If you are considering refractive surgery, the most important thing you can do is schedule a thorough screening examination. By the end of your appointment you should know whether you are a candidate for refractive surgery and, if you are, which procedure is right for you.

At Kellogg, your physician will talk with you at length about your needs and expectations, the different procedures, expected postoperative results, and potential complications. You will have a thorough ophthalmic medical examination, including the tests listed below.

We are often asked who is likely to qualify for refractive surgery. Generally a good candidate is over the age of 21, has had a stable prescription for 6 months; is nearsighted up to 20 diopters, farsighted up to 4 diopters, or has astigmatism up to 5 diopters; is not pregnant or nursing; and has no history of herpes infection in the eye, keratoconus, advanced glaucoma or cataracts.

A thorough screening includes:

**Visual Acuity** We measure your uncorrected and best-corrected distance and near visual acuity. This is the single most important way to determine if you are a candidate and which procedure will lead to the best vision.

**Corneal Topography** A computer produces a topographic map of your cornea to tell us if it is irregular. This may not be detectable with other tests. We use an Orbscan II, an advanced device that can help detect early stages of corneal irregularity. Patients with irregular corneas should not have corneal refractive surgery.

**Slit Lamp Examination** We examine your eyelids, conjunctiva, cornea, iris, and lens to detect any eye disease that needs to be treated before surgery or that contraindicates surgery.

**Corneal Thickness** We measure the thickness of your cornea to determine which procedure is best and how much treatment is possible. Some people with thin corneas may not be able to have corneal refractive surgery.

**Pupil Size** Using an infrared device known as a pupillometer, we measure your pupils in dim and room light to determine the best treatment plan.

**Intraocular Pressure** Elevated pressure in the eye may indicate glaucoma. Early treatment may prevent later vision loss from this disease.

**Schirmer Test** This test identifies if your eyes are dry. Patients with dry eyes are more likely to have increased eye irritation after surgery.

**Fundoscopic Examination** We examine the back of the eye to assess the optic nerve, retina, and blood vessels to make sure there are no underlying eye or systemic disorders.

**Ocular Motility** We determine whether your muscles can align the eyes to prevent double vision after surgery.

**Aberrometry** Wavefront technology uses a beam of light that reflects off the retina to create a map of optical abnormalities.

**Patient Expectations** The majority of patients are satisfied with the outcome of refractive surgery. However, some may feel that the surgery did not meet their expectations and a small minority have complications. At Kellogg, ophthalmologists discuss the risks, benefits, and probable outcomes with their patients before surgery. We want to be certain you feel comfortable and are fully informed before proceeding with refractive surgery.

If you have questions about refractive surgery, please contact us at 734.615.5274 or lasik@umich.edu