

## WARFIGHTER REFRACTIVE EYE SURGERY PROGRAM

Military personnel perform their duties in a variety of operational environments that may not be the ideal situations for the wear of eyeglasses or contact lens. For example, head gear, NBC gear, high altitude "G" forces, salt spray, night vision goggles, and sand affect the visual performance of soldiers who wear eyeglasses and contact lenses. This is a readiness issue.

For this reason, the Department of Defense has approved the Warfighter Refractive Eye Surgery Program.

Refractive eye surgery is a state-of-the-art medical resource that enhances military readiness. Corrective eye surgery that improves vision has been shown to improve a service member's confidence and effectiveness.

Because demand for the procedure far exceeds refractive eye surgery resources, the Chief of Staff of the Army directed that major unit commanders prioritize soldiers according to defined operational readiness guidelines.

All surgical procedures involve risks, and therefore it should be understood that this program is completely voluntary and no one may be coerced into having surgery due to the "needs of the service" or to fill a unit quota.

### AM I ELIGIBLE FOR REFRACTIVE SURGERY?

#### Landstuhl Regional Medical Center Guidelines for Eligibility

- Soldiers with at least 18 months remaining on active duty at the time of surgery or in conjunction with an executed reenlistment action are eligible.
- No scheduled deployments within 3 months of surgery.
- At least 18 months left on active duty from date of surgery.

#### ➤ REFRACTIVE LIMITS

- - Myopia: -0.75D to -12.00D SE
  - Hyperopia: +0.75D to +3.00D SE
  - Astigmatism: no more than 4.00D
- There can be no more than a 0.5D shift in refractive error over the past year
- SYSTEMIC AND OCULAR CONDITIONS THAT ARE DISQUALIFYING:
  1. Autoimmune Diseases
  2. Immunodeficiency Diseases (AIDS/HIV on meds)
  3. Pregnancy/Nursing
  4. Diabetes
  5. Keloid formers are OK
  6. History of Herpetic Eye Disease

7. Keratoconus
8. Ocular Rosacea
9. Severe Dry Eye Disease
10. Glaucoma; Pigment Disp Syndrome is not DQ if pt is not on meds and shows no signs of glaucoma
11. Visual Axis Corneal Scars
12. Uncontrolled vascular disease
13. Uncontrolled diabetes
14. Insulin dependent diabetes

➤ MEDS THAT ARE DISQUALIFYING:

1. Imitrex: must be off medications for 1 month
  2. Accutane: must be off medications for 6 months
  3. Amiodarone (high blood pressure medication)
  4. TB Meds (INH): INH course must be finished
  5. Prednisone
  6. Any immunosuppressive drug
- Selected personnel should have at least 12 months remaining in the same unit or similar unit and have no adverse personnel actions pending.
- Selected soldiers will be removed from the waiting list should their circumstances change causing them not to meet all the guidelines
- Family members and retirees are not authorized treatment under this program.

### **DOD PRIORITIES**

#### **HOW MAJOR COMMANDS DETERMINE PRIORITY FOR EYE SURGERY**

**Priority 1** - Special operations and combat arms units such as Infantry, Field Artillery, and Armor battalions and Soldiers assigned to a unit whose mission involves operations at the time of battle or behind hostile lines have first priority. Military personnel who perform mission critical duties during combat for whom the loss or destruction of spectacles would unquestionably and unacceptably diminish their performance and the unit's capability to perform its combat mission are considered priority one (MOS's: 11, 12, 13, 14, 18, 19, 21, 51 and 88).

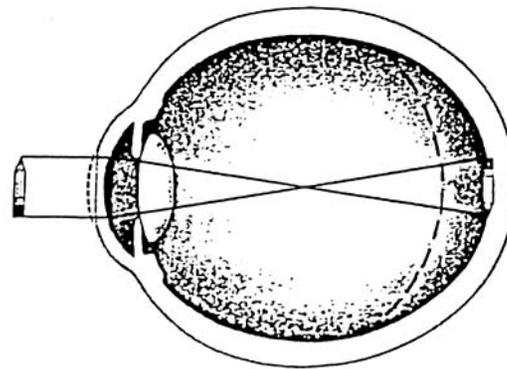
**Priority 2** - Combat Service Support unit personnel in present assignments in a division or separate brigade have second priority. Military personnel who perform duties not considered mission critical but whose combat duties are of such importance that were their glasses lost or destroyed, their diminished performance would likely interfere with the unit's ability to perform its combat mission are priority 2.

**Priority 3** - Personnel whose military duties do not typically expose them to extreme physical environments, but there is a reasonable expectation that the member may periodically perform duties that meet the criteria for priority 2. Other active duty service members when space is available.

### The Surgical Options Offered At Landstuhl Regional Medical Center:

**INTRALASE:** LRMC now offer IntraLase – a state of the art femtosecond laser used to create the corneal flap. The IntraLase Method uses tiny, rapid pulses of laser light to create the corneal flap—instead of using a metal blade—during the first step of LASIK. The IntraLase laser moves back and forth across the eye, creating a uniform layer of bubbles just beneath the corneal surface. Just prior to applying laser vision correction, the doctor creates the corneal flap by gently separating the tissue where these bubbles have formed. The corneal flap is then folded back so the doctor can perform the second step of the LASIK treatment.

**Photorefractive Keratectomy (PRK):** PRK is a non-reversible surgical procedure in which the surgeon uses a laser to remove micro-thin layers of tissue from the cornea. The tissue is removed in a controlled pattern programmed into the computer by the surgeon.

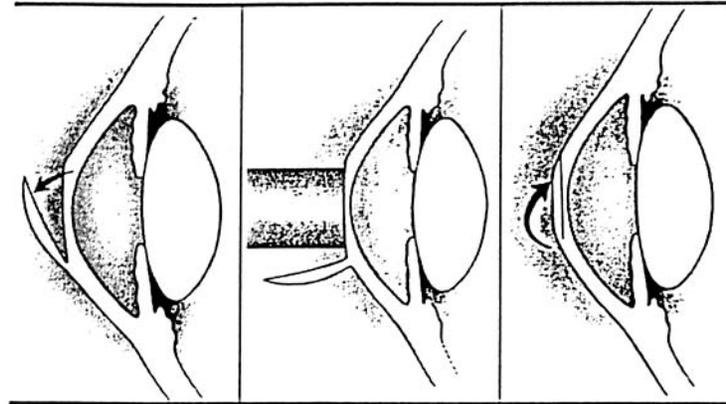


*PRK flattens the central cornea  
to reduce myopia*

When treating myopia, or nearsightedness, the surgeon uses the laser to flatten the corneal surface in a circular pattern. In comparison, when treating astigmatism, the laser is programmed to remove tissue in an elliptical pattern, selectively reshaping some portions of the cornea to form a smooth symmetrical surface. This procedure requires precise evaluation of the astigmatism so that the correct amounts of the laser energy are delivered to the appropriate areas of the cornea.

**Laser In Situ Keratomileusis (LASIK):** LASIK is a non-reversible combined microsurgical and excimer laser procedure used to correct myopia, hyperopia and astigmatism. In LASIK, a highly specialized instrument, the **microkeratome**, or a separate laser from the excimer laser called a femtosecond laser is used to make a thin flap in the cornea. The excimer laser is applied beneath the corneal flap. The flap is then replaced and allowed to heal. No stitches are necessary. **The structural strength of the cornea is somewhat permanently weakened by this procedure, and with trauma, the flap may be dislodged at any time after the procedure.**

## LASIK:



*Corneal tissue flap is lifted (left); laser sculpts exposed surface of cornea (center); tissue flap is replaced (right)*

Refractive Surgery: Complications and side effects: It is very important to understand that there are risks and potential complications with any surgical procedure. While the U.S. Food and Drug Administration has determined that LASIK and PRK are safe and effective procedures, there are inherent risks to each procedure. The risk of having a visually-significant complication is less than 1%. Some of the potential complications are listed below:

- Flap complication (LASIK) to include striae (wrinkles), irregular astigmatism, epithelial abrasion, irregular flap, and flap slippage
- Scarring, Haze, or epithelial in-growth which may require more surgery
- Loss of best vision
- Decrease in contrast sensitivity
- Dry eyes
- Inflammation
- Elevated intraocular pressure +/- Glaucoma
- Light sensitivity and glare
- Under- or over-correction; and regression back towards nearsightedness
- Halos
- Temporary discomfort
- Need for reading glasses at an earlier age

- Rare complications include:
- Cataract
- Infection
- Retinal detachment
- Optic nerve damage
- Permanent vision loss

You must read the Informed Consent form which details the risks and possible complications associated with PRK and LASIK, as well as the special military considerations. Read each page in its entirety, initial each page, and sign the last page. Do not sign the form until you feel that you have had all of your questions and concerns addressed to your satisfaction.

### **Which Method is best?**

There is no best method for correcting refractive errors. We, at LRMC, usually suggest PRK over LASIK because it is the least impacted with future trauma and currently provides the fewest limitations for service members. **A dislodged LASIK flap can occur many years after a LASIK procedure, and requires emergency treatment by an experienced ophthalmologist. The personnel and equipment required to treat a flap dislocation are not typically present in forward operating areas. However, the risk of traumatic flap displacement after LASIK is thought to be reduced, but not eliminated, with the use of the femtosecond laser to cut the flap as opposed to a microkeratome.** You should discuss your needs, both military and personal, with your LRMC treatment team to determine the best procedure for you.

### **WHO CAN PERFORM REFRACTIVE SURGERY?**

Ophthalmologists are eye surgeons that perform the refractive surgery procedure. Landstuhl ophthalmologists currently performing refractive surgery are MAJ Mathew Hammond M.D., MAJ Omayayoussef M.D, MAJ Angela Mortland MD and Dr Todd Hess MD.

### **WHO WILL BE INVOLVED IN YOUR SURGICAL CARE?**

Optometrists are specialists in the treatment of eye and vision disorders and may participate in preoperative and postoperative laser surgery care. If you are stationed in Europe your first step towards refractive surgery should be a routine exam with your local optometrist.

### **CONSIDERATIONS**

LASIK or PRK should not be performed on an individual within a minimum of three weeks after smallpox vaccination. Individuals who are currently taking topical steroid eye drops following LASIK or PRK should not receive the smallpox vaccine until their steroid course is completed.

**Reading glasses will still be necessary for middle-aged and older adults.** Refractive surgery does not alter the aging process of the eye and does not prevent presbyopia. In fact, **you may need reading glasses at a younger age if your near-sightedness is over-corrected by the surgery.**

**Frequently Asked Questions:**

I am a retiree can I have surgery?

**Answer:**

No. This is a mission readiness program for AD personnel only.

**Question:**

I am activated National Guard, how do I get surgery?

**Answer:**

Unfortunately at this time you are unlikely to be eligible for surgery under the Warfighter Program. A basic requirement is that you must have at least 18 months left on your AD tour at the time of your surgery. At the present time the waiting period is approximately 12 months so you would require a minimum of 30 months in AD status.

**Question:**

Do you have a waiting list?

**Answer:**

No we don't have a waiting list. We have a priority list.

**Question:**

I am a priority candidate, how long is the waiting time before I can have surgery?

**Answer:**

The current waiting time is approximately 12 months from the time your application is accepted.

**Question:**

Who has priority?

**Answer:**

You need to be active duty and have one of the following MOS's: 11, 12, 13, 14, 18, 19, 21, 51 and 88. Or you need to be deploying to a hostile environment in support of the Global War on Terrorism

**Question:**

Do National Guard or Reserves have priority?

**Answer:**

No. Guard (full time or part time) and reserves are generally not eligible for surgery under this plan.

**Question:**

I know people who have had surgery with my MOS...why can't I have it?

Answer: Since January 2003 we are limited by the resources we have available to accepting PRIORITY candidates only at the instruction of the Surgeon General, and by our own command.

**Question:**

Do I need to have an eye exam before I apply for refractive surgery?

**Answer:**

Yes you need to visit your Optometry Clinic and have them complete the Refractive Surgery Referral Form vision information.

**Question:**

I am just about to retire and I would like to have surgery before my ETS date. How do I apply?

**Answer:**

Unfortunately the Warfighter Refractive Eye Surgery Program is a mission readiness program and not an entitlement program. You must have a t least 18 months left in AD status at the time of your surgery to be eligible.

**HOW DO I GET CORRECTIVE EYE SURGERY?**

**Contact your local Optometry clinic's to set up a routine eye examination.**

**Your outlying Clinic will contact the:**

**War-fighter Refractive Surgery Clerks at:**

**486-6869/7941/5096 or Fax 486-6193**

## Helpful Refractive Surgery Websites

**DISCLAIMER:** The appearance of external hyperlinks below, does not constitute endorsement by ERM/LRMC of the mentioned Website or the information, products, or services contained therein.  
For other than authorized activities, ERM/LRMC does not exercise any editorial control over the information you may find at these locations.  
All links are provided consistent with the stated purpose of this DOD Web site.  
Please let us know about existing external links which you believe are inappropriate and about specific additional external links which you believe ought to be included.

All-purpose site:

[www.asklasikdocs.com](http://www.asklasikdocs.com)

Federal Drug Administration:

[www.fda.gov/cdrh/lasik](http://www.fda.gov/cdrh/lasik)

Army:

<http://www.wramc.amedd.army.mil/Patients/healthcare/surgery/ophthalmology/refractive/Pages/default.aspx>

Education on various refractive surgery outcomes:

<http://www.visionsurgeryrehab.org/>

Air Force: (Cut and paste into browser window.)

[http://airforcemedicine.afms.mil/idc/groups/public/documents/webcontent/knowledgejunction.hcst?functionalarea=RS\\_USAF&doctype=subpage&docname=CTB\\_070655](http://airforcemedicine.afms.mil/idc/groups/public/documents/webcontent/knowledgejunction.hcst?functionalarea=RS_USAF&doctype=subpage&docname=CTB_070655)

Navy: (Cut and paste into browser window.) [http://www-nmcsd.med.navy.mil/service/services\\_view.cfm?csid=89](http://www-nmcsd.med.navy.mil/service/services_view.cfm?csid=89)