



Epi-LASIK

Until recently, if you were one of the millions of people with a refractive error, eyeglasses and contact lenses were the only options for correcting vision. But with the development of refractive surgery, some people with myopia (nearsightedness), hyperopia (farsightedness), or astigmatism (a cornea with unequal curves), can have their vision improved through surgery.

If you have thin corneas and are not a candidate for **laser-assisted in situ keratomileusis**, or **LASIK** (a corneal refractive procedure that requires the creation of a partial-thickness flap before the cornea is sculpted with a laser), **epithelial LASIK (epi-LASIK)** may be a good option for you.

Epi-LASIK is usually performed as an outpatient procedure using topical anesthesia with eyedrops. Your ophthalmologist (Eye M.D.) uses a highly specialized type of cutting device, called an epikeratome, to precisely separate the thin epithelial sheet—much thinner than a LASIK flap—from the rest of the cornea. Once your ophthalmologist separates the epithelium from the rest of the cornea, the thin sheet of epithelial cells is lifted to one side. After the cool beam of an excimer laser is used to permanently reshape the cornea, the thin sheet is then either moved back into place where it will self-adhere, or it is removed completely, in which case the epithelium heals inward from the corneal periphery in just a few days.

Reshaping the cornea helps focus light directly onto the retina to produce clearer vision. After the procedure, a transparent “bandage” contact lens is placed on the cornea to promote healing.

As with any surgery, there are certain risks associated with epi-LASIK. Be sure to discuss these possible risks with your ophthalmologist.