



CRSQA's Tough Questions For Your Doctor

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Dear Refractive Surgeon,

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USAeyes.org
ComplicatedEyes.org

The Council for Refractive Surgery Quality Assurance (CRSQA) is a nonprofit consumer/patient organization that assists individuals considering refractive surgery. Through our website, brochures, advertising, and seminars we provided objective information about refractive surgery, advice on how to select a refractive surgeon, and/or referral to our panel of CRSQA Certified Refractive Surgeons.

Since you are not a CRSQA Certified Refractive Surgeon it is necessary for a refractive surgery candidate to evaluate your surgical abilities on his or her own. To assist in this process we have developed this list of questions for you to answer. Please be so kind as to provide currently accurate answers for the following questions to this candidate. Be prepared to provide proof of your claims. We have provided the candidate with answers that we suggest may be most appropriate to compare to your responses. Feel free to use the back of these pages for extensive answers.

Your potential patient and the Council for Refractive Surgery Quality Assurance appreciates your cooperation.

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- 1 How long have you been performing refractive surgery?
- 2 How many refractive procedures have you performed total, excluding mechanical surgeries like RK, ALK, and AK?
- 3 How many refractive procedures have you performed in the last 12 months?
- 4 How many refractive procedures of the exact type you intend to use for me, with the same equipment, and the same refractive error, have you performed?
- 5 What percent of your refractive surgery patients receive Uncorrected Visual Acuity (UCVA) of 20/40 or better?
- 6 What percent of your refractive surgery patients receive UCVA of 20/20 or better?
- 7 What percent of your refractive surgery patients report unresolved complications six months after surgery? This includes objective and subjective complications such as halos, starbursts, dry eye, etc.

CRSQA's Tough Questions For Your Doctor continued

- 8 What percentage of refractive surgery candidates do you decline?
- 9 Have you had a successful refractive surgery malpractice claim of greater than \$30,000? Details if yes.
- 10 Will you perform a wavefront technology diagnostic (not guided ablation) of my higher order aberrations prior to recommending refractive surgery?
- 11 What percentage of your previous patients have had secondary surgery or "enhancements"? Explain your enhancement policy.
- 12 What is the worst refractive surgery outcome experienced by your own patient? How was it handled?
- 13 If you intend to use an excimer laser, is it broadbeam, variable spot, or flying spot?
- 14 Have you ever had malpractice insurance coverage denied?
- 15 Are you currently under investigation by the agency that provides the license that allows you to perform refractive surgery? Has this license ever been revoked, suspended, or otherwise restricted? Are you on any sort of license probation?
- 16 Have you ever had hospital or surgical facility privileges revoked?
- 17 Have you ever had your DEA certification revoked, suspended, or otherwise restricted?
- 18 Have you ever been convicted of a felony?
- 19 Have you ever been arrested for being under the influence of any controlled substance?
- 20 Have you ever been treated for substance abuse or mental illness as an adult?
- 21 Have you ever been refused participation as a provider in a health insurance plan?
- 22 Is the laser and equipment you will use specifically approved by the FDA for the recommended procedure and intended parameters? If no, explain why it is not FDA approved and/or off-label use.

CRSQA's Tough Questions For Your Doctor continued

- 23 If enhancement surgery is required, what will you charge for the additional procedure?
- 24 If another doctor will be comanaging pre- and/or postoperative care, can I see you at any time without my comanaging doctor's authorization?
- 25 What should I expect my vision to be like for the first few weeks after surgery?
- 26 Will you perform a complete refractive examination including evaluating the medical health of my eyes both before and after surgery?
- 27 Will my vision fluctuate after surgery? How long is the healing period?
- 28 Will you perform a contrast sensitivity test before and after the surgery?
- 29 Will you perform a glare sensitivity test before and after the surgery?
- 30 Will you perform corneal topography before and after the surgery?
- 31 If you recommend LASIK, will you use a laser to create the flap or a mechanical microkeratome?
- 32 Will you perform a test to determine tear volume (Schirmer) and tear breakup time (TBU) prior to making a recommendation about surgery?
- 33 Will you measure the size of my pupils when naturally dilated in a dimly lit room prior to making a recommendation about surgery?
- 34 Will you use a different microkeratome blade (LASIK only) for each eye?
- 35 Will you require me to be without contacts for a period of time before the examination that will determine final calculations for surgery? What is this period of time?
- 36 Will my treatment prescription be based on cyclopegic refractive error as well as manifest refractive error?

CRSQA's Tough Questions For Your Doctor continued

- 37 Will you measure the thickness of my cornea prior to making a recommendation about surgery?
- 38 If an excimer laser is to be used, what size will be the optical ablation zone not including the transition zone? Is this larger or smaller than my naturally dilated pupil?
- 39 Is a patient with more than ten diopters myopia, more than three diopters hyperopia, or more than two diopters astigmatism a good candidate for refractive surgery?
- 40 How often and when will you perform postoperative examinations?
- 41 When will you provide me with a copy of your written informed consent?
- 42 Will you provide contacts for me to wear to simulate monovision prior to surgery? How long will you want me to wear these contacts before I make my decision about monovision?
- 43 Will you provide me the names and contact information of at least ten previous patients who have had the exact same surgery with similar refractive error?
- 44 Will you allow me to observe a surgery?
- 45 Does my occupation, leisure activities, and hobbies have any bearing on my candidacy for refractive surgery?
- 46 Does my general medical and medication history have any bearing on my candidacy for refractive surgery?
- 47 Does being pregnant or contemplating pregnancy have any bearing on my candidacy for refractive surgery?
- 48 Who will pay for multiple corrective lenses if I experience fluctuation in visual acuity while healing?
- 49 Are there any reasons why I would not have excellent refractive surgery results?
- 50 What certification do you hold, if any, from the American Board of Ophthalmology, American Board of Eye Surgery, and/or the Council for Refractive Surgery Quality Assurance? If not all, why?



CRSQA's 50 Tough Questions For Your Doctor

We always recommend a CRSQA Certified Refractive Surgeon over a surgeon who is not certified by our organization, however there are occasions where a CRSQA affiliated surgeon is not available. The use of our 50 Tough Questions For Your Doctor will help you determine the best available surgeon on your own.

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Provide the list of questions to your prospective surgeon in advance of your appointment for an evaluation. This will give the doctor and staff time to research answers and have most questions available when you arrive. Some questions cannot be answered until after an examination. Do not surprise your doctor with these questions at the last minute. Most surgeons will not have scheduled the time necessary to research, answer, and explain all of these questions during an evaluation appointment..

Do not expect your prospective surgeon to respond with our suggested answers for every question. Some are more important measures of abilities than others and many are a matter of your personal choice.. Ask for proof of any unusual claims. Measure the willingness to respond as much as the response. The doctor should offer to make arrangements for any requested test or examination that the doctor does not normally provide.

Suggested Answers:

- 1 Not less than three years.
- 2 Not less than 500.
- 3 Not less than 250
- 4 Not less than 100. This is a very important question. Even a doctor who has thousands of surgeries behind him or her is a rookie when using new technology, new technique, or a new refractive error correction. You don't want eye surgery from a rookie.
- 5 According to our Quality Standards Advisory Committee (QSAC), about 90% is the norm. If the doctor gives a higher number, ask for proof.
- 6 About 50% is the norm according to QSAC. If the doctor gives a higher number, ask for proof. If you have high myopia (greater than -10.00 diopter), high hyperopia (greater than +3.00 diopter), and/or high astigmatism (greater than 2.00 diopter or more than half the myopia or hyperopia) expect the probability of achieving uncorrected 20/20 to be lower.
- 7 Less than 3% is the norm according to QSAC. If the doctor gives a lower number, ask for proof. Zero or a nebulous "almost never" should be cause for concern. No doctor is perfect. No surgical procedure is perfect.
- 8 Don't be surprised if a solid number isn't readily available. The only wrong answer would be "none". Patients being properly screened away from refractive surgery indicates a doctor who is conscientious about providing refractive surgery only when it would meet the patient's needs.
- 9 Not more than one for every 500 refractive surgeries. That's a 99.5% success rate. Not more than five in the last five years, even if the surgeon has performed tens of thousands of surgeries. Discuss with the doctor the circumstances of any

CRSQA's Tough Questions For Your Doctor continued

- malpractice case. Consider how they were handled and how the circumstances may apply to you.
- 10 The answer should be yes as this is a very important evaluation, however not every doctor has the equipment to perform this test. The doctor should be willing to arrange for wavefront diagnostic at a different location and at your expense. Remember that this question is about a wavefront diagnostic evaluation preoperatively, not about wavefront guided laser ablation.
- 11 Ten percent is a ballpark number but the "why" is much more important than the percent. The doctor should explain his/her philosophy on enhancement. Techniques such as overcorrection for accommodation of regression should be discussed. You don't want a doctor who will almost never perform an enhancement, but you also don't want a doctor who must perform enhancements too often.
- 12 You want a surgeon who knows how to get you out of harms way if something unusual occurs. You want a surgeon that is cool under fire and is willing to work with other ophthalmologists who may have specific expertise outside of your doctor's realm of experience. All surgeons with enough surgical experience have had a poor outcome. You need to feel comfortable that this particular surgeon can handle problems appropriately. If your surgeon says s/he has never had a poor outcome or a problem, politely excuse yourself to the nearest exit.
- 13 The type of laser energy delivery system may be very important or may mean very little, depending upon your individual circumstances. Depending upon your circumstances, only a flying spot laser may be appropriate or perhaps any laser would do. The laser used is much less important than the doctor's proven abilities. An inexperienced doctor with the fanciest equipment is worse than the best doctor with an older laser. All good doctors understand the limitations of their tools and techniques and will not perform surgery (no matter what the laser) if there is not a high probability of you receiving a good outcome.
- 14 Answer should be no.
- 15 Generally, the answer should be no, but if there are any licensing concerns, consider the circumstances. As an example, a doctor who five years ago was fined a few hundred dollars for an advertising problem may not need to be automatically excluded. Doctors new to that state may be on probation for a period of time. Discuss any licensure issues with the doctor and come to your own conclusion about disqualification as a potential surgeon.
- 16 Answer should be no.
- 17 Answer should be no.
- 18 Generally, the answer should be no, but discuss the circumstances and come to your own conclusion about disqualification as a potential surgeon. A problem 20 years ago when a college student may not be germane to today.
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- 21 Answer should be no, except in the case of managed care, which excludes doctors for reasons other than medical competency.
- 22 The equipment should be FDA approved (hardware and software). The parameters may not be FDA approved. Doctors are legally able to use FDA approved tools beyond FDA approved parameters in some circumstances. This is called off-label use and should be discussed with your doctor if applicable to your circumstances.
- 23 Answer should be no charge for an enhancement within a specified period of time, usually about a year after surgery. If there is a charge, consider the affordability if needed.

CRSQA's Tough Questions For Your Doctor continued

- 24 The answer should be yes. You should be able to go directly to the surgeon at any time you feel it is appropriate.
- 25 The answer should include an explanation of minor fluctuations, regression, minor halos, minor starbursting, etc. These side-effects may occur, but normally resolve during the six-month healing process.
- 26 The answer should be an unqualified yes and the medical component of the exam must be performed by an ophthalmologist (medical eye doctor).
- 27 If the doctor says, "Twenty minutes.", move on. The surgery is quick but the healing and fluctuations may continue for months or longer. Refractive surgery is more of a six-month process than a 20-Minute Miracle even though it is possible you will have perfect vision immediately after surgery.
- 28 The answer will probably be no, but should be yes. Contrast sensitivity testing is not currently routine and not all surgeons have the technology available. Your surgeon should offer to arrange for you to receive this test at your expense at another location.
- 29 The answer will probably be no, but should be yes. Glare sensitivity testing is not currently routine and not all surgeons have the technology available. Your surgeon should offer to arrange for you to receive this test at your expense at another location.
- 30 The answer should be yes.
- 31 The femtosecond laser (Intralase) may be a better alternative than a flap created with a blade, however not many surgeons have this equipment and it is not always be required. Like the different types of excimer lasers, it may be that only a laser created flap will be appropriate or a microkeratome created flap will be fine. Discuss this with your doctor.
- 32 Answer should be yes. These tests help determine if you have unusually dry eyes.
- 33 The answer must be yes. This is an important test to determine if you may have a higher than normal probability of postoperative problems in low light environments. Dilation needs to be natural and without medication. The ruler method will work but the infrared pupilometer method is better.
- 34 The answer may be yes, but many doctors use one blade for both patient's eyes. You may request a new blade for each eye, but don't be surprised if the doctor asks you to pay a little more for the extra blade.
- 35 The answer must be yes and for a significant period of time. We recommend four weeks without soft contact lenses, longer for hard contacts. Some doctors feel two weeks or even a few days is enough, we recommend longer. You want your surgery calculations determined after your cornea has returned to its natural state, no matter how long that takes.
- 36 The answer must be yes. Manifest examinations are always necessary, but the eye will "focus around" some error that cannot be measured unless a cyclopeic exam is also performed.
- 37 The answer should be yes.
- 38 If the answer is less than 6.0mm or less than the size of your naturally dilated pupils (whichever is greater), ask for a clarification and discuss additional risks for low light aberrations such as halos, starbursts, glare, etc.
- 39 The answer must not be ideal, excellent, or anything of the like. Although correction at these levels can be accomplished, someone with this level of refractive error is not an "ideal" candidate and has a lower than average probability of success.
- 40 Should be not less than the day after surgery, one week, 30 days, 90 days, and six months - or more if required. These exams might be performed by an eye care professional other than the surgeon.
- 41 The doctor should offer to provide a copy immediately upon asking this question. A week before surgery is adequate. You need to read and understand every component. This is not just a legal formality, but an explanation of what can happen.
- 42 Contacts should be provided free with at least four weeks wearing time before monovision decision must be made.

CRSQA's Tough Questions For Your Doctor continued

- 43 Answer should be yes, and doctor should already have such a list compiled. Don't expect to get a list of dissatisfied patients, but these people can tell you what going through the procedure is like. You may want to talk with patients who had surgery recently and some who had surgery several months ago.
- 44 Answer should be yes, however operating suite access restrictions may preclude surgery observation.
- 45 Answer should be yes. People who require exacting and detailed vision or rely heavily on good low light vision are possibly not good candidates for refractive surgery and should be screened appropriately.
- 46 Answer should be yes. Some conditions that have nothing to do with the eyes may complicate some types of refractive surgery.
- 47 Okay guys, you don't get asked this one but all women of child bearing age should be asked. Fluctuations in refractive error are often related to pregnancy and lactation.
- 48 Whatever the answer, consider this as a part of the cost of the surgery.
- 49 A blanket question to provide you and your doctor an opportunity to discuss in more detail what you can reasonably expect from the proposed surgery. Whatever the answer, it needs to be the same as what you perceive to be an excellent result. If you cannot reasonably expect to receive what you consider to be a successful result, don't have surgery.
- 50 It may be important for you to know if the doctor desires the additional oversight of these organizations. Some are more valuable than others

The American Board of Ophthalmology (ABO, <http://www.abop.org>) does not provide any evaluation specific to refractive surgery. Certification is valid for a lifetime, or 10 years if recently certified. ABO certification would be conspicuous by its absence, but not terribly important by its presence.

The American Board of Eye Surgery (ABES, <http://www.aces-abes.org>) is an ophthalmic group that provides procedure specific certification. They do have peer-reviewed certification for LASIK, and RK, but not PRK, LASEK, CK, LTK or any other refractive procedure. ABES LASIK certification is valid for seven years.

The Council for Refractive Surgery Quality Assurance (CRSQA, <http://www.usaeyes.org>) is a nonprofit consumer/patient organization that evaluates a surgeon based upon actual patient outcomes. The doctor is reevaluated every three months.

Consider the relevance and value of these and other certifications the doctor may have achieved..

Best of luck on your quest for an excellent refractive surgeon.