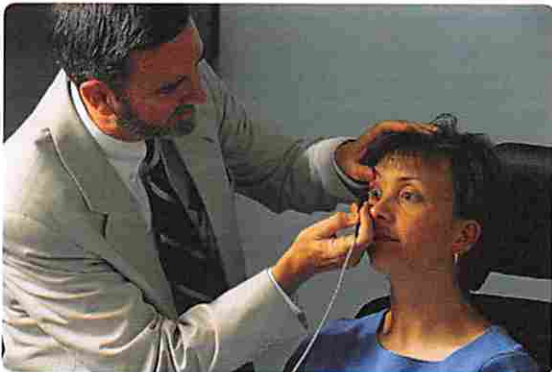


- **Check for other eye problems.** Your ophthalmologist will make sure that you do not have eye problems. This is because other problems could affect your surgery, or PRK could make those other problems worse.
- **Measure and map the surface of your cornea.** Your ophthalmologist will check the thickness of your cornea and make precise measurements of the cornea's surface. Your eye surgeon uses these measurements to program the computer-based laser used during surgery.
- **Measure your pupil size.** He or she will also measure the size of your pupil.



Pachymetry is used to measure the thickness of your cornea.

**During PRK:** PRK is usually done in an outpatient surgery center. The procedure usually takes about 15 minutes. Here is what to expect:

- Your eye will be numbed with eye drops.
  - Your eye surgeon will place an eyelid holder on your eye to keep you from blinking.
  - Then your ophthalmologist will remove the outer layer of cells on your cornea, called the epithelium. To do this, he or she may use a special brush, blade, laser or alcohol solution.
- You will be asked to stare at a target light so that your eyes will not move. The ophthalmologist then reshapes your cornea using a laser. The laser is a special instrument that has been programmed with measurements for your eye. While your ophthalmologist is using the laser, you will hear a clicking sound.



With PRK, a special brush may be used to remove the outermost layer of the cornea (left); a laser removes tissue from the cornea to reshape it (right).

### After PRK:

- Right after surgery, your ophthalmologist will place a “bandage” contact lens over your eye to help it heal.
- You will need to have someone drive you home after surgery. You should plan to go home and take a nap or just relax after the surgery.
- Your surgeon may suggest that you take a few days off from work. Also, you should avoid strenuous activity for up to a week after surgery, as this could slow the healing process.
- For two to three days after PRK, you may have some eye pain. Over-the-counter medicine usually controls the pain. Occasionally, some people may need eye drop pain relievers or other prescription medicine to relieve pain. Be sure to call your ophthalmologist if your pain is not helped by over-the-counter medicines.

- You will need to use eye drop medicine for up to a month or as prescribed by your ophthalmologist. Be sure to follow your doctor's instructions for using this medicine to help healing.
- After PRK, you will need to wear sunglasses outside for as long as your doctor tells you. This is because sun exposure can lead to corneal scarring after surgery, causing vision problems.

At first, your vision will be blurry after PRK. Over 3–5 days, as you heal, your vision will gradually improve. Keep in mind it may take a month or longer to achieve your best vision.

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### What are the risks of PRK?

Like any surgery, PRK carries risks of problems or complications you should consider. These include:

- glare and halos around lights, particularly at night
- scarring of the cornea
- cloudiness of the cornea (called corneal haze)
- corneal infection

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

Most complications can be treated without any loss of vision. However, very rare problems may include:

- having worse vision than before PRK, even with glasses or contacts (called **loss of best-corrected vision**)
- blindness

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 PRK.

### Vision after PRK

About 9 out of 10 people (90%) who have PRK end up with 20/40 vision or better without glasses or contact lenses.

It is important to know that PRK cannot correct **presbyopia**. This is the normal, age-related loss of close-up vision. With or without refractive surgery, almost everyone who has excellent distance vision will need reading glasses after around age 40.

To help with presbyopia, some people have PRK to get **monovision**. This means one eye is left slightly nearsighted and the other eye is adjusted for distance vision. The brain learns to adapt so that the nearsighted eye is used for close work, while the other eye sees distant objects. Monovision is not for everyone. To see if you are able to adapt to this correction, you will probably want to try monovision with contact lenses first.

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## Summary

PRK is a type of refractive surgery. With this outpatient procedure, a laser is used to reshape your cornea, improving how light rays are focused in the eye.

PRK is used to treat myopia (nearsightedness), hyperopia (farsightedness) and astigmatism. It cannot correct presbyopia, the normal loss of close-up vision that comes with age. However, some people have PRK to achieve monovision. This allows them to use one eye for close vision and the other for seeing distant objects clearly.

People who cannot have LASIK because their eyes are dry or their corneas are thin may have PRK to correct vision.

If you have any questions about your eyes or your vision, speak with your ophthalmologist. He or she is committed to protecting your sight.

Get more information about refractive surgery from EyeSmart—provided by the American Academy of Ophthalmology—at [aao.org/refractive-surgery-link](http://aao.org/refractive-surgery-link).

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