While your ophthalmologist is using the laser, you will hear a clicking sound. After reshaping the cornea, your eye surgeon folds the flap back down into position and smooths the edges. The flap attaches on its own in 2–3 minutes, where it will heal in place.

**After LASIK**

The ophthalmologist may place a see-through shield over your eye or ask you to wear a shield while sleeping for a few days. This is to help protect your eye while it heals.

You should plan to go home and take a nap or just relax after the surgery. For a few hours, your eyes may feel scratchy or feel like they are burning. You will be given special eye drops to reduce dryness and help your eye heal.

**What are the risks of LASIK?**

Like any surgery, LASIK carries risks of problems or complications you should consider:

Some people have side effects after LASIK that usually go away over time. However, in rare cases, they may not go away. For example, almost everyone who has LASIK will have dry eyes and changing vision during the day. These symptoms usually fade within a month. For some people, though, they may take longer to disappear or they may remain.

Other side effects, either temporary or permanent, could include:

- eye pain or discomfort
- halos, foggy or blurry vision
- scratchy eye
- glare
- hazy, foggy or blurry vision
- a small pink or red patch of blood on the white of the eye that goes away

Other rare risks include:

- eye infection
- some vision worse than before LASIK, even with glasses or contacts (called loss of best-corrected vision)

Also, with LASIK, your vision may end up being undercorrected or overcorrected. These problems often can be improved with glasses, contact lenses, or additional laser surgery.

If you are happy wearing contacts or glasses, you may not want to have refractive surgery. Together, you and your ophthalmologist can weigh the risks and rewards of LASIK.

**Vision after LASIK**

About 9 out of 10 people (90%) who have LASIK end up with vision between 20/20 and 20/40—without glasses or contact lenses. It is important to know that LASIK cannot correct presbyopia (the normal, age-related loss of close-up vision). With or without refractive surgery, almost everyone over age 40 will need reading glasses, even after LASIK. To help with presbyopia, some people have LASIK to achieve monovision. This allows them to use one eye for close vision and the other for seeing distant objects clearly.

With LASIK, people can do most of their everyday tasks without corrective lenses. However, you might need to wear glasses for certain activities, such as reading or driving at night.

Your ophthalmologist will thoroughly examine your eyes to make sure you are a good candidate for LASIK. You and your ophthalmologist will also discuss the risks and rewards of this refractive procedure.

If you have any questions about your eyes or your vision, speak with your ophthalmologist. They are committed to protecting your sight.
What is LASIK?

LASIK is a type of refractive surgery. This kind of surgery uses a laser to treat vision problems caused by refractive errors. You have a refractive error when your eye does not reflect (bend) light properly.

For you to see clearly, light rays must travel through your cornea and lens. The cornea and lens reflect the light so it lands on the retina. The retina turns light into signals that travel to your brain and become images. With refractive errors, the shape of your cornea or lens keeps light from bending properly. When light is not focused on the retina as it should be, your vision is blurry.

Who is a good candidate for LASIK?

To have LASIK surgery, you need to meet certain requirements. Here are some of them:

- You should be 18 years or older (ideally, over 21 years old), when vision is more likely to have stopped changing.
- Your eye prescription should not have changed much in the last year.
- Your refractive error must be one that can be treated with LASIK.
- Your corneas need to be thick enough and healthy, and your overall eye health must be generally good.
- You need to have realistic expectations about what LASIK can and cannot do.

Some people are not candidates for LASIK.

- You need to have realistic expectations about what LASIK can and cannot do.
- You have keratoconus (cone-shaped cornea) or corneal scars or disease.
- You have severe dry eye.
- You have severe eye conditions like keratoconus (cone-shaped cornea) or advanced glaucoma.
- You have a cabinet affecting vision.
- You have a history of having certain eye infections.
- You have diabetes that is not controlled well.
- You are pregnant or nursing women.
- You have a systemic disease like uncontrolled diabetes or high blood pressure.
- You have severe eye conditions like keratoconus (cone-shaped cornea) or advanced glaucoma.

With LASIK, your ophthalmologist uses a laser to change the shape of your cornea. This is how your eye focuses light on the retina. LASIK is used to treat nearsightedness (myopia), farsightedness (hyperopia), and astigmatism.

The goal of LASIK is to correct your refractive error to improve your vision. LASIK may reduce your need for eyeglasses or contact lenses. In some cases, it may even allow you to do without them completely.

What to expect with LASIK

Before surgery: You and your ophthalmologist discuss your vision needs based on your lifestyle. For example, if you play sports, you might need to wear corrective lenses. However, you might need to wear glasses for certain activities, such as driving or reading at night.

Test your vision. This is to make sure that your vision has not changed. It also shows whether your refractive error is and whether LASIK can be used to correct your vision.

Check for other eye problems. Your ophthalmologist will check for other eye problems that could affect your vision or LASIK. They will also check for other problems worse. For example, if you have dry eyes, you might be worse after LASIK.

Measure and map the surface of your cornea. Your ophthalmologist will check the thickness of your cornea and make precise measurements of the cornea's surface. Your eye surgeon uses this information to program the computer-based laser used during surgery.

LASIK is done in an outpatient surgery center or your ophthalmologist's office. Your eye surgeon uses local anesthesia to numb your eye. Here is what to expect:

- You will be asked to stare at a target while your eye is relaxed. The laser is programmed with measurements for your cornea.
- Your eye will be numbed with eye drops. Your eye surgeon will place an eyelid speculum to hold your eye open. You will feel pressure like a finger pressing on your eyelid. At this point, your vision will go dim or black.
- Your eye will be numbed with eye drops. Your ophthalmologist will make sure that you do not have eye problems in your other eye. They will also check for other problems before. For example, if you have dry eyes, you might be worse after LASIK.
- You will be asked to stare at a target and focus on it. Your eye will be numbed with eye drops. Your ophthalmologist then reshapes your corneas to achieve perfect vision without glasses or contacts run the risk of being disappointed. LASIK allows people to do more of their everyday tasks efficiently and correctly. After LASIK, you might need to wear glasses for sports activities, such as reading or driving at night.

Your ophthalmologist may examine your eyes and make sure you are a candidate for LASIK. Here is how he or she will do:

- Your eye surgeon will place an eyelid speculum to hold your eye open.
- Your eye is relaxed. The laser is programmed with measurements for your cornea.
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What to expect with LASIK

After surgery: Your eye surgeon will examine your eye and make sure you are a candidate for LASIK. Here is how he or she will do:

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Field of view (angle of sight) is improved after LASIK. People who have LASIK to achieve perfect vision without glasses or contacts run the risk of being disappointed. LASIK allows people to do more of their everyday tasks efficiently and correctly. After LASIK, you might need to wear glasses for sports activities, such as reading or driving at night.

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