Comparison of Corneal Epithelial Thickness Measurement Between Fourier-Domain OCT and Very High-Frequency Digital Ultrasound. Reinstein DZ, Yap TE, Archer TJ, Gobbe M, Silverman RH.

J Refract Surg. 2010 Aug;26(8):555-64. doi: 10.3928/1081597X-20091105-02.

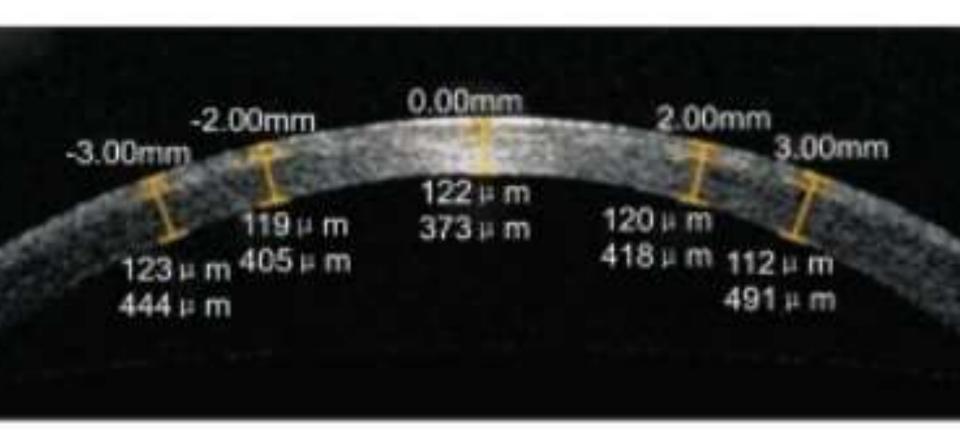
Epithelial thickness after hyperopic LASIK

three-dimensional display with Artemis very high-frequency digital ultrasound.

Reinstein DZ1, Archer TJ, Gobbe M, Silverman RH, Coleman DJ.



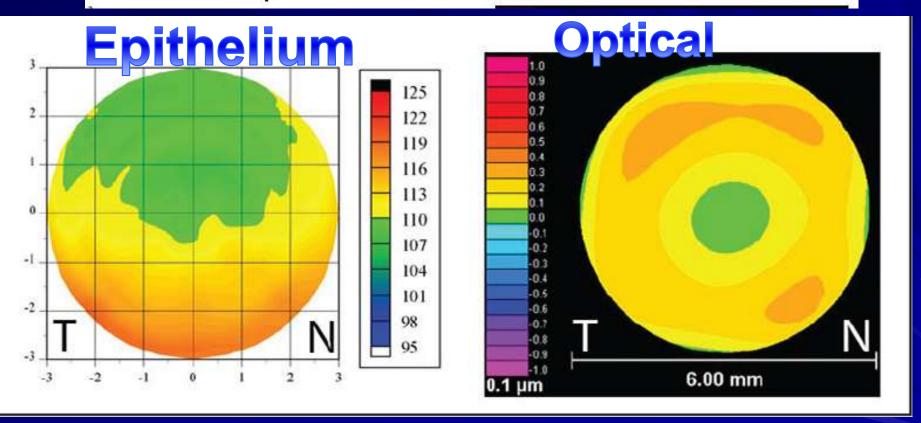
Flap thickness



Int J Ophthalmol. 2012; 5(3): 338–342. Comparisons of morphologic characteristics between thin-flap LASIK and SBK Yi Sun, Ying-Ping Deng, Lin Wang, Yong-Zhi Huang, and Le-Mei Qiu

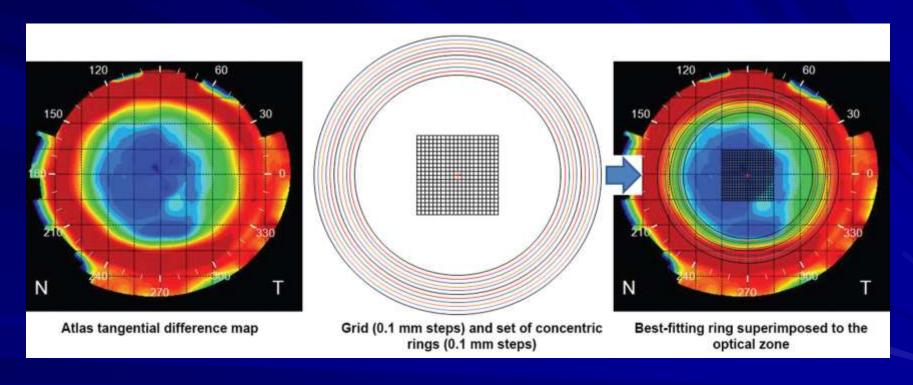
Thickness Profile Map

Higher Order Aberrations Map



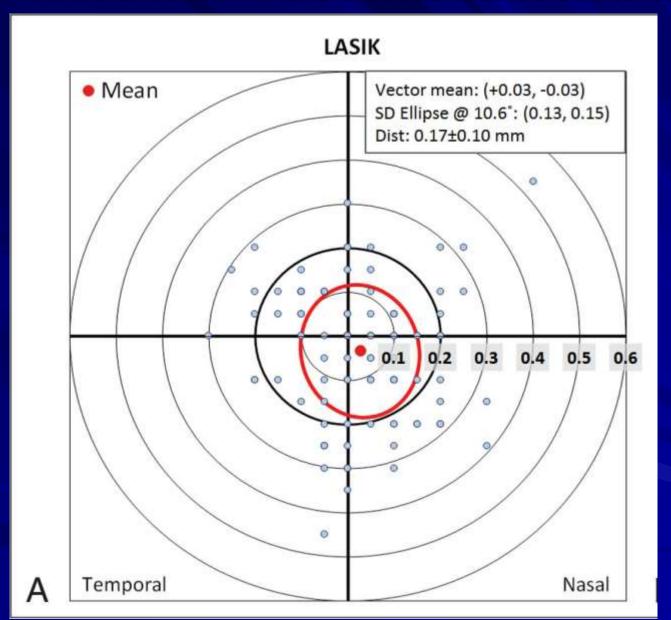
J Refract Surg. 2015 Feb;31(2):130-5. doi: 10.3928/1081597X-20150122-09. Comparison of higher-order aberration induction between .. Yvon C, Archer TJ, Gobbe M, Reinstein DZ.

Centration Evaluation

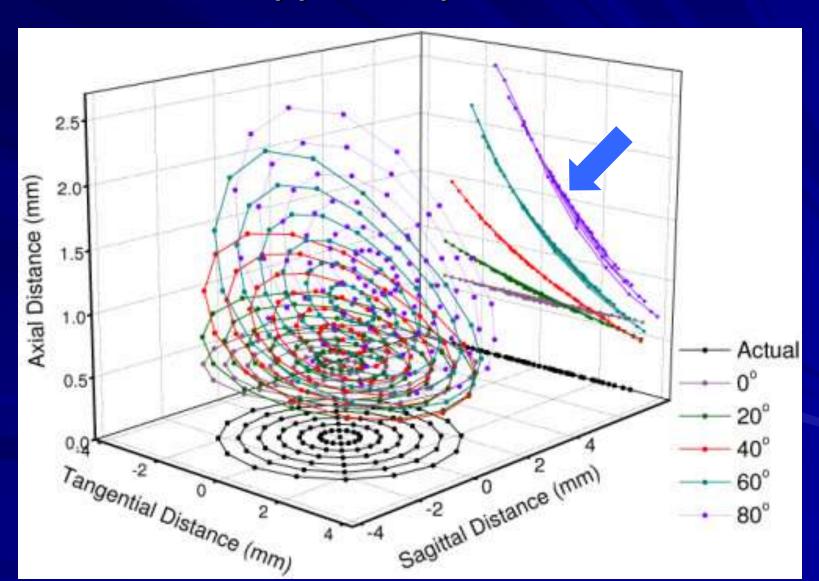


Dan Z. Reinstein, MD, MA(Cantab), FRCOphth; Marine Gobbe, PhD, MSTOptom; Louis Gobbe; Timothy J. Archer, MA(Oxon DipCompSci(Cantab); Glenn I. Carp, MBBCh, FCOphth(SA)
Optical Zone Centration Accuracy Using Corneal Fixation-based SMILE Compared to Eye Tracker-based Femtosecond Laser-assisted LASIK for Myopia
Journal of Refractive Surgery
September 2015 - Volume 31 · Issue 9: 586-592

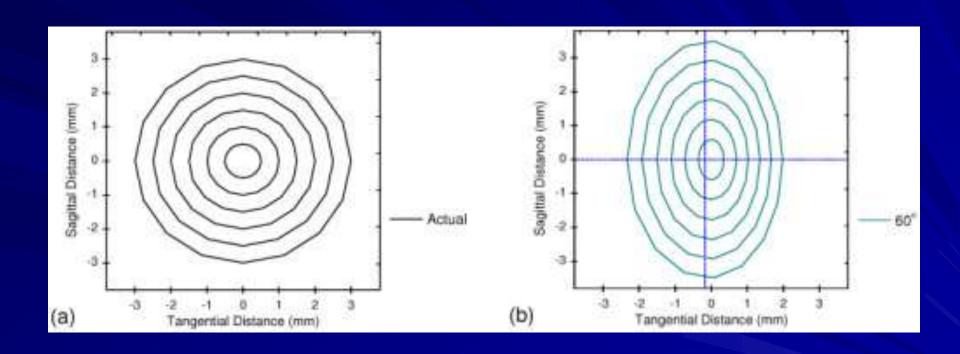
Centration offset between the center of the ablation zone and the corneal vertex



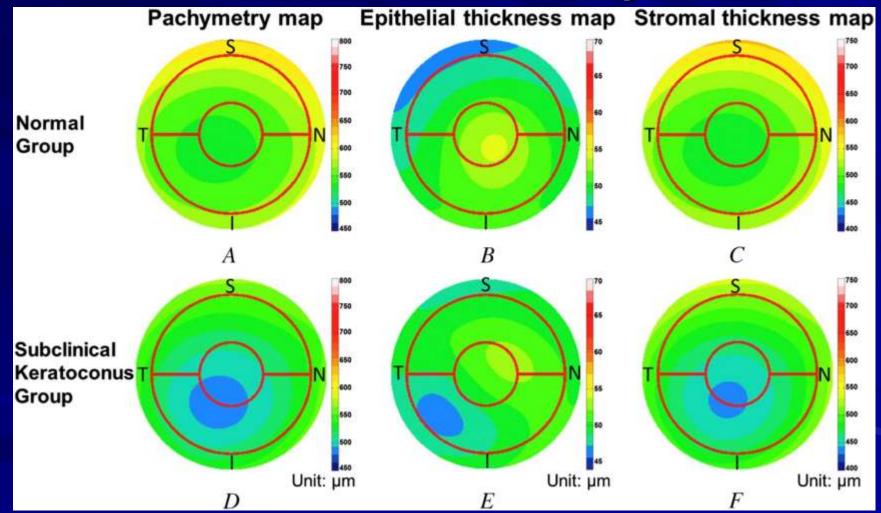
Calculated position of virtual pupil With off axis appears up to 0.4 mm closer



Pupil shifts when viewed off axis

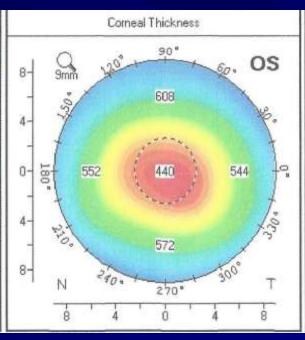


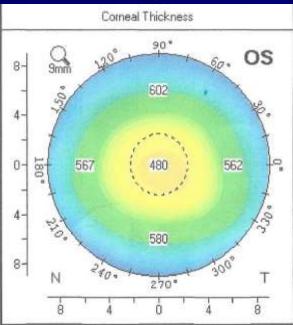
Thinnest area usually less than 1 mm IT from the apex

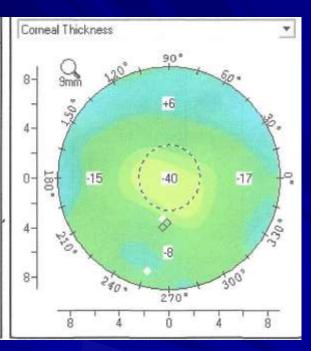


Average pachymetric, corneal epithelial, and stromal thickness maps of normal eyes (A to C) and subclinical keratoconus eyes (D to F). Maps of the left eyes that were included were mirrored before averaging. The red circles overlaid on the map had diameters of 2.0 mm and 5.0 mm. The color scale represents the thickness in microns (I = inferior; N = nasal; S = superior; T = temporal).

Pre-post Thickness







NLEA: Ablation moves the Thinnest Area, Inferior-Temporal, towards the Apex



Pupil center

Apex

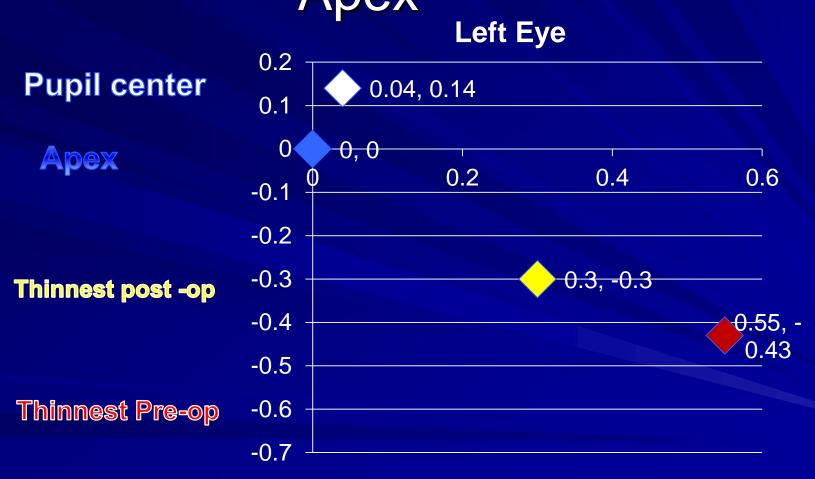
Thinnest post -op

Thinnest Pre-op

Distances from Apex in mm

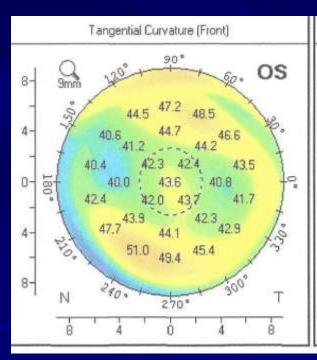
N: Rt 15 / Lt 12

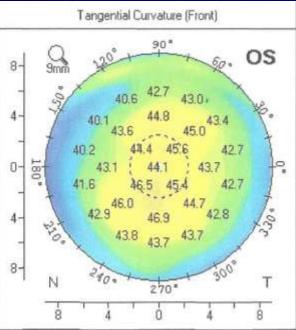
NLEA: Ablation moves the Thinnest Area, Inferior-Temporal, towards the

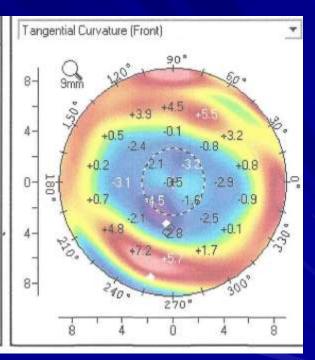


Distances from Apex in mm

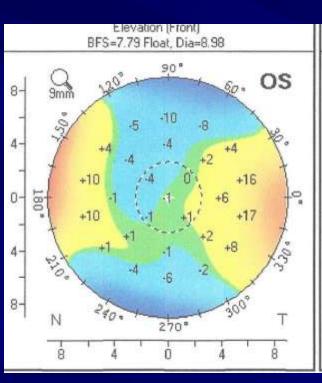
Pre-post Topography

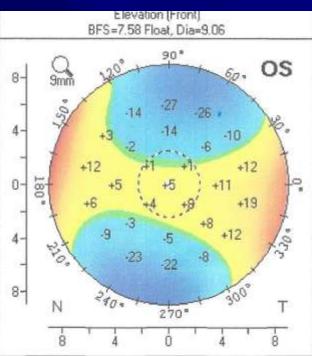


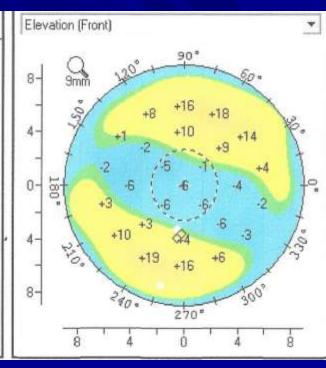




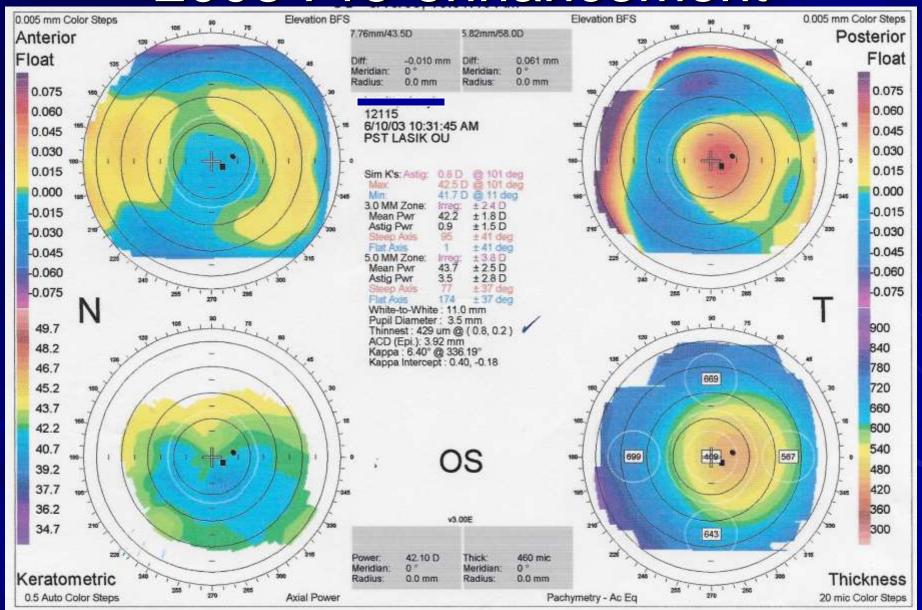
Pre-Post Elevation



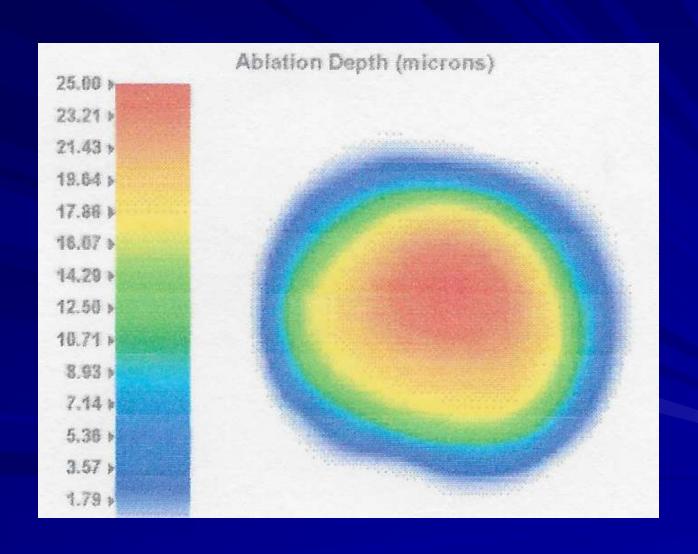




2003 Pre-enhancement

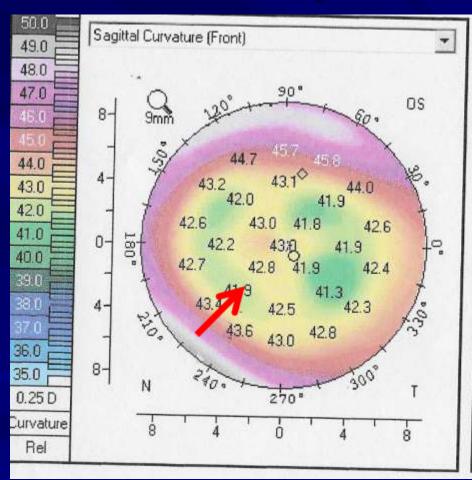


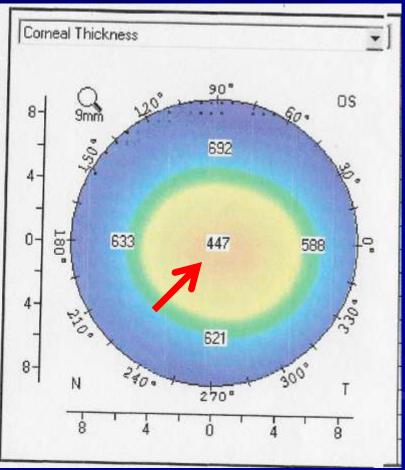
2003 Wavefront Enhancement



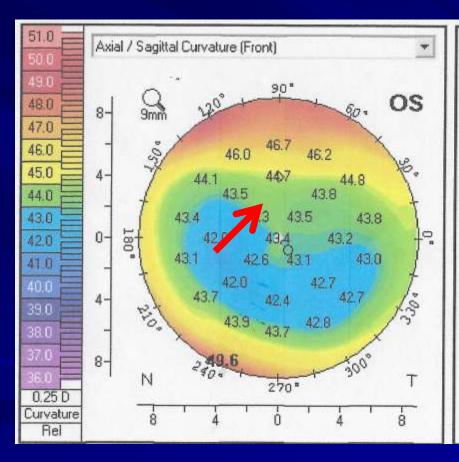


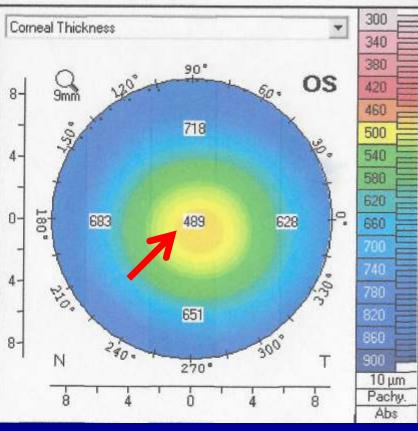
2007 Pre-op enhancement



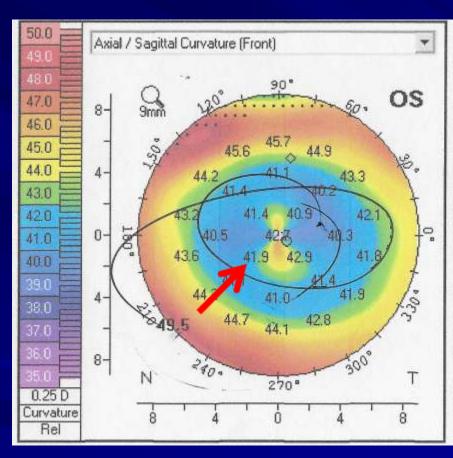


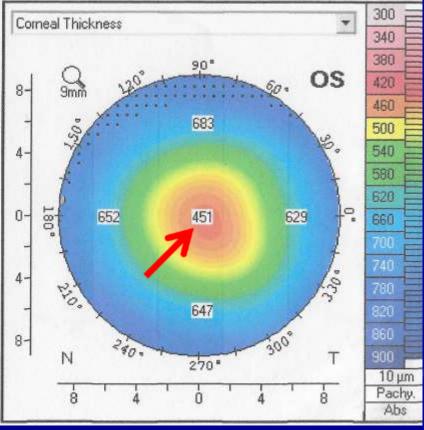
2014 Pre-Op PRK Enhancement

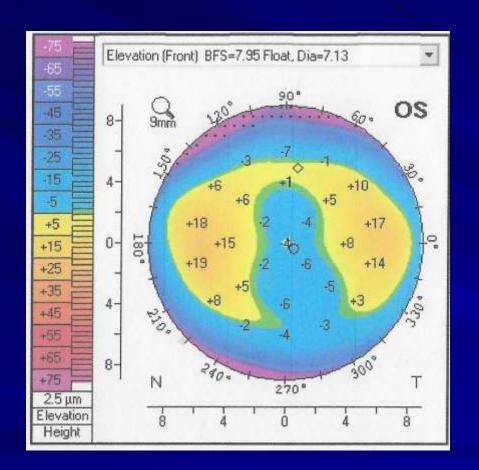


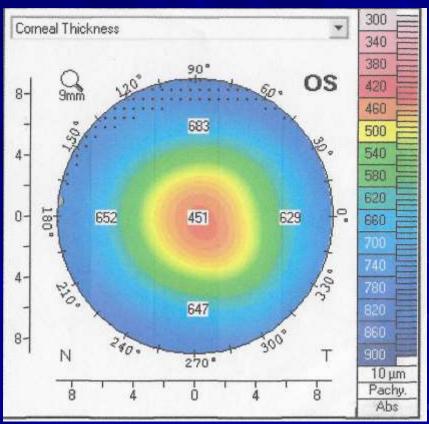


6 weeks Post–Op PRK Enhancement

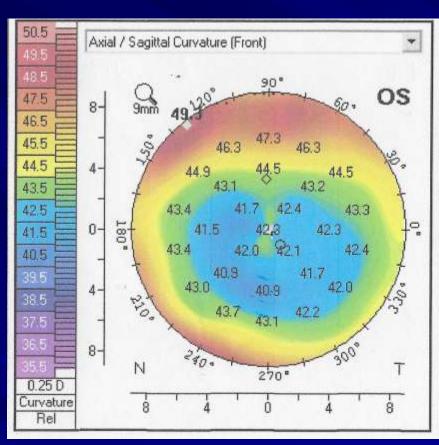


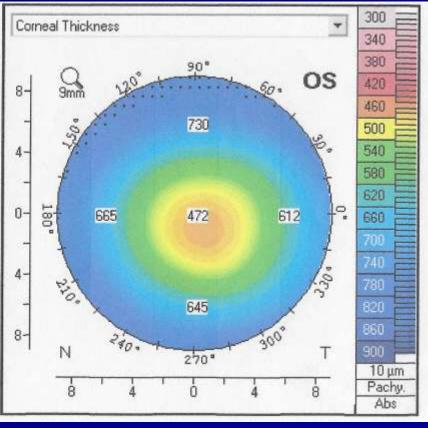


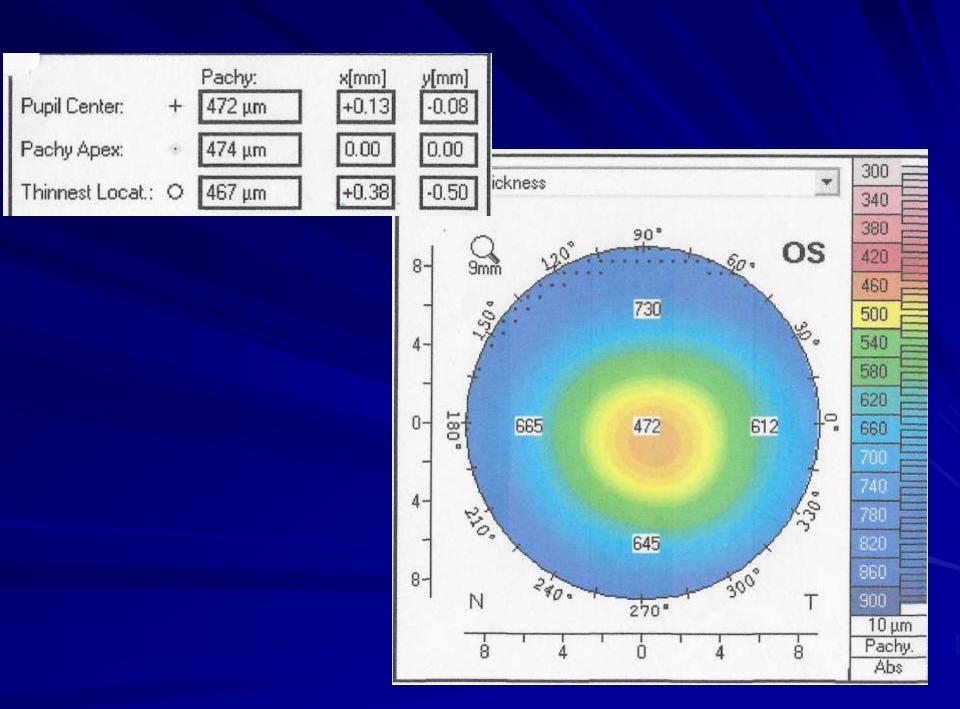




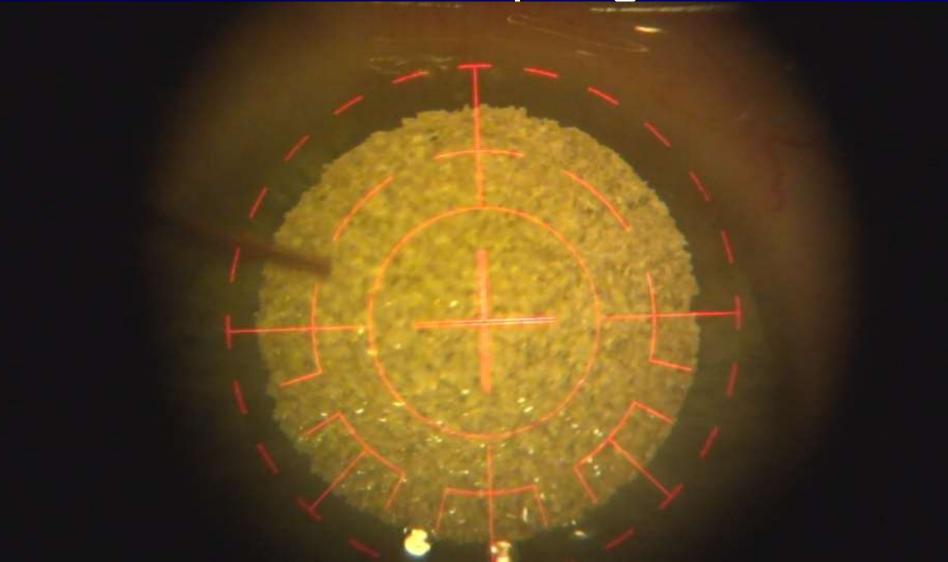
10 months Post –Op PRK Enhancement

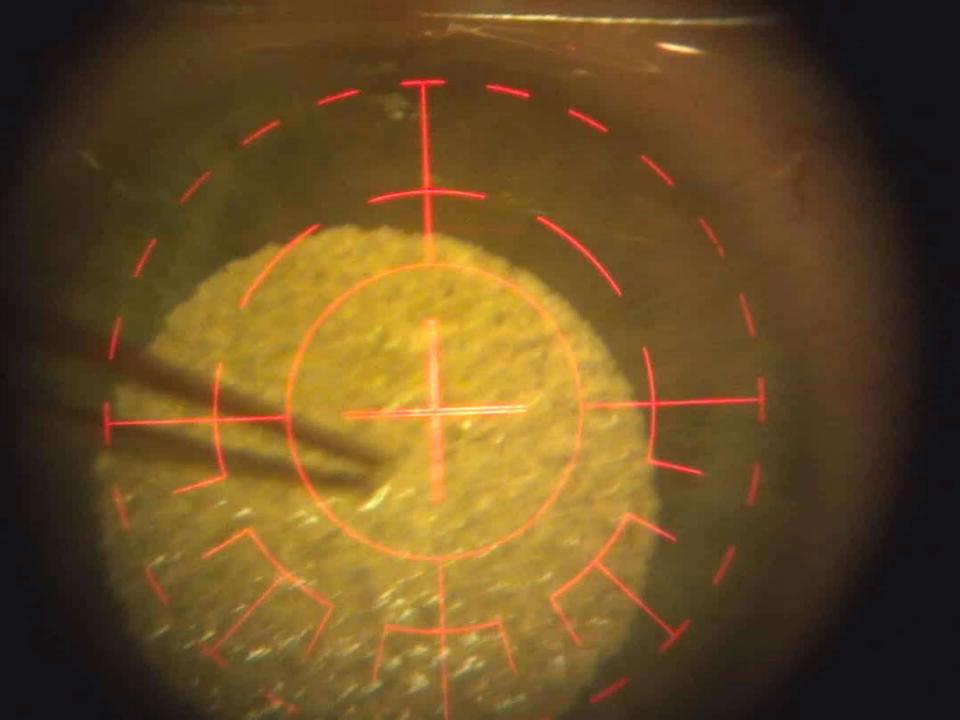


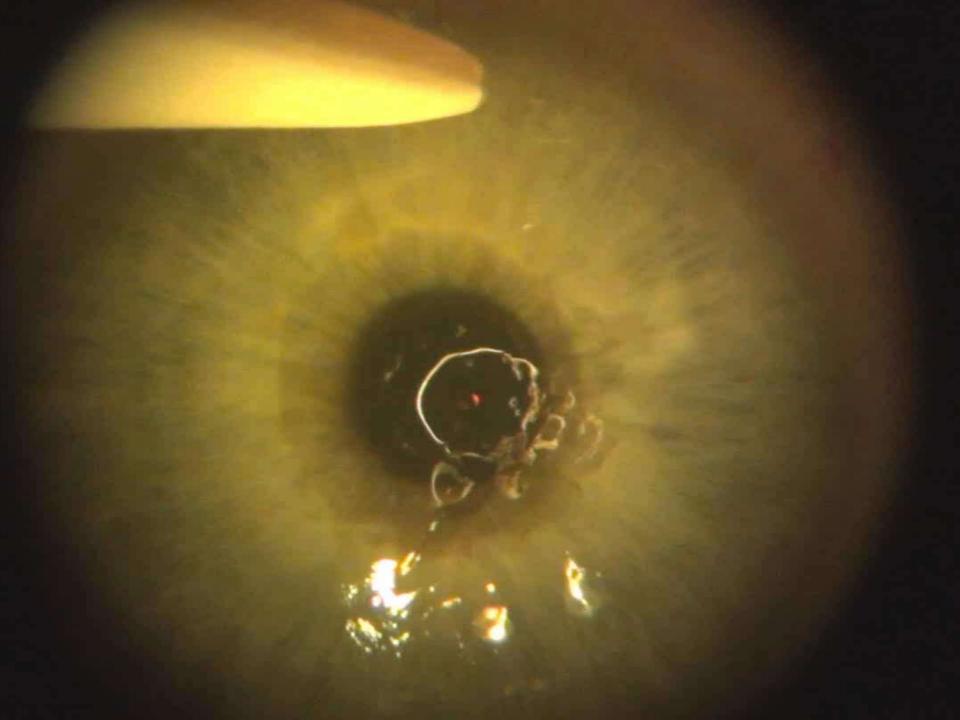




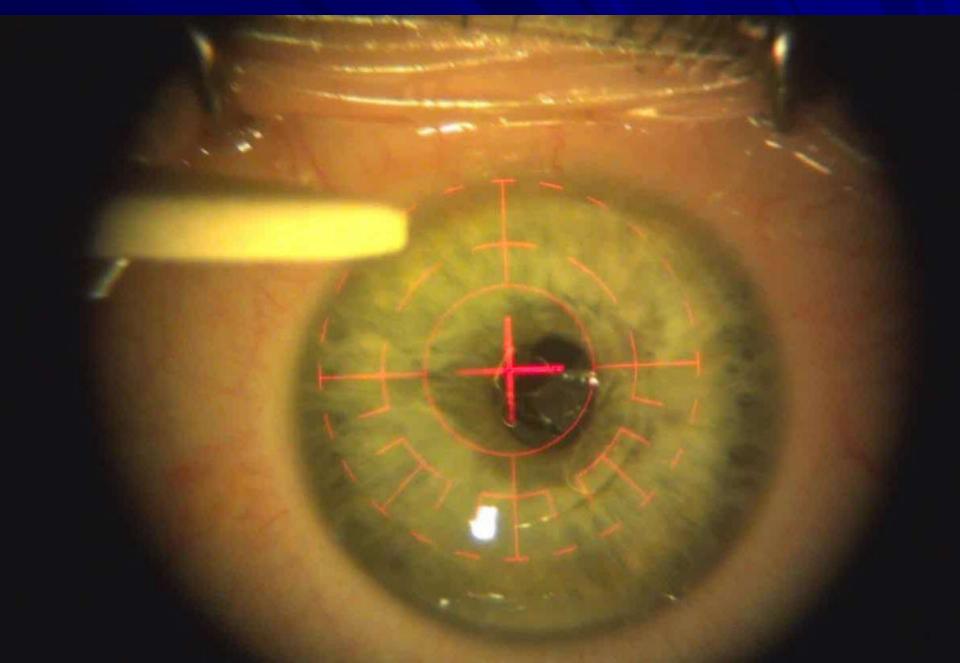
PRK enhancement Alcohol sponge

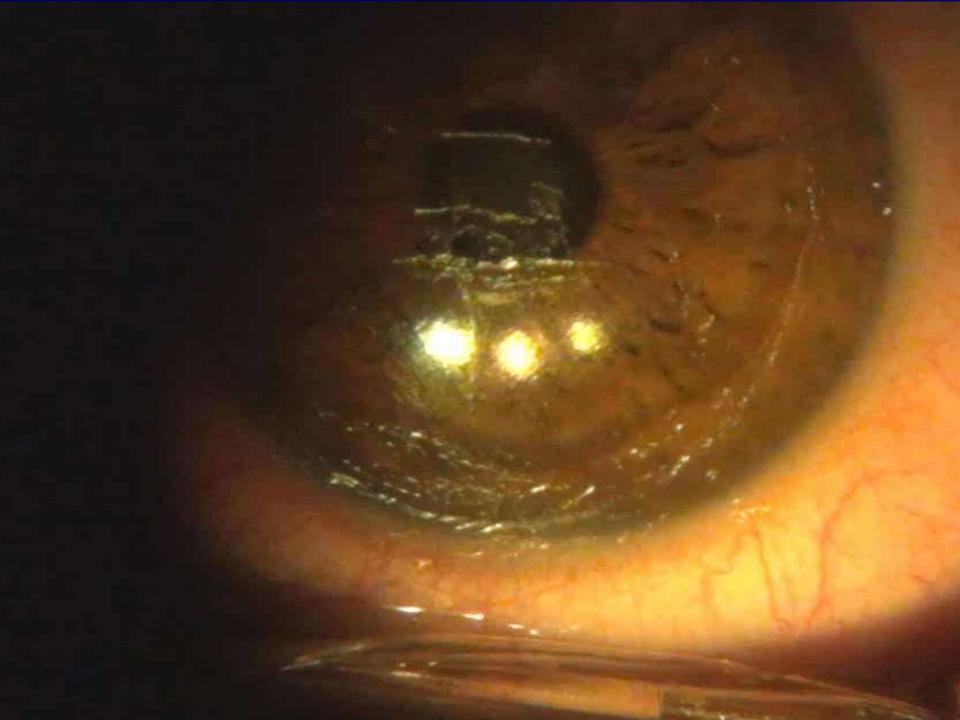




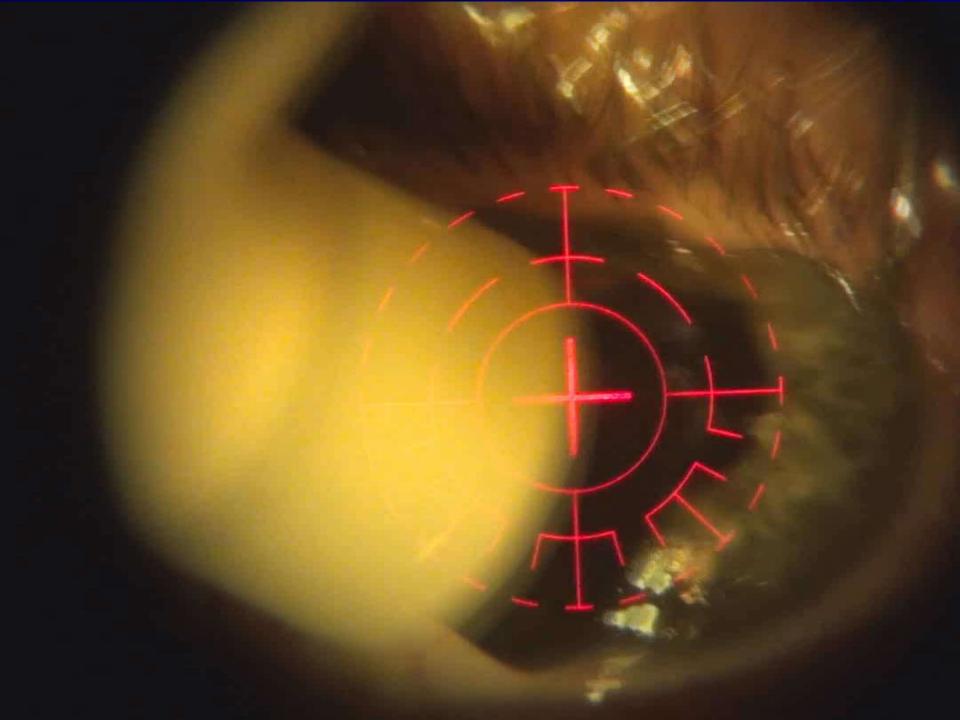


ABMD –no alcohol

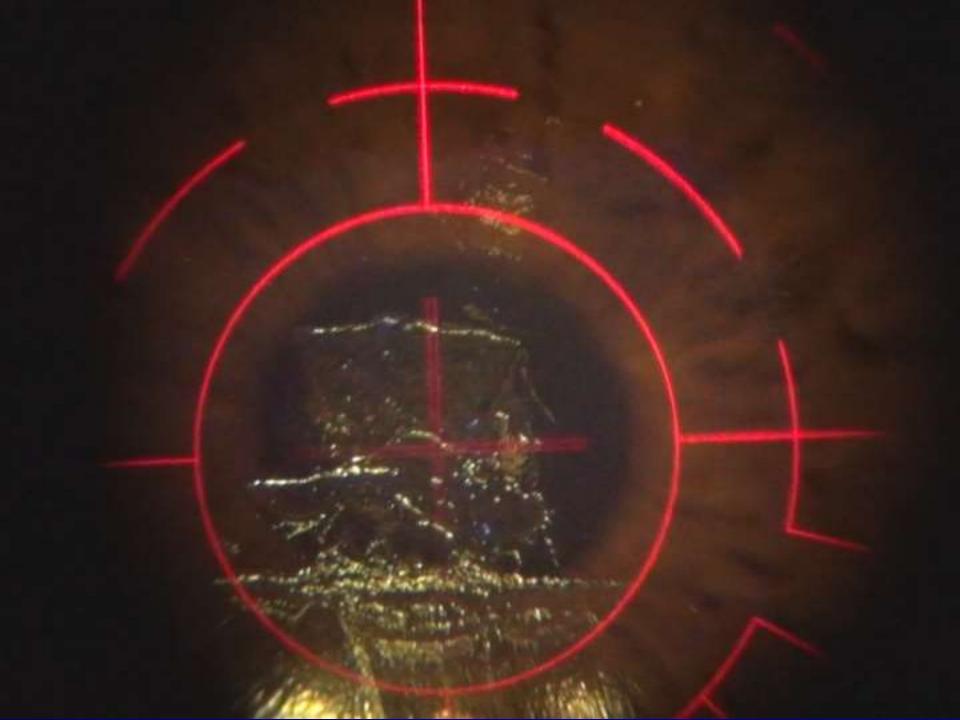












www.nebraskaeye.com www.markjohnstonlasik.com

Our Doctors

Meet Dr. Johnston

Mark E. Johnston, MD, FRCSC is the most experienced LASIK surgeon in the region, having performed over 30,000 procedures. He is Medical Director and Chief Surgeon at Nebraska Laser Eye Associates.

- Undergraduate education: MIT (Massachusetts Institute of Technology)
- · Medical degree: Dalhousie University, Halifax, Nova Scotia
- Residency, Ophthalmology: University of Western Ontario, London, Ontario
- · Fellowship Corneal and External Diseases: University of Michigan, Ann Arbor, Michigan
- Member of the American Academy of Ophthalmology, American Society of Cataract and Refractive Surgeons and International Society of Cataract and Refractive Surgeons

Honors:

- Diplomat American Board of Ophthalmology
- Fellow Royal College of Physicians and Surgeons of Canada

My Professional Website

For more information about Dr. Mark Johnston, please visit his professional website.

Dr. Johnston has been performing refractive procedures since 1himself in 1998. His numerous scientific articles, papers and preorneal procedures since 1985. He underwent LASIK can be found at here.





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Educational Seminars

Videos

Publications

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Outcomes & Results

Locations

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Presentations

Presentations

- * Lasik Outcomes with Ablation Centration on the Coaxially Sighted Corneal Light Reflex

 Presented at ASCRS 2014, Boston
- The Physics of Folding in Cataract Surgery Townson

 Presented at the 2014 ASCRS, Boston
- → Cause and Prevention of Microkeratome Jamming related to Lid Squeezing

 Presented at ASCRS, Chicago, April 2012

 See related materials on "Videos" on this webpage.
- Diffuse Lamellar Keratitis related to intermittent blockage of a humidifier drain own.com
 Presented ASCRS Paper, San Diego 2011
- Presented ASCRS Poster , San Diego, ASCRS, 2011
- Refractive outcome six months after LASIK with a mechanical microkeratome or femtosecond laser a DOWNLOAD

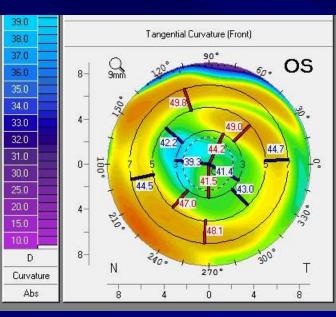
Presented: San Francisco ASCRS 2009

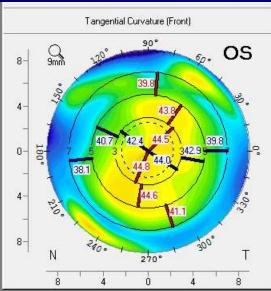
Presented ASCRS Boston 2010

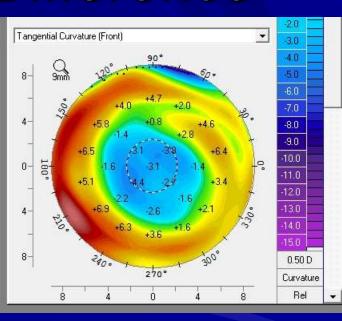
Maximized Blend and Optical zone for astigmatism DOWNLOAD Presented: Chicago ASCRS, April 2008



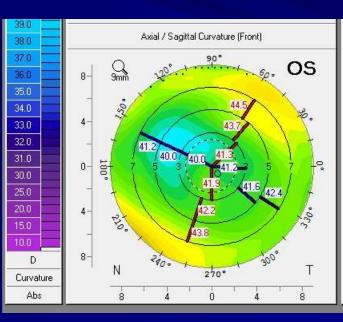
Visx: Small residual cylinder Tangential maps Post Pre Difference

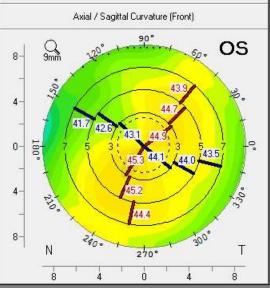


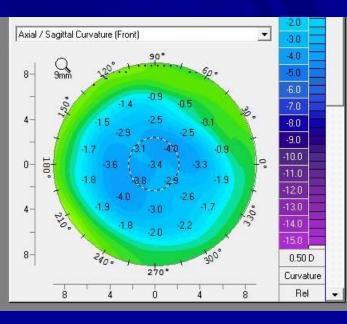




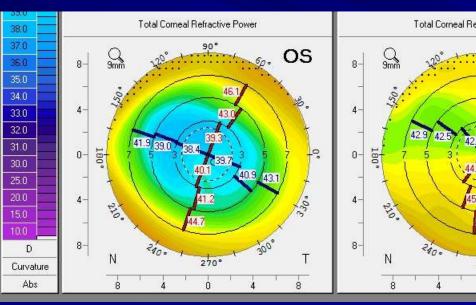
Visx: Small residual cylinder Axial / Sagital maps Post Pre Difference

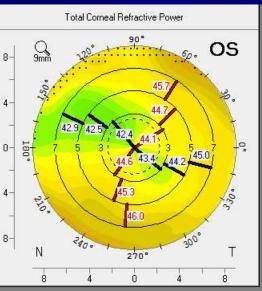


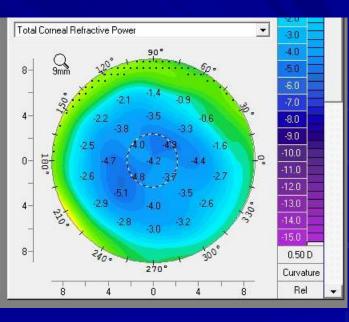




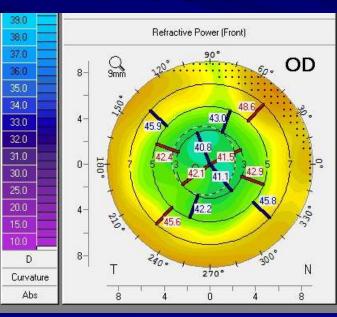
Visx: Small residual cylinder Total Corneal Refractive Maps Post Pre Difference

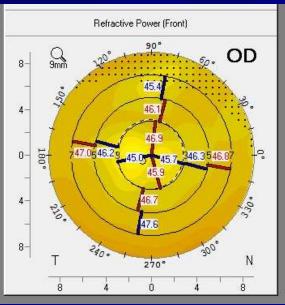


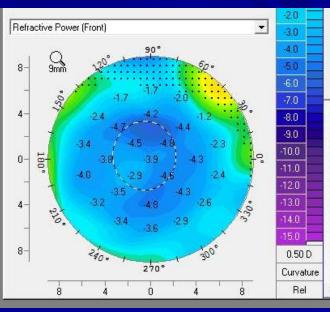


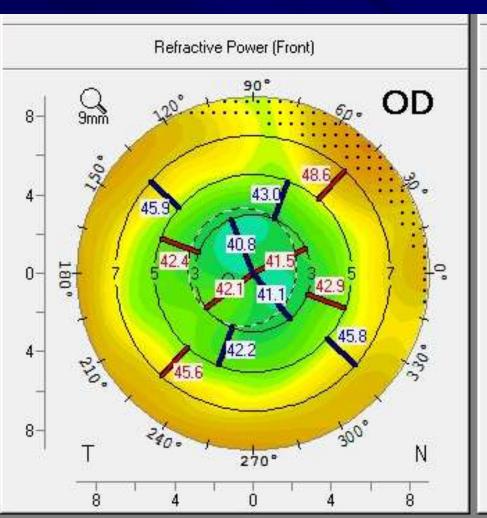


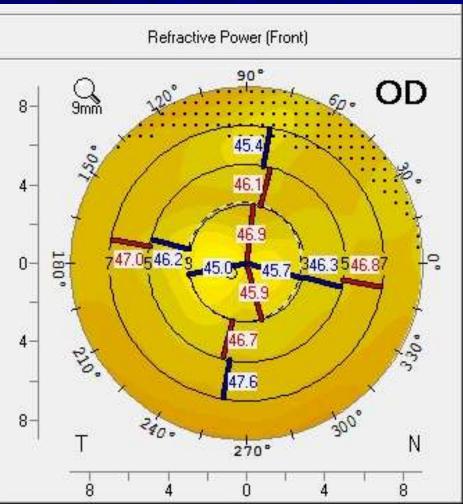
Visx: Residual Sphere Refractive Power Maps Post Pre Difference



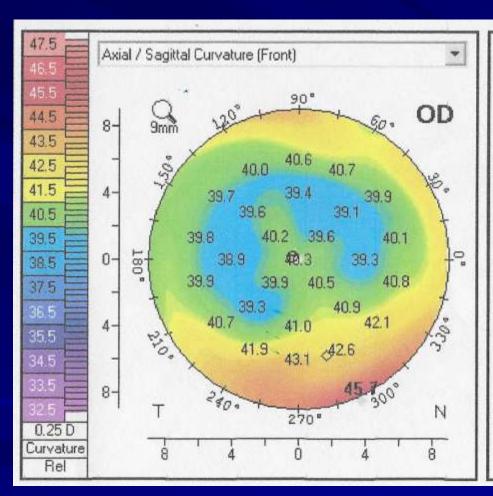


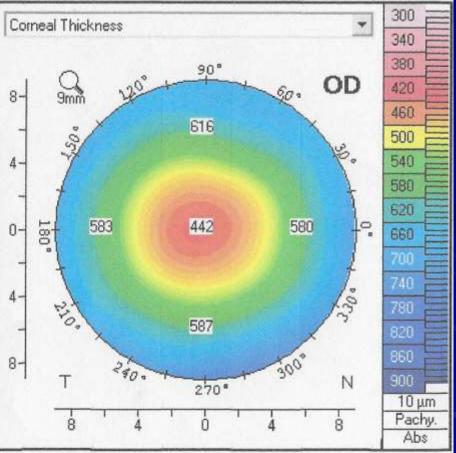




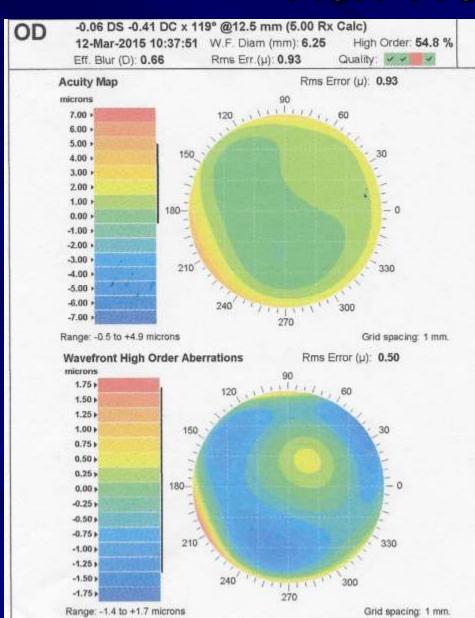


High myopia



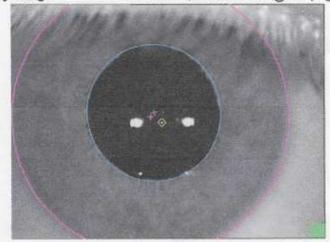


Visx Wavefront

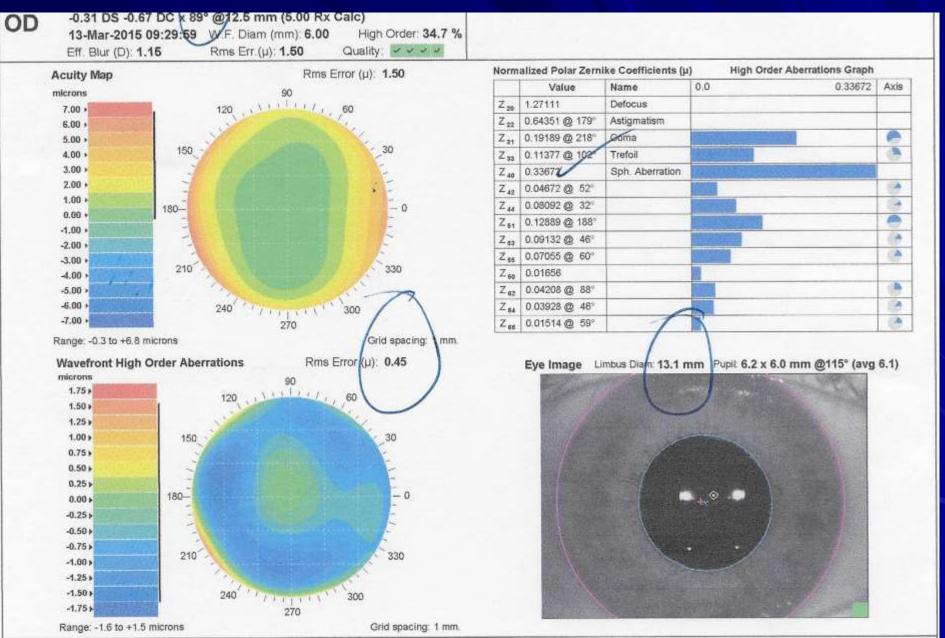


| lorm | alized Polar Zern | ike Coefficients (µ |) High Order Aberrations Graph | | |
|------|-------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------|
| | Value | Name | 0.0 | 0.35421 | Axis |
| Z 29 | 0.72117 | Defocus | | | |
| Zzz | 0.31543 @ 34° | Astigmatism | | | |
| Z 21 | 0.35421 @ 230" | Coma | | | 0 |
| Z 32 | 0.19829 @ 84" | Trefoil | | 066 | (8 |
| Zao | 0.26801 | Sph. Aberration | STATE OF THE PARTY | | |
| Z 42 | 0.05980 @ 104° | | 1980 | | 100 |
| Z 44 | 0.07252 @ 11° | | TOTAL STREET | | 8 |
| Z 51 | 0.03102 @ 107° | | | | - |
| Z 83 | 0.04252 @ 110° | | | | - 30 |
| Zss | 0.00627 @ 17" | | | | (9 |
| Z 80 | 0.06147 | | 30784 | | |
| Z 52 | 0.02540 @ 71° | | 15 | | A |
| Z 84 | 0.02439@ 89* | | | | 1 |
| Zee | 0.01797 @ 25° | | | | (3) |

Eye Image Limbus Diam: 13.1 mm Pupil: 6.5 x 6.3 mm @101° (avg 6.4)

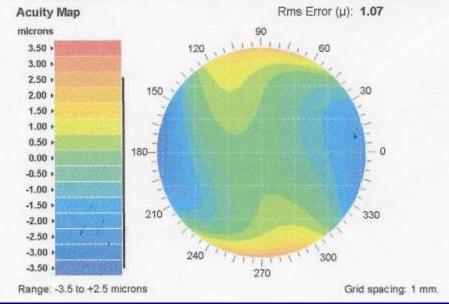


Technolas with Wavefront and Iris Registration



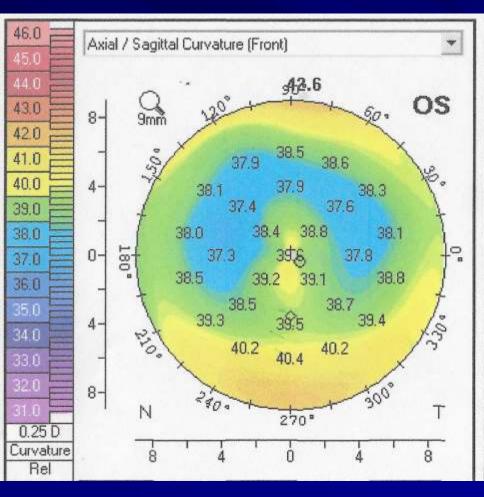
Secondary Cylinder

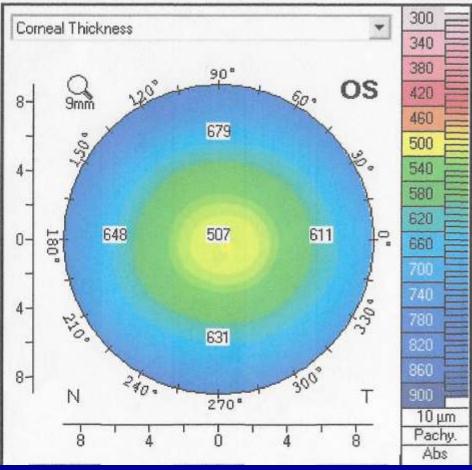




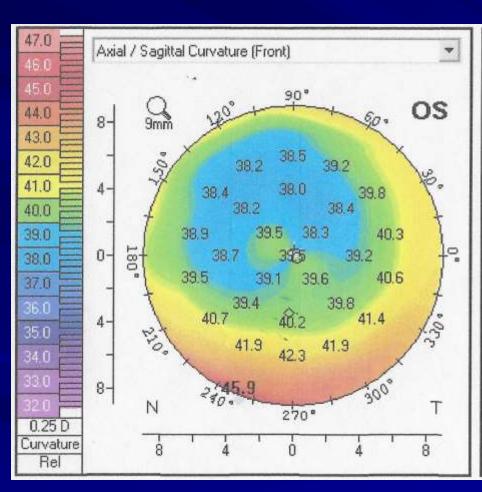
| Vorm | alized Polar Zern | ike Coefficients (μ |) High Order Aberrations Graph | | |
|----------|-------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--|
| | Value | Name | 0.0 0.24739 | Axis | |
| Z 20 | -0.13125 | Defocus | | | |
| Z 22 | 1.01076 @ 95° | Astigmatism | | | |
| Z_{31} | 0.13547 @ 346° | Coma | | 0 | |
| Z 22 | 0.05863 @ 18° | Trefoil | | - | |
| 2.40 | 0.09654 | Sph. Aberration | | | |
| Z 42 | 0.24 39 @ 62° | | | (A | |
| Z 44 | 9.07639 @ 27° | | | 24 | |
| Zst | 0.05194 @ 222° | | | 0 | |
| Z 63 | 0.02469 @ 89° | | | D | |
| Z 55 | 0.02719 @ 71° | | | - | |
| Z 60 | 0.04103 | | | | |
| Z 02 | 0.04892 @ 75° | | | A | |
| Z 64 | 0.01926 @ 69° | | | A | |
| Z 66 | 0.04809 @ 2° | | ELECTION OF THE PARTY OF THE PA | - 69 | |

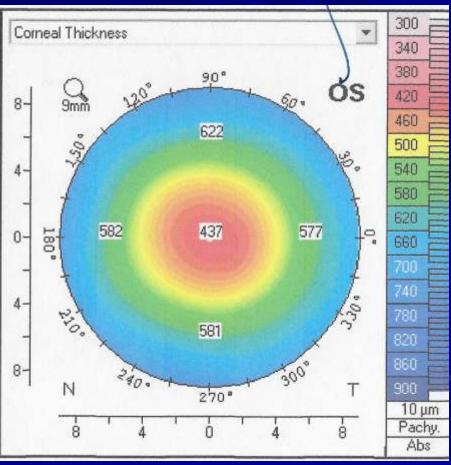
Inferior steepening Epithelium, Flap, or Ablation



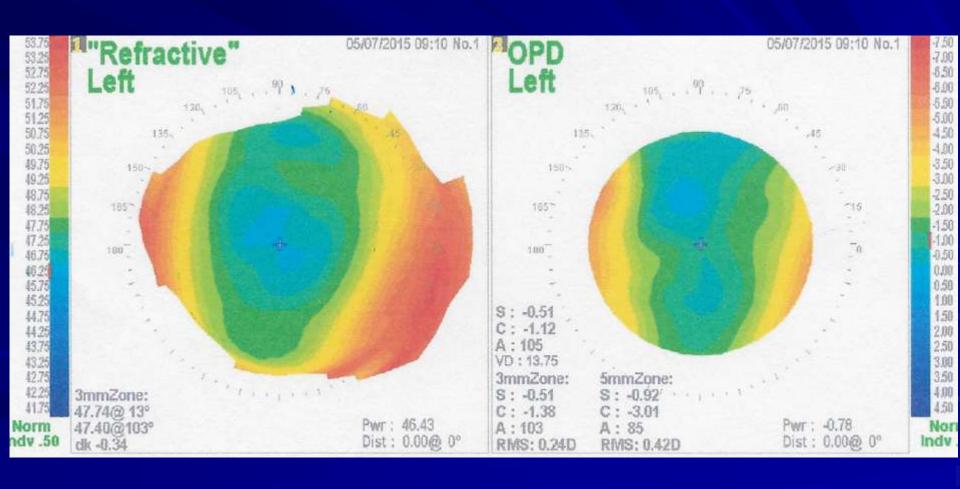


Technolas iris registration

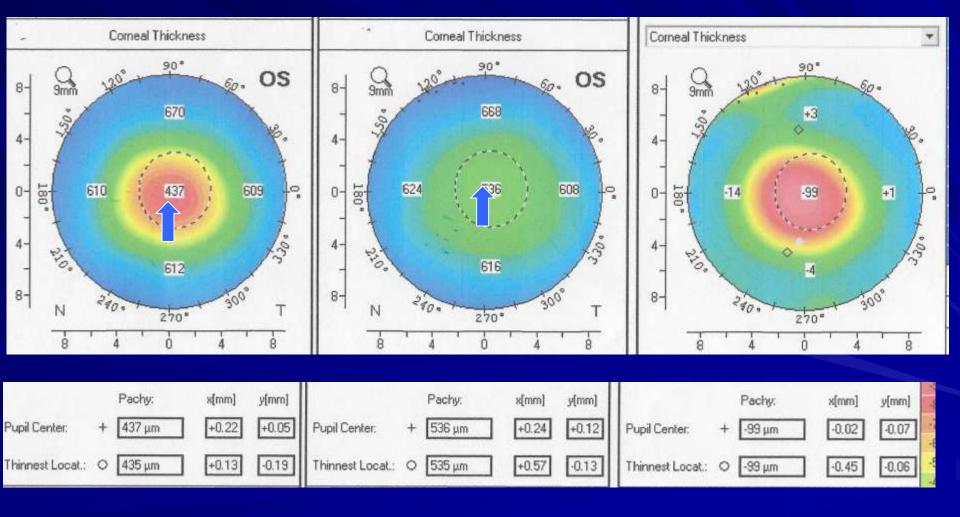




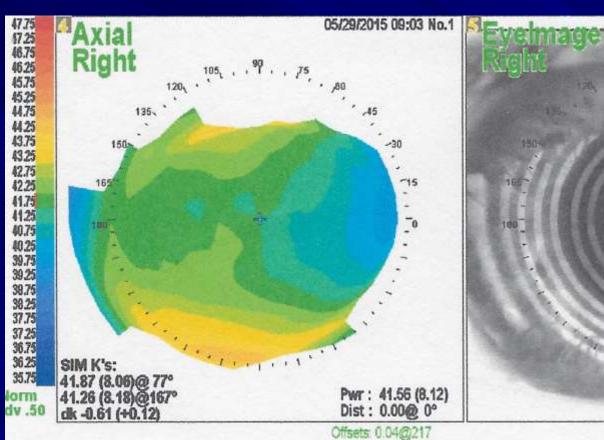
Against the Rule



Apex Nasal / Inferior x=-0.24, y=-0.12



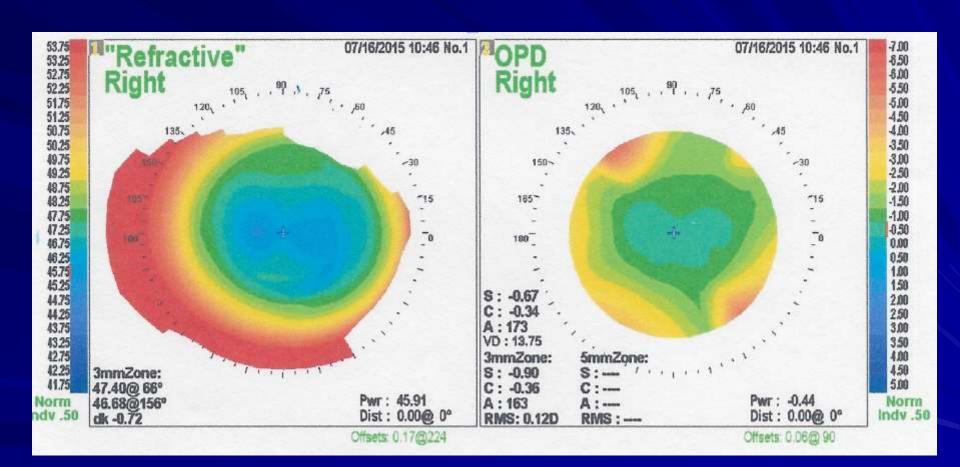
Technolas high cylinder





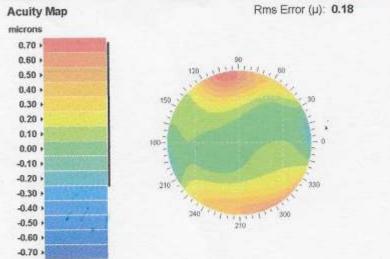
Offsets: 0.04@217

High Myopia



Minus SA





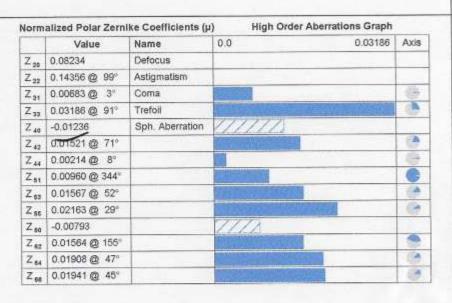
Range: -0.3 to +0.7 microns

Range: -0.2 to +0.2 microns

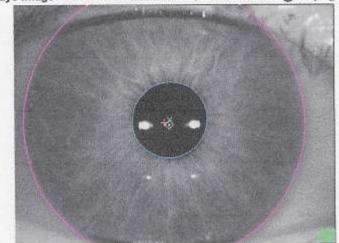
Grid spacing: 1 mm.

| Wavefront High Order Aberra microns | tions Rms Error (μ): 0.0 |
|----------------------------------------|--------------------------|
| 0.35 + | |
| 0.30 > | 100 |
| 0.25) | 120 (1 1 1 1 1 1) 60 |
| 0.20 | |
| 0.15 | 50 30 |
| 0.10 > | |
| 0.05 > | |
| 0.00 > 180- | -0 |
| -0.05 b | |
| -0.10) | |
| -0.15) | 10 330 |
| -0.20 > | |
| -0.25 | 240 77 300 |
| -0.30 > | 417 |
| -0.351 | |

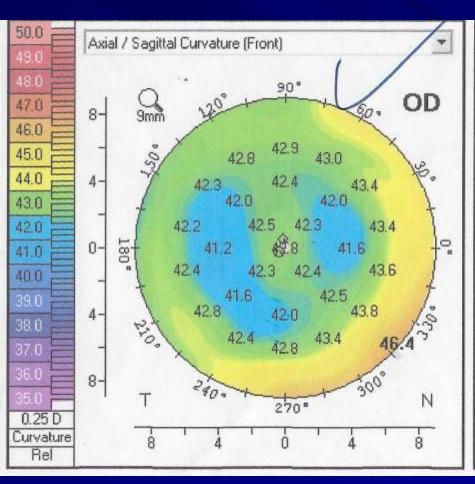
Grid spacing: 1 mm.

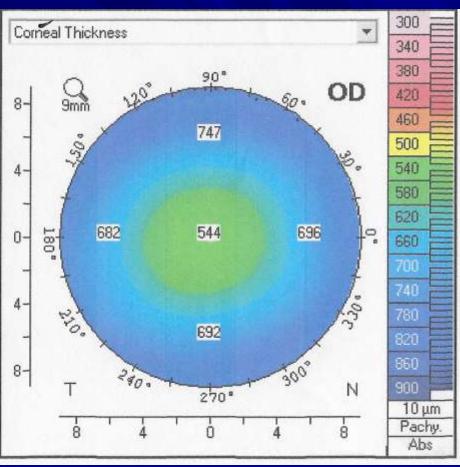


Eye Image Limbus Diam: 13.0 mm Pupit 3.5 x 3.4 mm @54° (avg 3.5)

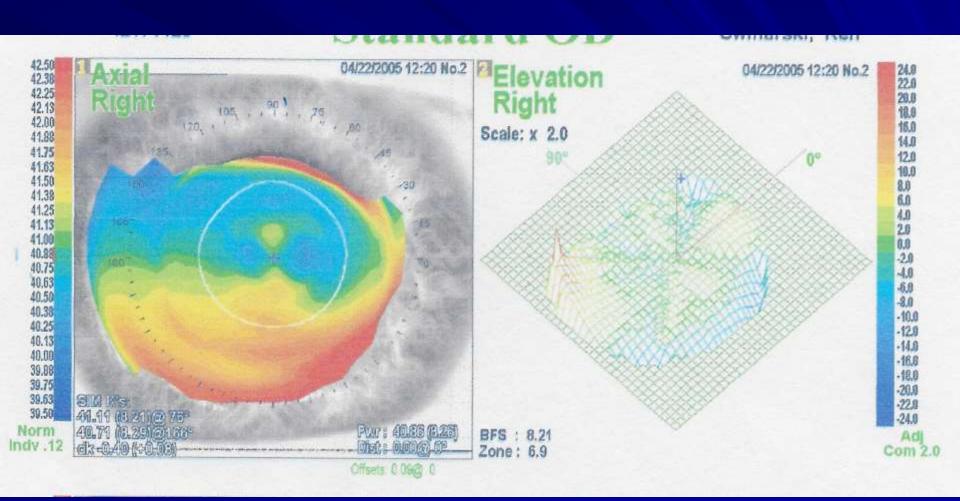


Island

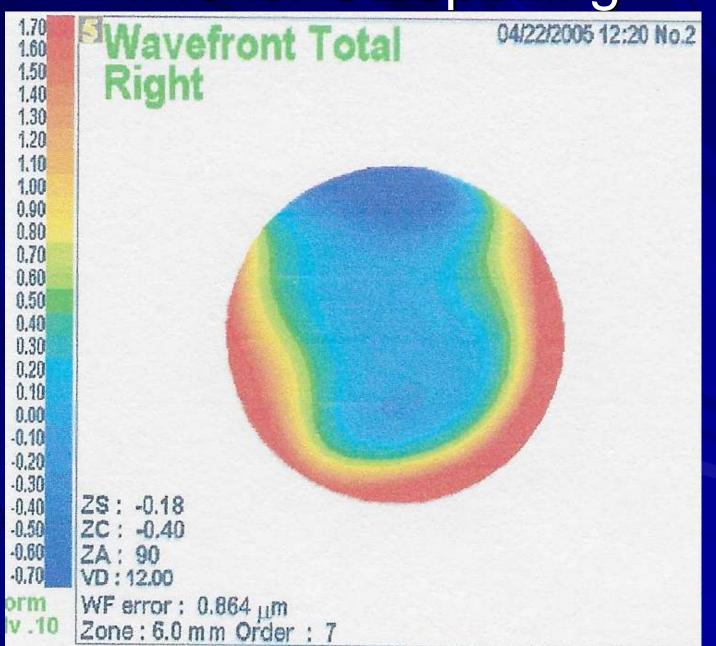




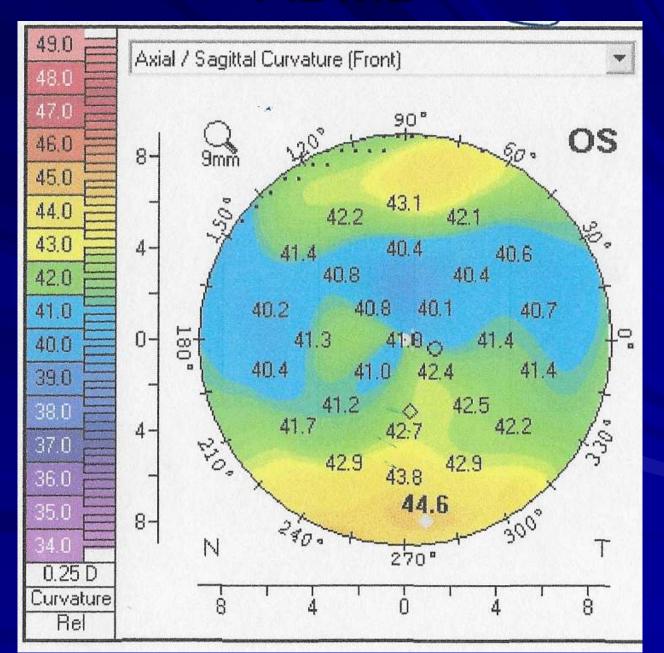
Inferior Steepening



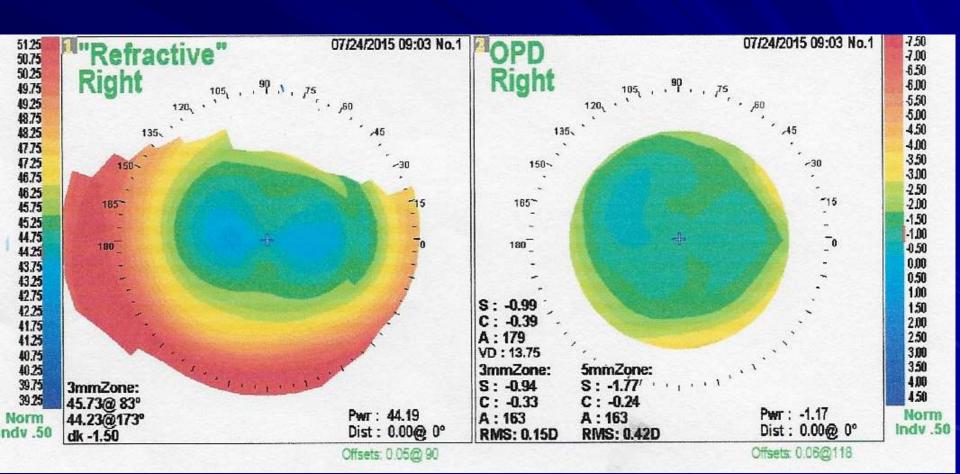
Inferior Steepening



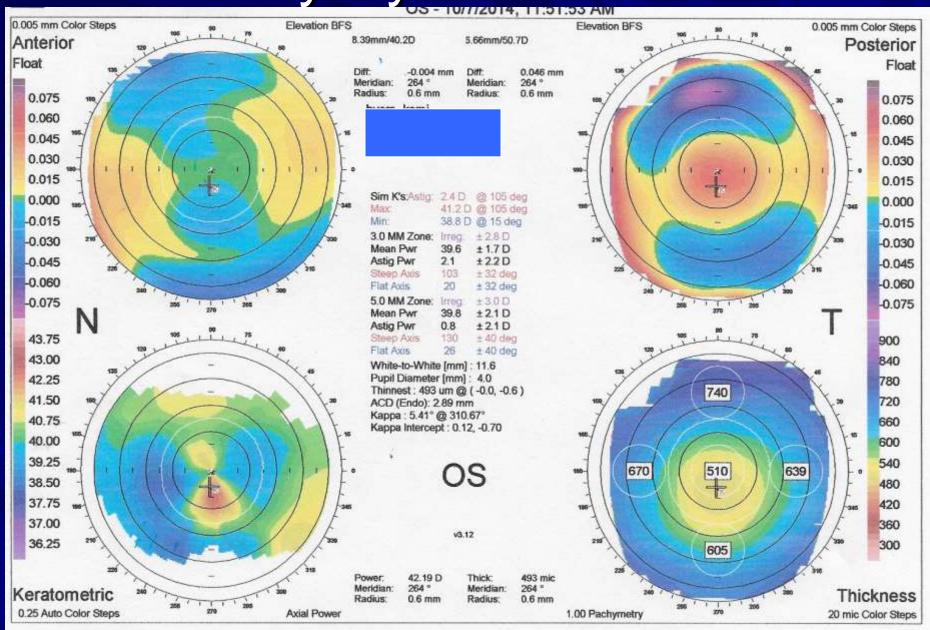
ABMD



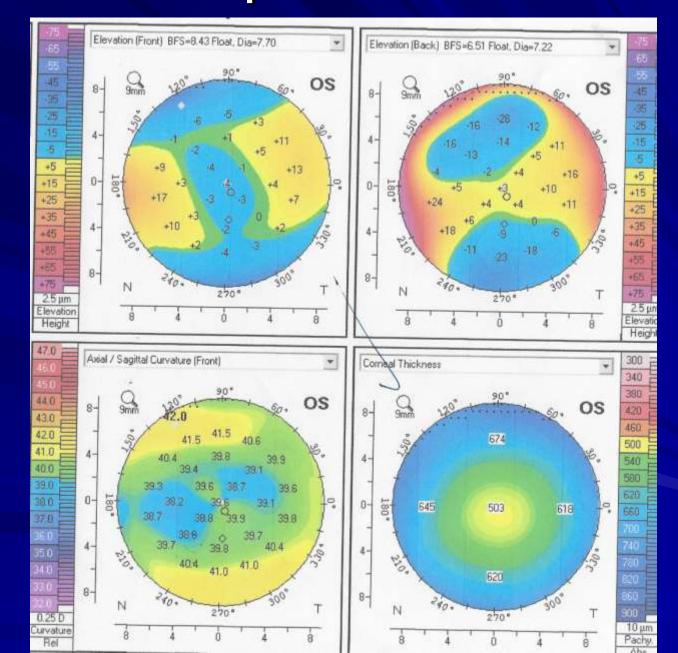
Technolas: Deep Ablation



Early Cylinder island



Cylinder island pre-enhancement

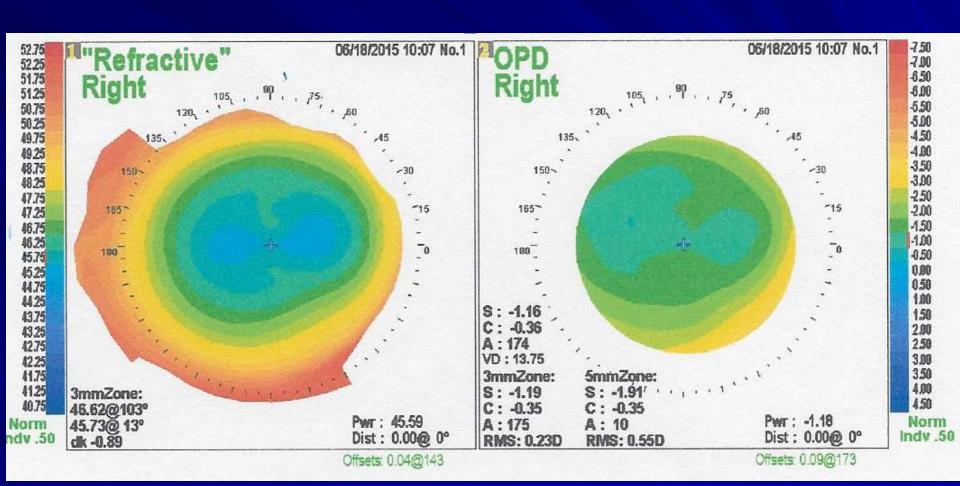


Technolas



Exam SPH CYL AXIS SimK1 SimK2 dK e(Q)@6.0mm Pupil[mm]
1R -2.19 -0.41 22 38.93(8.67)@ 96 38.01(8.88)@ 6 -0.92(+0.21) -1.12(1.26) 4.89 7.15 MPdst 0.16@277

Technolas



Technolas high cyl

