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Service (sector) Refractive Surgery Nº CEP

Retreating refractive errors after excimer surgery of the cornea: Wavefront guided versus Standard laser in situ keratomileusis

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Purpose: To evaluate the 6-month refractive outcomes of wavefront-guided LASIK (Zyoptix, Bausch & Lomb) versus standard LASIK (PlanoScan, Bausch & Lomb) in retreatment of primary LASIK. Methods: In a prospective randomized study, 16 patients had retreatment using Zyoptix LASIK in 1 eye and PlanoScan LASIK in the contralateral eve. The mean patient age was 33 ± 7.6 (SD) years and the mean preoperative spherical equivalent (SE) was - 1.36 ± 0.90 for Zyoptix and -1.34 ± 0.69 for PlanoScan group. Wavefront analysis was achieved with a Hartmann-Shack aberrometer (Zywave) and surgeries were performed with the Technolas 217z excimer laser system (Bausch & Lomb). The clinical outcomes of retreatment were evaluated in terms of visual acuity, manifest refraction, contrast sensitivity and ocular aberrations. Results: At 6 months, mean SE was 0.02 ± 0.33 for Zyoptix and -0.24 ± 0.28 for PlanoScan group (p=.02). In the Zyoptix group, 100% had a UCVA ³ 20/20, 75% ³ 20/15 and 25% of 20/12.5 and in the PlanoScan group, 93.8% 3 20/20, 56,3% 3 20/15 and 6,3% of 20/12.5. An SE of \pm 0.50 D was achieved by 93,8% and 81,3% in the Zyoptix group and PlanoScan group, respectively and all patients had an SE ± 1.00 D. No Zyoptix patients had lost lines of BSCVA, 31,3% gained 1 line and 18.8% 2 lines, while 6.3% of PlanoScan patients lost 1 line, and 50 % gained 1 line. Contrast sensitivity improved significantly at 3, 6 and 18 cycles/degree in the Zyoptix group (p<.01) and at 6 cycles/degree in the PlanoScan group (p<.05).Zyoptix ablation was more effective in the correction of defocus, coma, third order and total order aberrations than Planoscan group(p<.01). Conclusions: Wavefrontquided LASIK with Zyoptix had superior refractive outcomes and better correction of ocular aberrations than standard LASIK with PlanoScan in retreatment of refractive errors after primary LASIK.