

Laser Vision Correction

Laser Eye Centre

Peter Walker – 3rd June 2026

Basic LVC Considerations

- Refraction / Presbyopia
- Stability
- Corneal thickness / regularity
- Previous ocular history
- Ocular health
- Medical background
- Limitations/Expectations

LASIK

Laser-Assisted In Situ Keratomileusis

LASIK

Laser-Assisted In Situ Keratomileusis

- Most common form of LVC
- Quick Healing / Good post-op comfort (approx. 3 days off work)
- Wide range of refractions
- Proven track record

SMILE

Small Incision Lenticule Extraction

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Small Incision Lenticule Extraction

- No flap created. No risk of flap displacement
- Better biomechanical stability
- Reduced risk of post-operative dry eye as affects less corneal nerves vs LASIK
- More limited prescription range (myopia +/- astigmatism)
- Longer initial visual recovery
- More complicated enhancement

PRK

Photorefractive Keratectomy



PRK

Photorefractive Keratectomy

- Leaves more RSB
- Less utilised now but can be used to treat thinner corneas
- Enhancement after prior LASIK (if flap-lift not possible)
- More post-operative discomfort
- Longer visual recovery (approx 1 week off work)
- Greater likelihood of regression with hyperopia

PTK

Phototherapeutic Keratectomy

- Similar to PRK but “plano” removal of anterior corneal strom
- Indications: RCE, anterior scarring, anterior corneal dystrophies

Offer for Optometrists

Hands on Lab