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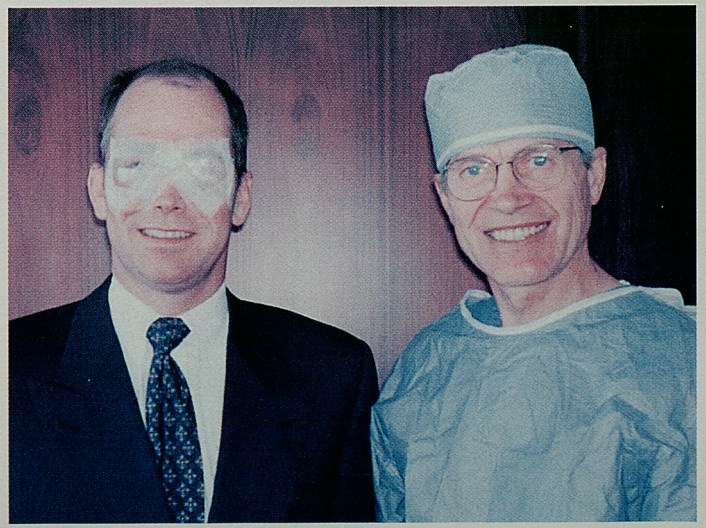
LASIK tables turned as doctor has surgery



Refractive surgeon Robert Maloney, MD, (left) wore eye patches for a short time after Howard Gimbel, MD, performed LASIK on him at the Gimbel Eye Centre in Calgary, Alberta, Canada. (Photo courtesy of Gimbel Eye Centre)

By CHERYL GUTTMAN

Reviewed by Robert Maloney, MD, and Howard Gimbel, MD

LOS ANGELES—The surgery was a success and the "doctor" is doing fine, reported **Howard Gimbel, MD,** after he performed LASIK on colleague **Robert K. Maloney, MD.**

In an exclusive interview with Ophthalmology **Times**, Drs. Maloney and Gimbel recounted their experience in what is one of the first LASIK procedures performed on a refractive surgeon in North America.

Having been involved with excimer

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Doctor opts for surgery

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laser refractive surgery since 1992, Dr. Maloney is intimately familiar with the risks and benefits of PRK and LASIK.

"Although I was successfully wearing disposable soft contact lenses to correct my 5 D of myopia, there were several reasons why I felt I should have the surgery," said Dr. Maloney, director, UCLA Laser Refractive Center, Jules Stein Eye Institute, Los Angeles.

"First, I knew how safe these procedures are in the hands of a good surgeon. Second, I was well aware how ecstatic my own patients were with the quality of their postoperative vision," he said. "The most convincing argument to me, however, was that I could think of no reasons why I should continue with less than optimal vision."

He picked LASIK over PRK because he believed LASIK would provide him with the best possible quality of vision, an important consideration for any patient, but particularly critical for an ophthalmic surgeon.

"PRK is appealing because you don't have to worry about the flap, but flap complications can usually be readily managed. In contrast, there is a considerable risk of haze when PRK is performed for corrections within my range of myopia, and that complication can be difficult to treat," he said.

"Furthermore, according to my research, LASIK is associated with a lower loss of best corrected visual acuity than PRK among patients with greater than 6 D of myopia. I expect that the same thing will be found when data from lower myopes is examined," he said.

Dr. Maloney applied several criteria to selecting a surgeon. Having performed more than 1,000 LASIK procedures himself, he knew that there is a significant surgeon learning curve and he wanted someone who had sufficient experience. He also sought someone who pays fastidious attention to detail and is attentive to his own results.

"There are a lot of high volume refractive surgeons, but not all of them look back and analyze their outcomes with the aim of improving their results in the future," Dr. Maloney said.

While Dr. Gimbel, medical director of Gimbel Eye Centre and clinical assistant professor of ophthalmology, University of Calgary, Alberta, Canada, was Dr. Maloney's ultimate choice, several surgeons met his standards and he said he would have been confident with any of them.

Dr. Maloney's surgical day began at 7:45 a.m. with preoperative assessments. He observed surgeries until noon, when it was time for his own procedure.

Dr. Gimbel, who has removed cataracts from a good number of cataract surgeons and has done a refractive lensectomy with lens implantation in an ophthalmologist, said that he did not have anxiety about operating on Dr. Maloney. While he noted feeling a bit strange about a colleague becoming a patient, his pervasive feeling was one of honor at being selected by Dr. Maloney.

The bilateral surgery was performed with an automated microkeratome (Automated Corneal Shaper, Chiron) and a scanning slit delivery excimer laser (Nidek EC5000). It lasted 20 minutes and was followed by lunch and a few hours of observing surgery. Then, Dr. Maloney flew back to Los Angeles, and although he warns against it for his own patients, drove himself home from the airport—without experiencing any glare.

"The procedure was much easier than I expected. I was surprised at how much I was able to see of what was going on during the surgery," he said.

Postoperatively, his vision was "slightly foggy" at first and he had to wear sunglasses because of light sensitivity, but Dr. Maloney said he was able to see immediately after the surgery.

"The next morning, it was a thrill to be able to see clearly without correction across the yard and inside the shower," he said.

In the office on postop day 1, his uncorrected visual acuity was 20/15 in his right eye and 20/20 in his left eye. Distance and reading vision were perfect.

Dr. Maloney noted that the procedure was completely painless. Although mild irritation was present for about 4 to 5 hours after surgery, he has been completely comfortable except for some ocular dryness at night.

"As force of habit, my first reaction has been that it is time to take out my contact lenses, but then I remember that those days are over," he said.

Dr. Maloney's decision to undergo LASIK serves as a strong endorsement for the procedure, Dr. Gimbel said.

"For candidates considering this surgery, the fact that the surgeon has been a patient as well instills confidence about its safety and benefits," he said.

LASIK is Dr. Gimbel's favored refractive surgery technique for treating myopia, hyperopia, and astigmatism.

"Even though I am able to perform PRK with the scanning slit laser which greatly minimizes the risk of haze as compared to the broad beam devices used in the United States, LASIK appears to offer an important benefit of more rapid recovery and stabilization of vision," he said.

Dr. Gimbel is analyzing the results of a randomized, prospective study comparing PRK and LASIK for myopic corrections of 4 to 10 D to confirm or refute his clinical impressions about the relative efficacy of the techniques.