Laser Eye Surgery for Astigmatism: Correcting Vision Irregularities.

Michael Rabia*

Department of Vision Health, Queensland University, Australia

Introduction

Astigmatism is a common refractive error that occurs when the cornea or lens of the eye has an irregular shape, causing blurred or distorted vision at all distances. While glasses and contact lenses have traditionally been used to correct astigmatism, advancements in laser eye surgery now offer a permanent solution for individuals seeking clearer vision. In this article, we will explore the role of laser eye surgery in correcting astigmatism, the different surgical techniques available, candidacy criteria, potential risks, and benefits [1].

Astigmatism occurs when the cornea or lens of the eye is irregularly shaped, causing light rays to focus unevenly on the retina, resulting in blurred or distorted vision. This irregularity can occur in one or both eyes and may be present from birth or develop over time. Common symptoms of astigmatism include blurry vision, eye strain, headaches, and difficulty seeing at night [2].

Laser eye surgery offers a permanent solution for correcting astigmatism by reshaping the cornea to create a more symmetrical curvature. By precisely removing microscopic amounts of corneal tissue, laser surgery can correct the irregularities in the cornea, allowing light rays to focus properly on the retina and improving vision clarity [3].

LASIK (Laser-Assisted In Situ Keratomileusis): LASIK is the most commonly performed laser eye surgery for correcting astigmatism. During LASIK, a thin flap is created on the surface of the cornea using a microkeratome or femtosecond laser. The underlying corneal tissue is then reshaped using an excimer laser to correct the irregular curvature. The flap is repositioned, allowing for rapid healing and visual recovery. PRK (Photorefractive Keratectomy): PRK is an alternative to LASIK, particularly for individuals with thin or irregular corneas [4].

In PRK, the outer layer of the cornea (epithelium) is removed entirely, exposing the underlying stroma. The excimer laser is then used to reshape the corneal stroma to correct the refractive error. As there is no flap creation in PRK, the recovery process is longer compared to LASIK. Candidacy Criteria for Laser Eye Surgery: Not everyone with astigmatism is a suitable candidate for laser eye surgery. Stable Refractive Error: Candidates should have stable astigmatism for at least one year before surgery to ensure optimal outcomes [5].

Corneal Thickness: Adequate corneal thickness is necessary for flap creation in LASIK or for tissue removal in PRK. Overall Eye Health: Candidates should have healthy eyes, free from conditions such as glaucoma, cataracts, and corneal diseases. Realistic Expectations: Candidates should have realistic expectations regarding the outcome of the surgery and understand that complete elimination of glasses or contacts is not always guaranteed. While laser eye surgery is generally safe and effective, like any surgical procedure [6].

Dry Eye Syndrome: Temporary or persistent dryness of the eyes is common after surgery, particularly in LASIK. Undercorrection or Overcorrection: In some cases, the desired correction may not be achieved, leading to residual astigmatism or changes in vision. Flap Complications: In LASIK, flap-related issues such as flap dislocation, flap wrinkles, or epithelial ingrowth may occur.Infection: Though rare, infection of the cornea (keratitis) can occur, requiring prompt treatment with antibiotics [7].

Regression: Some patients may experience regression of the initial correction over time, necessitating retreatment or enhancement procedures. Improved Vision: Laser eye surgery can significantly improve vision clarity and reduce dependence on glasses or contact lenses for individuals with astigmatism. Quick Recovery: Many patients experience rapid visual recovery, with improved vision within a few days to weeks after surgery. Long-Term Results: Laser eye surgery provides long-term correction of astigmatism, with the majority of patients maintaining improved vision for years following the procedure [8].

Enhanced Quality of Life: Freedom from glasses or contacts can lead to an improved quality of life, greater convenience in daily activities, and enhanced self-confidence. Use of Eye Drops: Patients may be prescribed antibiotic and anti-inflammatory eye drops to prevent infection and reduce inflammation. Avoidance of Rubbing Eyes: Patients should avoid rubbing their eyes to prevent displacement of the corneal flap (in LASIK) or disruption of the corneal surface (in PRK) [9].

Protective Eyewear: Sunglasses should be worn outdoors to protect the eyes from UV radiation and minimize discomfort from bright light. Scheduled Follow-Up Visits: Patients are scheduled for follow-up visits to monitor healing progress and assess visual acuity [10].

Received: 20-April-2024, Manuscript No. OER-24-132942; Editor assigned: 22-Apr-2024, Pre QC No. OER-24-132942 (PQ); Reviewed: 26-Apr-2024, QC No. OER-24-132942; Revised: 29-Apr-2024, Manuscript No. OER-24-132942 (R); Published: 30-Apr-2024, DOI: 10.35841/oer-8.2.205

^{*}Correspondence to: Michael Rabia, Department of Vision Health, Queensland University, Australia, E-mail: michaelra@qut.edu.au

Conclusion

Laser eye surgery offers a safe and effective solution for correcting astigmatism and achieving clearer vision without the need for glasses or contact lenses. From LASIK to PRK, patients have a range of options to choose from based on their individual needs and preferences. While the decision to undergo laser eye surgery requires careful consideration and consultation with an eye care professional, the potential benefits of improved vision and reduced dependence on corrective lenses are undeniable. With advancements in technology and ongoing research, the future of laser eye surgery holds promise for further refinement and innovation in the field of refractive surgery.

References

- Ghoreishi M, Naderi Beni A, Naderi Beni Z. Visual outcomes of topography-guided excimer laser surgery for treatment of patients with irregular astigmatism. J Lasers Med Sci. 2014;29:105-11.
- 2. Lee BS, Lindstrom RL, Reeves SW. Modern management of astigmatism. Int Ophthalmol Clin. 2013;53(1):65-78.
- 3. Eydelman MB, Drum B, Holladay J, et al. Standardized analyses of correction of astigmatism by laser systems that

- reshape the cornea. J Refract Surg. 2006;22(1):81-95.
- 4. Buzard KA, Fundingsland BR. Treatment of irregular astigmatism with a broad beam excimer laser. J Refract Surg. 1997;13(7):624-36.
- 5. Alió JL, Belda JI, Osman AA. Topography-guided laser in situ keratomileusis (TOPOLINK) to correct irregular astigmatism after previous refractive surgery. J Refract Surg. 2003;19(5):516-27.
- 6. Alió JL, Belda JI, Shalaby AM. Correction of irregular astigmatism with excimer laser assisted by sodium hyaluronate. Ophthalmology. 2001;108(7):1246-60.
- 7. Sinjab MM. Introduction to astigmatism and corneal irregularities. Laser vision correction. 2018:1-64.
- 8. Gibralter R, Trokel SL. Correction of irregular astigmatism with the excimer laser. Ophthalmology. 1994;101(7):1310-5.
- 9. Alpins NA. Treatment of irregular astigmatism. J Cataract Refract Surg. 1998;24(5):634-46.
- 10. Norouzi H, Rahmati-Kamel M. Laser in situ keratomileusis for correction of induced astigmatism from cataract surgery. J Refract Surg. 2003;19(4):416-24.