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Service (sector) Cornea and External DiseaseN° CEP

PG  Estagiário  Tecnólogo

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### **Intraocular pressure's analyses after corneal photoablation by lasik and lasek.**

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#### **BIOGRAPHY REFERENCES**

ARGUS,WA.Ocular hypertension and central corneal thickness. Ophthalmol 1995;102:1810-2. HELERS, N ; Bramsen, T ; Sperling , S – Aplanation tonometry and central corneal thickness.Acta Ophthalmologia,1975;53:34-43. SHIELDS,M.B., Non-contact tonometer . Its value and limitation.Surv.Ophthal , 1980 , 24:211-219. VERNON,S.A , Non-contact tonometry in the postoperative eye . Br. J. Ophthal , 1989 ; 73:247-249. WITTENBERG, S & GREEN,M.K. ; the effect of tears on intraocular pressure and measured with the TNC.Inv.Ophthal,1976;15:139-142.

**PURPOSE : The conduct's study of the intraocular pressure in postoperative patients submitted to lasik and lasek at myopy's treatment.**

It will be done a comparative study of the pre and postoperative's intraocular pressure between lasik and lasek; and correlate it to initial and final pachimetry. The study's purpose of this , is to analyse the intraocular pressure's conduct on patients's post operative that were operated by lasik and lasek , and attempt to correlate the influence or not of the ring's suction with the corneal thickness. **METHODS**: It will be analysed 60 eyes of myopes patients aged over twenty years and above forty years. The graduations will be limited between 1.00 and 6.00 dp. All patients will be submitted to a complete ophthalmic preoperative examination, witch beyond general examination it will include as: central pachimetryl, computerized ceratoscopy , aplanation tonometry of contac and non-contact. It will be realized 30 lasiks proceedings ( ceratomilensis in situ + Excimer laser) and 30 laseks proceedings ( fotoablation with excimer laser post epileptic repelling) . At preoperative will be realized a general ophthalmic examination , static refraction and a detailed anterior biomicroscopy. All surgeries will be realized by the same surgeon, following a defined thecnic and making use of the described equipments. The pachimetry and the aplanation tonometry

of contact and non-contact will be done following times: preoperative, at the 30th and 60th days after the surgery. All the examination will be done by the same equipment and operator, as well as on the same place. It will be attempted to form groups with similar characteristics, without forgetting the differences of age, sex, race, eye's color, graduation, corneal thickness and cornea's curvature.

***RESULTS*** :As suggested before, these cases will be statistically analyzed and faced to the pertinent literature.

The data must be retained under an excel report and under a Epi Info 6.0's statistical analysis.

***CONCLUSIONS*** :It's known that the tonometry value's reduction in postoperative exists, in such case we will attempt to correlate with the corneal thickness reduction.

We also want to verify if exist high pressure's influence exercised by the microceratome's suction ring into the intraocular pressure values at the postoperative, comparing lasik, which suffer the microceratome's action; with lasek where the ablation is done by reducing the cornea's thickness without previous suction suffering at the eyeball.