



LASIK Flap-Related Complications

Intraoperative	Early Postoperative	Late Postoperative
	(Days after surgery)	(Weeks to months after surgery)
-Incomplete cut	-Infection	-Flap dislocation
-Perforated lenticule	-Diffuse lamelar keratitis	-Epithelial ingrowth
-Short flap	-Folds	-Stromal melt
-Free cap (absence of hinge)	-Dislodged flaps	-Irregular astigmatism
	-Traumatic flap loss	-Keratectasia
		-Dry eyes
BERI		-Interface fluid syndrome (secondary to steroid-induced intraocular pressure elevation)

Late Traumatic LASIK Flap Lost

- 39-year-old man
- **Preoperative refraction:** -7.50 -0.25 x 42 (OD), and -7.25 -0.50 x 164 (OS), for BCVA of 20/20
- Preoperative ultrasound pachymetry (Orbscan, Bausch & Lomb): 580 (OD) and 575 (OS) microns
- Hansatome microkeratome (Bausch & Lomb): Flaps with a superior hinge
- **Keracor 217 excimer laser** (Bausch & Lomb): Ablation zone of 5.8 mm
- Eleven months post- LASIK: BCVA was 20/20 in both eyes, with -0.50 x 15 (OD), and plano (OS)

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Late Traumatic LASIK Flap Lost

- 3 years and 5 months post-LASIK: OS struck by the finger of a friend while practicing karate
- Decrease in visual acuity, ocular pain, conjunctival hyperemia, LASIK flap could not be found
- Central 8.5 mm of cornea: fluorescein positive
- Pachymetry: 493 microns (optical coherence pachymeter; 4 Optics)
- Treatment: Ofloxacin eye drops and artificial tears solution, three times/day, dexamethasone eye drops, 5 times/day, vitamin C, 1 gram orally/day. A bandage contact lens was placed in OS

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Late Traumatic LASIK Flap Lost

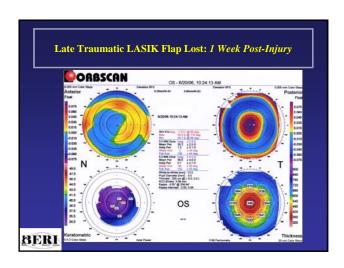


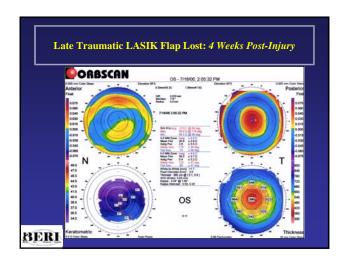
1 day after injury

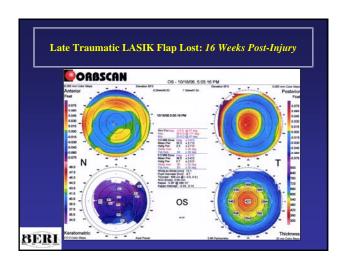
1 week after injury

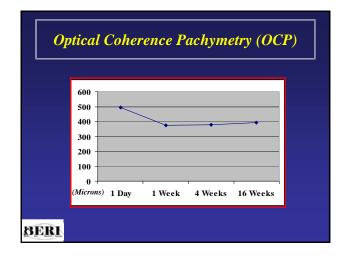
- •Re-epithelialization 1 week post-injury
- •Dexamethasone reduced and tapered over 2 weeks
- •BCVA 20/200 with -1.25 -1.25 x 111 (1 week post-injury)
- •Central OCP 374 microns (1 week post-injury)

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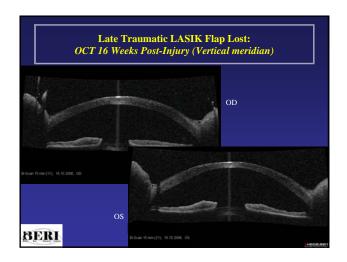












Late Traumatic LASIK Flap Lost

- Rare and serious complication: Severe irregular astigmatism and unpredictable refractive change can occur
- This case further highlights the vulnerability of flaps to trauma even late postoperatively
- If beginning of keratectasia, corneal cross linking might represent a future option

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