

TABLE 2-4. LASIK COMPLICATIONS

Intraoperative	Flap complications (thin flap, partial flap, buttonhole), loose epithelium, decentered ablation
Early postoperative	Shifted flap, diffuse lamellar keratitis, infection, epithelial ingrowth
Late postoperative	Ectasia, late flap shift due to trauma

Figure 2-5. Although uncommon, flap complications can be challenging for the refractive surgeon to manage. Flap dislocation following LASIK can be particularly challenging if embedded foreign bodies are present.



fellow eye.⁹ For this reason, surface ablation will continue to be a preferred choice in particular for eyes with higher-risk features, although ectasia has been reported rarely after PRK as well. Ectasia following surface ablation will also be discussed in Chapter 8.

FLAP COMPLICATIONS

Flap complications are an uncommon but well-known complication of LASIK and are another reason some surgeons and patients prefer surface ablation. There are a number of possible flap complications that can occur at the time of surgery, such as thin flap, partial flap, buttonhole, and loose epithelium (Table 2-4).

Other flap-related complications include shifted flap and diffuse lamellar keratitis. IntraLase (Abbott Medical Optics, Abbott Park, IL) has improved the predictability of flap thickness, but the overall safety and efficacy is equivalent to LASIK. While flap complications rarely result in loss of BCVA, they can delay healing or require additional surgery. Surface ablation techniques avoid the possibility of flap complications with the trade-off of longer recovery.

Dislocated flaps have been reported months to years after primary LASIK. Traumatic flap dislocation can occur from a variety of trauma from air bag injuries to more minor trauma, such as running into a branch while doing yard work (Figure 2-5). People with higher-risk occupations might prefer surface ablation to avoid the risk of traumatic flap complications. All patients should be counselled to wear safety glasses for any high-risk activities regardless of whether the patient has had refractive surgery.

Overall, the rates of flap complications between mechanical microkeratomes and femtosecond laser flap creation has been reported in some series to be similar, although reports are variable,