

## 20 questions to consider while researching laser vision correction



We have provided the questions below along with Dr. Reed's answers for your use should you contact other laser vision correction providers while researching the procedure. This information was printed from our website, [lasikworld.com](http://lasikworld.com). For additional information including more detail in regard to what makes us clearly different, online financing applications or if you would like to watch one of our seminars online, you can find it all at [lasikworld.com](http://lasikworld.com).

### 1. Why should I choose to have laser vision correction with your practice?

The reason most people who have surgery come to us is very simple:

- A. They want to have a **safe surgical experience**. We don't cut corners. We don't use cheap equipment. We don't skimp on maintenance of the equipment. We won't perform surgery on you unless we would lay there in your place in the same circumstance.
- B. **Our visual outcomes are very, very good.** Why? Because we compulsively insist that data gathering on each of our patients is consistent, and must meet a very high standard before it is considered accurate enough to use in calculating a treatment plan. We further insist on seeing our patients back in follow-up ourselves so we know the desired outcomes are being achieved. We can give patients accurate odds of a visual outcome based on previous patient experience and then each individual can decide if those odds are adequate for them to proceed with surgery.
- C. We do all we can to **earn and maintain** the trust of those who honor us by allowing us to do their surgery. The relationship between a patient and doctor is completely different than between a consumer and a provider. Those that sell laser vision correction surgery as a commodity, and those who shop for it as such deserve each other. We are blessed to be able to choose to do surgery for those people we feel are good candidates. We feel no compulsion to push anyone to do laser surgery. We have always tried to honestly tell patients if we think they are good candidates for surgery after we get to know them better. We will continue to put the patient's interests first when it comes to laser surgery decisions.
- D. We are so confident in our ability to deliver the results our patients desire that we are the first and the only in the area to offer 20/20 vision or your money back

from your laser vision correction experience. We decided it was time to put our money where our mouth is and set a new standard. We too were tired of the hype and claims of many in our industry and decided to do something about it. Please visit [lasikworld.com](http://lasikworld.com) for additional information.

## 2. When will I meet with the surgeon?

The laser vision correction surgeons at our practice sit down with each patient and examine them as well as get to know them before surgery. It is important to find out how a patient spends their day visually and what their particular visual needs may be (such as what various focal distances they work at). We also find out how patients spend their leisure time and address those specific visual needs as well. It is very important to explore each patient's expectations for laser vision correction surgery. If expectations are unrealistic or unreasonable then an honest discussion needs to occur explaining what can be achieved with laser vision correction for that particular person. The process of caring for patients and educating people takes time and effort as well as skill.

I believe when you lay down and look up at the blinking red target light of the laser prior to surgery, you should know long before that moment that your surgeon's motivation for performing your surgery is that they want to help you see well and live a better life with laser vision correction surgery. **How can a patient trust that the doctor doing their surgery really has their best interest first and foremost in mind if they meet the surgeon for the first time while they are preparing to lay under the laser? How does that surgeon know you specifically or what you need?** I would never trust anyone with my sight until I had investigated them thoroughly, had them examine me thoroughly, and sat and talked to them face to face to see if they are competent, honest and sincere. You will have those opportunities and choices when you see us at Griffin & Reed Eye Care.

## 3. I've seen the ads with the low prices. Will I get that price?

Read the fine print. There is a reason the print is small. Many of the prices offered at these centers are for very low prescriptions with no astigmatism as indicated in the fine print. Question every asterisk. What is being hidden? The average price at these centers who advertise an initial low fee is usually between \$1,800 and \$1,900 per eye. However, don't just take our word for it, The Sacramento Business Journal featured an article on this and can be found at <http://www.bizjournals.com/sacramento/stories/2002/10/07/story6.html?page=1>.

Some surgeons claim they are able to offer a reduced price due to owning their own laser. Whether or not a surgeon owns their own laser has very little to do with the pricing structure if proper maintenance is performed on the laser and corners aren't being cut. In order for a laser to perform predictably, it requires regular maintenance and excimer lasers are very expensive to maintain. For example, the mirrors inside the laser have to be replaced after a specific amount of usage or outcome variations can occur. These specialized mirrors cost up to tens of thousands of dollars. Upgrades from the manufacturer for software and/or hardware are expensive. Gas levels used by the laser

must be maintained in order to produce a consistent beam. Ignoring regular maintenance and gas levels used by the laser will save a surgeon money at the potential risk of patient visual outcomes.

We follow maintenance guidelines religiously with our Visx Star S4 – IR and every available upgrade has been installed. Improper Maintenance introduces risks we are not willing to expose our patients to for any reason. Our surgeons control every aspect of our LASIK centers.

#### **4. What is your retreatment policy and will I have to sign a 20/40 or 20/30 waiver?**

It is interesting that most surgeons try to find ways to cover themselves if the patient does not achieve 20/20 vision as if they lack confidence in their outcomes so they resort to waivers. We take the exact opposite approach and offer 20/20 vision or your money back to our patients.

We consider retreatment on the same priority basis as primary treatments:

- Is it safe to retreat?
- Are we unreasonably risking what we have gained in the original treatment?

If we can achieve a bit better for our patients safely, then why not? They came to us in the first place because they trusted us to do our best for them. We do not have a 20/40 or 20/30 waiver in our practice. Most of the patients that undergo a retreatment in our office have better than 20/40 vision.

In most high volume laser vision correction centers, patients are asked to sign a 20/40 or 20/30 waiver with their other paperwork. Unfortunately, most patients don't realize they have even signed this type of waiver so please be careful if you are asked to sign something like this prior to your laser vision correction surgery.

A 20/40 or 20/30 waiver stipulates that even if you are best corrected with glasses or contacts to 20/20 before surgery, and the best you achieve after surgery is 20/40 or 20/30 without glasses or contact lenses, then you will not be eligible for an enhancement or touchup.

You will be told that 20/40 or 20/30 is an acceptable outcome and the risk of retreatment is too great with 20/40 or 20/30 vision. However, these same centers would be willing to treat a patient with 20/40 or 20/30 vision if they were a new, paying patient. This same 20/40 or 20/30 is apparently bad enough to treat if you are paying for the treatment, but not bad enough to treat if the surgeon is not getting paid to retreat you.

The difference in this philosophy about who is eligible for a retreatment can cause confusion for patients when they are comparing retreatment rates between laser vision correction surgeons. Surgeons may appear to have an artificially low retreat rate if their requirements for a retreatment are so strict that few patients are bad enough to qualify.

However, they may have a large group of patients who are visually challenged by 20/30-20/40 vision. On the other hand, if you were to look at the retreatments we do at Griffin and Reed Eye Care for those who are 20/30 or worse, our retreatment rate would be less than 1% of all our patients. Our overall retreatment rate is between 1% and 10% depending on the level of the patient's preoperative correction. Very high corrections tend to show more regression after surgery and therefore have a slightly higher rate of retreatment than the majority of patients with more normal corrections.

Be careful when comparing retreatment rates that you know the standard by which to compare. Also, when a surgeon boasts of number of surgeries done they often include the retreatments as "eyes treated". Having a high retreat rate pads the statistics, but speaks poorly for visual outcomes. Most reputable laser vision correction surgeons don't charge patients for retreatments. The justifiable exception to this is the minimal royalty fee enforced by the laser manufacturers for encrypted key cards to operate the laser. (Usually about \$150.00 per card - one card will treat one eye)

**5. I've noticed in some, "low price" ads that some doctors indicate they use the Visx Star S4 Laser. Doesn't that mean that I would get the same result with them that I would get with your surgeons?**

We are pleased that other doctors realize the superior treatment performed by a Visx Laser. One detail to note is that the Visx Star S4, is not the same as a Visx Star S4 IR (this is explained in further detail in question 6).

However, the way the laser is programmed makes all the difference in regard to your outcome even if the laser is the same model. Our proprietary programming method increases the probability from about 65% to about 98% that you will get the outcome your desire as discussed in question 7.

Please realize that one of the biggest risks in having LASIK is when the flap is made prior to the laser treatment. Even if the surgeon uses the most advanced Visx Laser, the Visx Star S4 IR Laser but doesn't use the German engineered Hansatome Microkeratome or IntraLase to make the corneal flap then you only have part of the equation solved. Please see question 8 for further explanation of why we choose to only use the Hansatome Microkeratome or IntraLase.

**6. What brand of laser do you use and why do you use that brand?**

We use a Visx Star S4 IR with active track, CustomVue (Wavefront), and Iris Registration that is permanently installed in our office. The "IR" stands for Iris Registration. This technology not only identifies the iris but also rotates the treatment to match any iris rotation that may have occurred. Since the eye is known to cyclorotate during surgery, this can be a benefit, especially in cases of high astigmatism or Wavefront treatment due to significant irregularities in your cornea. This is the state of the art system available from Visx. We do not cut corners by using cheaper lasers or

skimping on maintenance to pad a profit margin at the potential expense of our trusting patients.

Visx is the company that started building excimer lasers for human laser vision correction back in 1986. There are several generations of Visx Lasers available. It is the most widely used laser system worldwide. About 59% of the surgeons doing laser vision correction use one of the Visx models for treating patients. The other lasers which are currently popular are the Alcon Ladarwave used by 19% of surgeons, the Bausch and Lomb Laser - 11%, the Wavelight Laser - 4%, and the Nidek Laser - 4%. The reason I prefer Visx is that I feel it gives the best correction for all combinations of corrections. That is nearsightedness, farsightedness, and astigmatism in any combination is best served by treating with a Visx Star S4 IR Laser. Visx also enjoys the widest approval for various combinations of Wavefront or custom treatments.

Visx was the true pioneer of this industry investing hundreds of millions of dollars and many years to develop and perfect the technology we use today.

Many of the other lasers on the market actually can cause night vision issues and halos due to poor technology. Bottom line is this, if I'm lying under it or putting my family under a laser for vision correction, it is going to be a Visx Star S4 IR. We invite you to visit [visx.com](http://visx.com) for additional information. Please also see question #15 below.

## **7. How does your doctor determine how to program the laser for my laser vision correction?**

The way the laser is programmed has an extreme impact on your outcome. *Many laser vision correction surgeons in the United States use what has been termed the "plug and play" method.* The "plug and play" method is when a surgeon enters a glasses prescription into the excimer laser's computer and lets the laser do the calculations for them. When a surgeon uses this method to treat patients with a prescription between +4.00 to -6.00 (the majority of patients fall into this range), there is usually a 65% - 75% chance you will achieve 20/25 or better vision. We have been tracking our data meticulously since becoming the first to offer laser vision correction to our patients on the West coast and as a result, our surgeons developed the proprietary program we use to program our Visx Star S4 IR Laser yielding superior surgical outcomes. We meticulously track our post-operative data and use that information to continually evaluate our program in order to offer our patients the best possible outcome from their laser vision correction surgery experience. Our surgeons treating the same patient base mentioned above while using our proprietary program to enter our patient's data for their laser vision correction surgery will result in a 98% chance you will achieve 20/20 or no worse than 20/25 vision with one treatment. You have a higher probability of getting the result you desire at our practice because of that compulsive data evaluation and proprietary laser programming.

A surgeon may claim to have performed tens of thousands of procedures but the most important question is, "What are the visual outcomes of those tens of thousands of

patients?" The number of eyes a surgeon has treated means very little if the visual outcomes of most of those is, "20 / mediocre", vision. Most doctors probably won't be able to tell you their visual outcomes or they may quote national statistics since the majority do not track their post-operative data.

We have no trouble with those who charge less for laser vision correction surgery, they know what their services are worth. If you pay a low price but don't achieve the outcome you desire, you still paid too much. We believe that the bitterness of poor quality will remain long after the sweetness of a lower price is forgotten.

### **8. How do you make the flap for LASIK and why?**

We insist on using the German engineered Hansatome Microkeratome instrument or IntraLase to make the flap for the LASIK treatment. If we used the next best instrument, we could save tens of thousands of dollars per year. However, by using the next best instrument, we would be placing our patients at risk since the next best instrument has an unacceptable failure rate. Poor design and poor engineering will lead to malfunction even in the hands of experienced surgeons. The next best instrument has a malfunction rate of around 1 in every 200 treatments due to design or engineering flaws. A malfunction could lead to a minor problem or could be so serious as to cause potential blindness. We find this to be unacceptable. We believe the German engineered Hansatome or IntraLase to be the safest options available. We continually evaluate new competitors but have yet to find anything as good or better. Bottom Line, if there was something better, we would be using it

### **9. How Many Surgeries do you perform?**

We only perform as many as we can do safely and take care of before AND after surgery. We usually perform laser vision correction surgery two days a week and spend the remainder of our time seeing patients for evaluations for laser vision correction or follow-up after surgery. On a busy surgery day we average about twenty patient surgeries. The efficiency of our surgery team is superb. By the time patients arrive for surgery, all the preparation work is finished and we follow a specific process to make sure everything is perfect for each patient's surgery. In a typical month we will perform an average of about 150-200 laser vision correction procedures on new patients. We insist on seeing and caring for our patients both pre and post-operatively so we only do as many patient surgeries as we can care for appropriately.

As previously mentioned, a surgeon may claim to have performed tens of thousands of procedures but the most important question is, "What are the visual outcomes of those tens of thousands of patients?" The number of eyes a surgeon has treated means very little if the visual outcomes of most of those is, "20 / mediocre", vision.

### **10. How many years of experience do you have and how many procedures have you performed?**

We have been doing laser surgery for vision correction since 1994. Since that time we have done well over 17,000 surgeries. We spend our time and resources tracking our outcomes more than our number of surgeries. How people see after surgery is much more important to me than trying to see how many people we can run through surgery.

### **11. How good are your LASIK results?**

Our laser surgery results are among the very best I have seen. We even offer patients 20/20 vision or your money back. 98% percent of our patients see 20/20 or no worse than 20/25 after their first treatment. I wish I could claim it is because we are such gifted surgeons, but in reality it is because we are so compulsive about how we gather patient data pre-operatively and even more important is how we collect data post-operatively. Having watched international surgeons go through the learning process of how to program the laser was very enlightening. The early days of laser surgery in the late 1980's and early 1990's consisted of the Canadians and the Europeans learning one eye at a time how to program the laser to do each correction. Sometimes the success rate was less than 25%. I didn't want to be part of that learning curve as a patient or doctor. Those doctors who became very good at getting great vision for their patients were those who compulsively tracked their outcomes, and adjusted the way they programmed the laser based on that experience.

Patients mistakenly think that all laser vision correction surgeons track their data. Unfortunately that is not true. Why not? Because it is expensive to pay for staff and doctor time to see your own patients in follow-up, and then enter all that data in a proprietary program so you can track outcomes.

### **12. Do you collect and track data from your laser vision correction patients?**

Yes. Please see question 11 above.

### **13. What safety measures do you take?**

The first measure we take is to use the finest equipment possible to insure each patient's candidacy for laser vision correction as detailed in questions 15. For surgery, we use only what we feel is the finest equipment available, the German engineered Hansatome Microkeratome, IntraLase and the Visx Star S4 IR Laser.

Safety for our patients is our number one priority. I often say, "If the procedure is not safe for you, you don't want to have it." That is why we do our pre-operative measurements so carefully. We check and double-check everything. In surgery we have a series of procedural steps which we compulsively follow to assure that the calculations we use are the very best for your eyes. We test run the laser, the microkeratome and IntraLase and calibrate them individually before each eye we treat.

We have a backup power supply in case of electrical fluctuation. Everything we do is done to insure safe, predictable outcomes for our patients.

#### **14. Do you do the follow-up exams?**

We as your surgeons insist on doing the follow-up exams on our patients at the one day and one week visits. The exception is for patients from outside the area. In some cases, we work with outlying doctors who we know are well trained to do the early post-op visits. The remainder of the follow-up visits are mostly done to monitor your healing progress and for data collection. Some of these visits are with other doctors on our staff here at Griffin and Reed Eye Care.

#### **15. What technology do you use for surgery?**

Prior to surgery during the initial evaluation, each patient is scanned on our Pentacam. In order to proceed to surgery, the Pentacam must confirm our measurements and findings during the evaluation for absolute safety.

Safety for our patients is our first priority when it comes to laser vision correction. Not only must the health of the eyes and the patient be considered, but some critical standards of eligibility must be met. Testing of the eyes with scans and devices not normally used in routine eye exams help to include or exclude persons seeking laser eye surgery to make it the safest possible choice for each patient. Since laser vision correction is done on the cornea, the health and integrity of that part of the eye is critical for safe and predictable outcomes. Previously, doctors only had scans such as corneal topography as a method of measuring elevations, irregularities and curvature of the cornea. These topography scans are capable of showing possible problem areas, but are limited to a view of the front surface of the cornea only. Subtle abnormalities of the back, or posterior surface of the cornea are impossible to measure with conventional instruments. These subtle abnormalities of the back side of the cornea are often responsible for unpredictable and sometimes very poor visual outcomes after laser eye surgery.

Devices such as the Orbscan I and II have been around for several years and give some indication of the posterior corneal surface, but often underestimate or overestimate true corneal contours and curvatures that are critical to surgeons advising patients seeking laser eye surgery. The lack of measurements that are repeatable and absolute has been a source of frustration to many laser eye surgeons. At times patients were told they were not candidates based on incorrect information, and even more critical, sometimes patients underwent LASIK surgery that probably should not have had surgery due to unreliable measurements. Then the Oculus Company out of Germany developed the Pentacam.

What is a Pentacam? In our opinion the Pentacam is a critical diagnostic tool for laser eye surgeons. It utilizes a sophisticated Scheimpflug camera system that scans the anterior eye (cornea, anterior chamber, iris, and lens) and takes up to 25,000 measured data points in a scan time of 2 seconds per eye. From all this data a 3D model of the eye is constructed that can be viewed and analyzed by the doctor. The data collected allows us to view the eye from 25 different angles with a three dimensional analysis of all the structures mentioned above. Most importantly for potential laser vision correction

patients it allows us to have a precise elevation map of the back surface of the cornea unparalleled by any previous technology. This information helps us to make sure the recommendations we make for laser vision correction will be as safe as possible. The 3D capability of the image allows us to see if lens implants for very near or farsighted patients might be a better option than laser surgery. We can also grade the level of cataract development in the lens of the eye and follow its progress with serial scans. For patients who have undergone previous laser vision correction who are now or at some time in the future will be in need of cataract surgery, we are able to more accurately calculate the lens implant replacement power with the true corneal curvature measurements (keratometry readings) that are provided by the Pentacam.

In addition some corneal conditions such as keratoconus, pellucid degeneration, or corneal ectasia can be monitored for stability or progression with the Pentacam. This allows us to help these patients with the best contact lens or other vision correction option for their particular need.

Our enthusiasm for the potential uses of the Pentacam sometimes leads us to get carried away. Put quite simply, every patient we see who is contemplating laser eye surgery or lens replacement surgery is scanned with the Pentacam. That way we are able to provide the safest and most accurate treatment choices for those who put their trust in us. In our opinion there is no instrument that is more detailed, accurate, and helpful as a diagnostic device in determining a patient's candidacy for laser vision correction as is the Pentacam. Our office is the first in the greater Sacramento area to offer our patients the benefits of the Pentacam.

The technology we use for the actual laser procedure consists of the Visx Star S4 IR Laser, Hansatome Microkeratome and IntraLase as mentioned in questions 5, 6 and 8. Our specific laser has the Visx exclusive Iris Registration and tracking modules for the most accurate eye tracking during laser surgery possible. We always have the latest version of the Visx Laser. It is constantly serviced and maintained to keep it in pristine working order.

We use the German engineered Hansatome Microkeratome or IntraLase for creation of the flap during LASIK surgery. Our doctors feel that though more expensive than many other methods in use the Hansatome and IntraLase offers our patients the safest possible way to make a flap for LASIK surgery. We also employ the CustomVue Wavefront measurement system for determining the unique imperfections (high order aberrations) peculiar to each individual eye. We also use the Marco Wavefront Aberrometer for comparison with our Visx system. We also use many other diagnostic tools and measuring instruments to evaluate our patients that are too numerous to mention here.

#### **16. Am I a good candidate for laser vision correction and how does your evaluation differ from other evaluations?**

To answer the first part of that question adequately, we start with a free, initial consultation here in our office with the surgeon of your choice. At this appointment, we

will perform a series of diagnostic tests to ensure your candidacy for laser vision correction. We will also see you for additional preoperative appointments before surgery. Over the course of these visits, your eyes will be scanned by several diagnostic instruments and our doctors will perform a dilated retinal examination to assess your ocular health. Also, we will perform our exclusive Pentacam scan (detailed in question #15) and your surgeon will review the results with you. Consideration will be given to how you use your eyes in a typical workday, what your visual needs are in your leisure time and most importantly, what you hope to gain from laser vision correction. Until we get to know you and your unique life needs, any answer is inadequate.

In regard to other evaluations, they all differ. They are usually done by a technician or staff member and sometimes by an Optometrist. At most high volume centers, you don't meet your surgeon until minutes before your actual surgery (detailed in question #2). Many patients tell me they have been told they are good candidates for surgery at some other center. Often that candidacy is based on their ability to pay for the surgery, not whether it is the best option for them in order to better their life.

Our comprehensive consultation and preoperative appointments will include some familiar tests: refraction, pupil exam, eye motility exam, confrontational visual field, slit lamp exam, intraocular pressure, and dilation. However, there are additional examinations that are routinely done in our Sacramento practice for potential laser vision correction patients. They include the Pentacam scan, corneal thickness measurements, corneal curvature measurements using sophisticated corneal and eye mapping devices, WaveScan analysis of individually unique abnormalities in vision using both the Visx CustomVue system as well as the Marco Wavefront analyzer. All this data is gathered and analyzed during your preoperative visits with us. The data is then carefully correlated with a comprehensive history of how you use your eyes during a typical day. We also determine what your visual needs are during relaxation and recreational times as well as what your visual expectations are from laser vision correction. All that information is then evaluated in a personal consultation with your surgeon, who together with your input will use their expertise to advise you if laser vision correction is right for your eyes and your needs.

The collection of data usually requires a surgery patient to return to our office for more than one visit to compare data from the various tests until the most accurate repeatable data has been gathered. Then and only then can an accurate calculation be performed and an individual program be designed to correct your vision. Anything less is nothing more than generic laser vision correction surgery also known as "plug and play" laser vision correction.

The expertise to program the excimer laser most accurately for any given patient not only comes from all the testing, interviewing and counseling together, but finally is based on years of data collection that Griffin and Reed Eye Care has compiled for the thousands of patients we have treated. We track all our patients' postoperative results and have always insisted on doing so. The need for carefully tracking patient results was evident after watching the evolution of laser vision correction outcomes. In the late 1980's and early

1990's, the surgery outcomes in Europe, Great Britain, and Canada were generally quite poor. As visual outcomes became better, it was very clear that surgeons who achieved outstanding visual results for their patients were those who gathered data as methodically as possible and then did careful follow-up and correlation of their patients' visual outcomes one by one. If you wanted to help your patients achieve the best possible visual outcomes it was apparent that you had to see them in follow-up and, most importantly, continue to hone the programming of the laser based on that ongoing experience. Having patients come in for follow-up exams and tracking data is expensive and time consuming, but that is the only way to know for sure that those who trust us are seeing the way they should. That is why high numbers of eyes treated without continuity of follow-up and patient care speaks more to running a laser vision correction surgery mill than a medical practice.

We have seen a number of laser vision correction surgeons, surgery mills, and corporate chains come and go. We will see more come and go. Often these chains will even hire the surgeon from a corporate chain that previously failed in the area. There will be more bait and switch pricing schemes, more tier pricing where every little thing costs more. There will be more "closers" trying to find a trusting patient's "price point" for laser vision correction surgery. There will be more phony lifetime guarantees and cleverly disguised disclaimers, also known as the "20/40 or 20/30 waiver" (see question 4). There will be more people trying to commoditize laser vision correction surgery. Remember, you're not buying a TV. If you don't like the picture, you can't return the eyes.

### **17. What are the complications involved with laser vision correction?**

Our consent form lists every complication we have ever read about in the world's literature for laser vision correction surgery. As a result reading it is a somewhat intimidating experience. The reason for such horrific documents is so we can obtain malpractice insurance coverage in California. Those who know the practice of medicine from the inside know that the risks and outcomes of surgery vary significantly depending on who does the surgery and how they do it.

The risks that I worry about most with LASIK patients involve the risk of them "tweaking" their flap in the first 18 hours after surgery. A slight wrinkle in the flap can cause a decrease in vision. This is repairable in most cases, but delays good visual recovery. We also watch closely for infection or inflammation after surgery. Our experience is that these issues show up very rarely, (one in 2-3000) but are much easier to treat when caught early. That is why we insist on seeing you ourselves the day after surgery. Patients are placed on eye drops to control those problems. Usually infection or inflammation is seen very early, and the one day and one week follow-up visits further insure that you will be monitored for and promptly treated for those problems.

Additional complications can arise for patients if they elect to have surgery at another center if they do not use the Visx Star S4 IR Laser, German engineered Hansatome Microkeratome or IntraLase as mentioned earlier in questions 6, 8 and 15.

### **18. What steps do you take to minimize risk?**

Everything we do is designed to minimize risk and maximize benefit or outcome. We insist on treating the laser vision correction surgery area as a sterile operating facility. The staff wears masks and gloves as well as surgical scrubs. Since infection and inflammation are much less likely to occur with sterile conditions, we observe sterile protocol in surgery. In some facilities, the surgeon and staff dress in street clothes or don't use gloves and masks. Tours are even given of the surgery suite. We think that only increases the risk of contamination and exposure to the patients. Our entire focus is based on making laser vision correction surgery as risk free as possible.

### **19. Are you currently involved in litigation?**

A professor of medicine once told me, "If you don't want to deal with litigation, then don't practice medicine." I don't know any doctor who has never been sued. We are not currently involved with any litigation. However, we have been sued in the past and will probably be sued in the future. Unfortunately the right to bring a civil suit against a doctor does not require any reasonable justification and with the vast number of people we see with all types of personalities, it is to be expected. No judgment has ever been found against us.

### **20. What qualifies a patient for Custom LASIK?**

Custom (WavePrint) laser vision correction and its application using sophisticated iris tracking is the latest advance in laser vision correction. Besides being nearsighted, farsighted and astigmatic in various combinations we all have some unique imperfections in the way our eyes bend light. No two eyes or patients have the same unique imperfections. That is why these unique imperfections, or Wavefront abnormalities as they are known, have come to define what we call the "fingerprint" of your eye. CustomVue or Wavefront treatment allows us to not only treat the things glasses and contact lenses correct, but also these unique abnormalities. Every patient we see has a WaveScan analysis with both the Visx and Marco Wavefront machines. We then carefully evaluate the type and amount of these imperfections with each patient and make recommendations as to whether custom laser vision correction is appropriate for each individual.

Many surgeons tell all their patients they need the more expensive Custom or Wavefront treatment when truthfully they don't. The reason they tell patients they need to have custom laser vision correction is to reduce their retreatment rate. When surgery is performed in the, "plug and play", manner (see question #7 for more information on "plug and play") the probability of achieving 20/25 or better vision is around 65%-75%. That percentage increases up to about 85-90% with custom laser vision correction. Patients are essentially paying more to reduce the surgeon's retreatment rates if they use, "plug and play". We have found that approximately 25% of nearsighted and astigmatic patients need custom laser vision correction. We explain every option in full detail to each of our patients. The benefits of custom laser correction are slightly higher in

farsighted/astigmatic patients. We don't feel that you should have to pay more for custom laser vision correction unless it is medically beneficial.

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For additional information on our 20/20 vision or your money back program, I invite you to contact our LASIK department at 485-2020. We don't offer games or gimmicks nor do we participate in bait and switch methods of other laser vision correction providers. We truly desire to offer our patients the absolute best possible experience.

Additional information is located on our website, [lasikworld.com](http://lasikworld.com) in regard to long term financing as well as same as cash options through Wells Fargo. You can even apply online through [lasikworld.com](http://lasikworld.com).

There may be additional questions you have in regard to laser vision correction. We also invite you to visit our practice for one of our informative seminars or watch one online at [lasikworld.com](http://lasikworld.com). We are a medical practice with decades of established roots in Northern California. We will be right here for many, many years down the road. Trust that we understand your concerns and will treat you like family.

Thank you for your trust.  
Sincerely,



Brent Reed, M.D.

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