

Case Report: Lifting A Femtoflap first time after 2 days of Flap Creation... Opening the Unopened?

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Purpose

To report an uncommon refractive incident where a patient was scheduled for a routine Femto LASIK procedure using Intralase IFS and excimer ablation with Wave Light® Allegretto Wave® Eye-Q machines, and an unfortunate technical error of the Allegretto machine delayed the ablation for two days after successful flap creation with the Intralase with no flap raising at the incident.

Method

A 27 year old male myopic patient came to the clinic seeking refractive surgery. Full ophthalmological examination was done for him, which was all normal. He had BCVA 20/200U corrected with refraction of -3.25/-2.50*250D and -2.00/-2.25*160S. Corneal assessment with Pentacam was performed revealing a prolate normal cornea, upon which the decision was for a FemtoLASIK procedure for refractive correction was decided, and for a wavefront optimized Excimer Laser ablation using the Allegretto machine [1].

The procedure started with a successful complete bilateral femto flap creation of 100um thickness using the INTRALASE IFS machine. Proceeding to the excimer ablation, an unexpected sudden technical error, due to administrative misreporting about it, occurred to the Allegretto machine before starting. After asking for technical support, and tremendous efforts from the maintenance team to fix the problem for three hours with no thread of hope to solve the problem that day, the decision was taken to postpone the case for another day. Two days later, the problem was totally solved, and the machine was ready to use. The patient was informed and consented to continue the procedure. The patient was examined on the slit lamp before the procedure to determine the flap borders [2].

The procedure was performed in right eye first by entering the flap elevator from the edge of the flap obliquely to make

an opening point, then circumferentially opening the gutter 270 degrees. Afterwards, the superior hinge flap was totally elevated with the elevator smoothly, and wave front optimized excimer laser ablation was applied, returning the flap at the end. The procedure was successively repeated in the left eye as well. Topical antibiotics, steroids and lubricant eye drops were prescribed postoperatively [3].

Results

First day postoperative the patient was examined. The flaps were coated and cornea clear both eyes, and mild subconjunctival hemorrhage. One month later postoperative UCVA was 20/20 OU.

Conclusion

Successful femtoflap creation makes flap lifting possible even after two days of its creation. The potential space created is still there, and facilitated flap elevation and continuation of the procedure with no mentioned difficulty. The question that arises to be further evaluated is the maximum duration primary flap elevation can be done after flap creation without facing wound healing issues.

References

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