

## BODY &amp; HEALTH

## LASER EYE SURGERY

## ‘Nothing to it ... at least from my end’

In this, the third of a four-part series, **DAVID HARRISON** follows Marielle Nobert and Pat Woodcock through laser eye surgery. Tomorrow, he'll follow up with the results.

It's laser eye surgery day for Marielle Nobert.

Before the official business of the day begins, we take a couple of pictures with Ms. Nobert. She jokes that they will be the only pictures in existence of her wearing glasses. She walks around with a cup of coffee, joking with staff, teasing Dr. David Edmison at the Focus Eye Centre as he gets his photograph taken.

It is now 8:25 a.m. and Ms. Nobert gets detailed instructions about the eyedrops she will use in the next few days. They include antibiotics, steroids and an anti-inflammatory drug intended to ease her discomfort, prevent infection and promote healing.

Lighting in the laser room is subdued, the atmosphere quiet. The room is kept at a fixed temperature and humidity to maintain the delicate laser instrument in perfect calibration.

By 8:50 a.m., Ms. Nobert is lying under the laser, her head supported on either side by an inflatable cushion. In the past, Dr. Edmison would have manually interrupted the treatment if Ms. Nobert had moved her eye, but today's lasers use complex tracking systems to capture the tiniest movements of her eye and adjust the laser to compensate, either side-to-side or up-and-down as she breathes.

Christine Drennan is the surgical co-ordinator and a registered nurse who will assist Dr. Edmison. Ms. Nobert's right eye is visible in close-up, filling the large TV screen to the side of the VISX laser. Her left eye is covered with a patch. A flat screen on the other side of the laser shows all the parameters for the surgery as well as timing information for the various stages of the procedure.

All of the instruments required are laid out neatly on a trolley. Dr. Edmison puts on his gloves and mask and sits down at the binocular microscope eyepieces.

The nurse puts more anesthetic drops into Ms. Nobert's eye, telling her all the time what she is doing and asking her to watch the blinking red guide light. The drops ensure she feels no pain during the operation.

It is now 8:54 a.m. and everything is ready.

Dr. Edmison slips a speculum under Ms. Nobert's right eyelid to prevent her from blinking. A tiny round sponge soaked in anesthetic is placed on her eye for one minute and moved around slowly over the surface. This also starts to loosen the epithelium, which, at only about six cells thick, must be removed before the laser can sculpt the surface of the cornea below.

Ms. Drennan reads the time off the VISX screen and tells Dr. Edmison when the minute is up. He removes the sponge.

Next, Ms. Nobert is told to ex-

pect a little pressure and tickling of the lashes as her epithelium is gently removed with a small spinning brush, leaving the corneal surface exposed and clean.

It is now 8:58 a.m. and Ms. Nobert is asked to keep extremely still. A suction exhaust tube is swung into place close to her eye to remove the small plume resulting from the laser ablating her cornea. She is told the laser is going to fire for 45 seconds, and it starts with a thump.

Loud clicks are heard in a fast staccato as each burst removes an unimaginably small part of her cornea to reshape it and cure her myopia. The pulses come fast, too fast to count. The quicker the procedure can be completed without heating the cornea, the better the result.

The screen shows pale blue ghosts accompanying each burst of the ultraviolet laser and a minute amount of smoke is visible. Progress is counted down for Ms. Nobert. "Thirty seconds," says the nurse. "Ten seconds." Then it is over and there is silence.

Her eye is gently wiped clean, more drops are added and a soft contact lens is applied and smoothed to remove any air bubbles. The lens will protect the eye while the epithelium heals. The speculum is removed.

"How did you find the first one?" Ms. Drennan asks.

"No problem," says the patient. "Nothing to it." She smiles. "At least from my end."

The laser is moved across to her left eye and her right one is covered with a patch.

By 9 a.m. everything is ready and the procedure is repeated on her other eye. The lid speculum is put in place. Her eye is gently sponged for a minute with anesthetic and the epithelium gently removed.

By 9:04 a.m. it is time for the laser again. The nurse tells Ms. Nobert that it will be shorter this time, only 30 seconds. This is her non-dominant eye, which will have the myopia corrected to a lesser degree so that it can operate for close-up vision in the Monovision scheme.

"Ten seconds to go." There is a clunk and the laser shuts off. More drops in the eye and the protective soft contact lens is added. "All finished," says Dr. Edmison.

It is eight minutes since he started preparations on her first eye, and now both have been corrected.

He removes the speculum and tells Ms. Nobert she did well.



Dr. David Edmison at the Focus Eye Centre performs surgery on Marielle Nobert. The room is kept at a fixed temperature and humidity to keep the laser calibrated.

"So did you," she says. "But this isn't the tough bit," she adds, referring to the discomfort she is expecting over the next few days as her eyes heal.

She sits up. Her eyes look no different than before the procedure. "Can you see the clock?" asks Ms. Drennan.

Ms. Nobert turns to look. "Yes," she says. "And I can see you."

She is told that her vision may get more blurred in the next few days, partly just because the contact lenses won't be taken out and cleaned. Healing will al-

so affect the clarity of her vision as her epithelium grows back. Typically it will regenerate in about three days.

Ms. Nobert puts her sunglasses on and she is done. She will be back the next day for a checkup, but for now she is advised to go home and rest.

Pat Woodcock's wife, Melanie, is going to watch her husband, a receiver for the Ottawa Renegades football club, go through the procedure. She is very nervous, particularly after

reading the informed consent form that her husband has signed.

She says she wouldn't consider the procedure for herself, mainly because her vision isn't that bad. She only wears glasses to drive at night, or in the rain, and doesn't need them to watch TV. The rewards for her are much less than her perception of the risks.

"Of course," she adds, "if Pat jumps up saying he can see and it's the best thing he has ever done, I might reconsider."

There is still doubt lingering

in her voice.

At 1:35 p.m., Mr. Woodcock starts the procedure that Ms. Nobert has just completed, beginning with a final check of his name to make sure the laser is loaded with the right program. He is also asked one last time when he last wore his contacts.

Contacts change the shape of the cornea and their effect has to wear off before surgery, otherwise the cornea will continue to change shape after the procedure. This time can be as little as four days for disposable lenses, but up to eight weeks for hard lenses.

Cold freezing drops are put in both eyes. A sponge is placed on Mr. Woodcock's right eye. "This will block your vision," says Dr. Edmison.

As with Ms. Nobert, next comes the brush to remove the epithelium, and then the laser fires. Thirty seconds later, Mr. Woodcock's right eye is done. His wife asks if it hurts. "No," he says, "it was just really bizarre."

The procedure is repeated on the left eye. Thirty-five seconds of laser treatment and that is done, too. Mr. Woodcock sits up. "How's your vision?" asks the nurse

"It's a bit hazy," he replies, "but I can see the clock."

"Would you have been able to see the clock before?"

"No, not at this distance."

Complete with sunglasses, Mr. Woodcock leaves Focus for the day. He will be back tomorrow for his first checkup.

**TOMORROW: WE'LL SEE HOW MARIELLE NOBERT AND PAT WOODCOCK FARE DURING RECOVERY, AND TALK WITH A PATIENT WHO HAD THE OPERATION SIX MONTHS AGO.**

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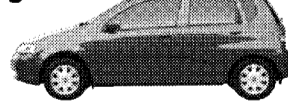
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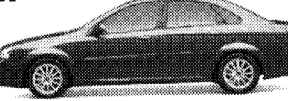


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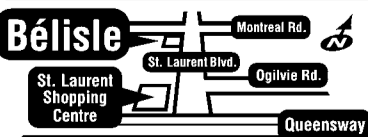
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