



Naval Hospital Bremerton Refractive Surgery

Checklist for patients stationed outside of
Washington/Oregon*:

1. Fax the following to (360) 475-4411 or e-mail to:
usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@mail.mil.
 - a. Refractive surgery consult
 - b. Last 3-5 years of eye exams
 - c. Obtain a cycloplegic refraction (eyeglass prescription while dilated)
 - d. Pachymetry (corneal thickness)
 - e. Corneal topography if available
2. Call (360) 475-4666 to confirm receipt. Paperwork will be reviewed by clinic optometrist and you will be notified once complete.
3. After optometrist's approval, contact clinic nurse at (360) 475-5259 to go over medical history. Best times to call are Mondays 0830-1630, Tuesdays and Fridays 0730-1500. Notify clinic immediately of any changes in medical history before leaving your area.
4. No contact lens use 2 weeks prior to first appointment for soft lens wearers. No contact lens use 1 month prior to first appointment for toric, gas permeable or hard contact lenses. Absolutely no sleeping in contact lenses, regardless of type, for 1 month prior to first appointment. Contact lens wear will change the corneal shape and give incorrect data at the preoperative evaluation.
5. Schedule a tentative date for Tech & Doctor Pre-op evaluations. Surgery is usually performed on Thursdays. It is preferred that pre-op be completed a week before surgery date but can be scheduled the Monday before surgery at the latest. Remember the surgery date is only tentative and that it can be cancelled or postponed for any reason at any time.
6. Fax completed Command Authorization and signed Pre-surgery instructions included in this packet prior to travel time. The type of surgery you receive may depend upon the post-op care available to you.
7. Driver/caregiver is required on day of procedure until the immediate post-op visit or beyond depending on recovery.
8. Military lodging is available at Puget Sound Naval Shipyard Bremerton and Naval Submarine Base Bangor. Patients are expected to make their own hotel arrangements. Please visit www.dodlodging.net or www.navy-lodge.com for more information or call Navy Lodge: (800) NAVY-INN, Navy Gateway Inn & Suites: (877) NAVY-BED.

* Some WA & OR patients may fall under this category depending on where they are stationed. Please contact clinic for clarification.

Pre-Surgery Instructions
Refractive Surgery Center Naval Hospital Bremerton

Please read carefully as **failure to comply will result in cancellation** of your surgery appointment.

1. You must have a caregiver and a driver (not a Taxi) for at least 5 days which includes the day of surgery.
2. Due to possible complications during recovery, patients are required to be within the immediate area of their local eye doctor. **Do not schedule any TAD, travel during leave, underway, PCS, etc. until after the one month post-op appointment.**
3. Command Authorization Form: Drop off to clinic, email to usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@mail.mil or fax to (360) 475-4411 no later than **1500 Monday the week of your surgery**. Please call clinic to verify receipt (360) 475-4295. You are required to bring the original on the day of surgery.
4. No contact lens use 2 weeks prior to surgery for soft lens users. No contact lens use 1 month prior to surgery for toric, gas permeable or hard contact lens users. Absolutely no sleeping in contact lenses, regardless of type for 1 month prior to surgery.
5. Call the clinic for any changes in your medical history including over the counter medications.
6. Day Before Surgery:
 - a. Pick-up medications by 1100 at the Naval Hospital Bremerton Pharmacy prior to checking in for your appointment. Choose **“Not in Stock Medications/Items Filled Prior to Today”** at the kiosk. You will get an “O” ticket and will be called immediately as your meds are prepared the night before. You are not required to be in uniform. **Your surgery will be cancelled if you are late.**
 - b. **FEMALE** patients stop by the laboratory prior to picking up medications.
 - c. The appointment is for a group teaching of pre/post op instructions & signing of informed consent; therefore, **it could last up to 1600.**
 - d. If you are not within 2 hours driving distance of the clinic, make arrangements to stay in the area the night before (for LASIK & PRK patients) and night of surgery (for LASIK patients).
 - e. Please be aware that your 0730 or 0800 surgery day appt time is a placeholder. You will be informed of your surgery check in time at the group meeting. **Please make sure you and your driver’s schedule is flexible on day of surgery.**
7. Surgery Day:
 - a. Eat breakfast/lunch/bring a snack. Pre-op meds needs to be taken with food.
 - b. Your military ID will be used for verification purposes.
 - c. We provide a free pair of sunglasses with 100% UVA and UVB protection.
 - d. **It is highly recommended that your driver waits for you here in the clinic. If not, they should be within a 30 minute distance from the clinic at all times.**
 - e. Please do not bring any personal belongings. Absolutely no cell phones, pagers, or electronic devices.
 - f. Do not wear: earrings, facial piercings, necklaces, make up (especially around the eyes), facial lotions or cream, perfume, cologne or aftershave.

I have read & understood the above instructions. **Failure to comply will automatically cancel my surgery appt:**

Patient Signature/Date: _____

Clinic Staff Initial: _____

I have received a copy of the above instructions:

Patient Signature/Date: _____

Pre Surgical Information Sheet

What to expect

- You will have a minimum of three different appointments at our clinic before your day of surgery if you are found to be a good candidate. Today you will be seen by a technician to have many diagnostic tests and measurements done to measure stability as well as making sure your eye anatomy fits the criteria for corneal refractive surgery. In some cases, unfortunately you may not make it past this first step due to thin corneas, abnormal corneas, a prescription that is unstable or other unforeseen circumstances.
- We want to do as many surgeries as possible, but there are risks with any type of surgery and there are those patients where the risks are too high and against FDA regulations to proceed. In some cases you may have to come back at a later date to have multiple tests repeated before you go to the next step of your evaluation.
- The next step is to have a dilated eye exam, where our doctors will check the health of the external and internal structures of your eyes and get final prescription measurements. If you are deemed a good candidate after this exam you might be told that you can book a tentative date for surgery. Your surgery date is tentative as your chart is heavily reviewed by our surgeons, optometrist, nurse and administrative staff to make sure that you are in fact a good candidate for surgery at that time.
- This procedure is elective and can be canceled at any time if we feel that the risk is too great to where you might not have an optimal outcome. If deemed a good candidate, along with a tentative surgery date, you will be given an appointment to come to our clinic the day before your surgery. At this appointment you will spend up to four hours with our clinic nurse and your surgeon for an informed consent. You will be given further education and time to ask any unanswered questions not covered in this education sheet and the booklet provided.

Corneal Refractive Surgery

The clear front surface of the eye is called the cornea. The cornea is comprised of different layers that do different jobs. In corneal refractive surgery, it is important to get to the toughest and strongest part of the cornea called the stroma. The stroma can be permanently reshaped by a laser to try to reduce your dependency on glasses. The stroma is covered by a top layer of skin called the epithelium. The epithelium heals quickly and cannot be permanently reshaped. It needs to be removed or moved out of the way to get to the stroma so that the stroma can be sculpted according to your prescription.

Both PRK and LASIK are refractive surgery techniques used to remove (PRK) or move (LASIK) the top surface skin cells of the cornea, so that an ultraviolet (excimer) laser can be applied to reshape the stroma.

PRK VS. LASIK

PRK (Photorefractive Keratectomy)

In PRK, the surgeon creates a corneal abrasion removing the top layer of cells from the cornea (called the epithelium) over the treatment area. This is done mechanically, with a soft rotating surgical brush, after topical numbing drops are applied. The second step of PRK is identical to LASIK: an excimer laser is used to reshape the underlying corneal tissue.

After the laser ablation, a soft contact lens is placed over the eye as a bandage while the corneal epithelium grows back in place, which usually takes about 3 to 5 days. During this period, you will usually experience mild to marked discomfort with blurry vision. Because of the greater amount of healing that needs to take place after PRK, it can take several weeks before vision is clear and stable after the procedure.

IntraLase LASIK (Laser Assisted In Situ Keratomileusis)

The IntraLase LASIK method creates a corneal flap beneath the epithelium by applying tiny, rapid pulses of laser light. Each pulse of light passes through the top layers of your cornea and forms a microscopic

bubble at a specific depth and position within your eye that is determined by the doctor. As the IntraLase laser moves back and forth across your eye, a uniform layer of bubbles forms just below the corneal surface. Your doctor creates your corneal flap by gently separating the tissue where these bubbles have formed. The corneal flap is then folded back so the doctor can perform the excimer laser treatment, and folded precisely back in place once the excimer treatment has ended.

What to expect day of surgery:

1. Your paperwork will be reviewed while you are waiting, and any corrections or additions that are needed will be made.
2. Your identification will be confirmed at several stages along the process and we will ask if you have any allergies to any medications, what type of procedure you are scheduled to undergo and which eye(s) will be treated.
3. Our team will prepare you with several eye drops and sterile soap wash prior to entering the laser suite. If the surgeon determines you have significant astigmatism, you may also have “marking” done on the surface of your eye.
4. You will be brought into the laser suite, where you will have a seat on a “dentist-like” chair and have the non-operative eye patched (this is for safety reasons).
5. The surgeon and surgical team will all be wearing a mask and hair cover.
6. For your comfort and to reduce any unnecessary head movement, you will have a special pillow placed under your head.

(LASIK only)

- A suction ring will be placed on the eye. Once it is centered, the surgeon will call for suction to be applied. The suction holds the eye still while a special laser creates a flap on the surface of the cornea. ***When the suction is on, it will be difficult for you to see; things may turn gray or dark. This is a temporary effect from the suction and is normal. Your vision will return when the suction is released. The suction device may be a bit uncomfortable, but will only last a few minutes.***
- After the flap is created, suction will be turned off and the ring removed.
- An eyelid spreader will be placed into the operative eye to keep the eyelid open.
- This flap of tissue (Lasik flap) will be gently folded back so that your surgeon can apply the excimer laser.

(PRK only)

- An eyelid spreader will be placed into the operative eye to keep the eyelid open.
- A brush will be used to remove the top layers of skin from the surface of your cornea. It will not be painful because you will have topical numbing medication applied. Once the tissue is removed, your surgeon will apply the excimer laser.

(PRK and LASIK)

7. You will be asked to focus on a flashing red/orange light and the procedure will begin. The flashing red light may get a little blurry during the procedure, which only lasts a few seconds to a few minutes depending on your prescription. ***The procedure is painless.*** The laser is not a “hot laser” it is ultraviolet and will not burn you.
8. You will hear a popping noise next to your right ear. This is just the sound of the laser at work. You may also smell a faint odor during your procedure. This is the tissue being removed from your cornea. A couple of eye drops will be instilled into your eye following your procedure. For some patients, a bandage contact lens will be applied for temporary use only. Our staff, at your follow up visit, will remove this lens. Please note that your vision will be blurry immediately after the procedure, but will improve with time.
9. All patients will have a postoperative exam performed prior to being released. As soon as you get home you should begin taking your medication as directed and take a nap for at least 2 hours to allow the healing process to begin.

NAVY REFRACTIVE SURGERY CONSULT FORM

Incomplete Consult Forms will not be accepted

1. Patient Input (Please PRINT clearly):

Last Name			
First Name			MI
<input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Dependent			
Rank:	Grade:	<input type="checkbox"/> USN <input type="checkbox"/> USCG <input type="checkbox"/> USAF <input type="checkbox"/> USMC <input type="checkbox"/> Other _____	
Age:	Birth Date: (DDMMYY)		
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	SSN or DoD ID #:		
Job Title (No Designators):			
Brief Job Description of Operational Duties:			
Current Unit:			
Unit City:	Unit State (2 letters):		
Unit Zip:	Unit Country (if not US):		
Work Tel:			
Mobile Tel:			
Next Billet:			
Projected Rotation Date (DDMMYY):			
End of Active Service (DDMMYY):			

2. Unit CO's Input:

Patient's Priority Level:	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
CO's Last Name (Print):				
CO's Signature:				

3. Ophthalmologist/Optometrist:

Last Name			
Signature (date):			
Clinical Area Code & Tel:			
UCVA	OD: 20/	OS: 20/	OU: 20/
Sphere		Cylinder	Axis VA (20/x)
Man OD:			
OS:			
In your professional opinion, is this patient a good candidate for refractive surgery?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Less than 0.5D change in sphere or cylinder in last 12 months <input type="checkbox"/> Realistic expectations about surgery			
Check if any of the following apply:			
<input type="checkbox"/> Age < 21 years <input type="checkbox"/> Contacts – RGP's <input type="checkbox"/> Contacts Ext Wear <input type="checkbox"/> Keratitis <input type="checkbox"/> Keratoconus		<input type="checkbox"/> Hx of HSK, HZK <input type="checkbox"/> Pregnancy <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Dz affecting healing: DM, Atopy, CV, AI, Immune	

4. Fax Page 1 only to (360) 475-4411 or

Scan and email to:

usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@mail.mil

5. Expect a confirmation phone call within 2 weeks (NOT an email). If not contacted by then, you may call 360-475-5105 option #2.

Patients should update their contact information annually or when information changes.

Refractive Surgery Center
Naval Hospital Bremerton
One Boone Rd Code 044
Bremerton, WA 98312-1898

Tel: (360) 475-5105 #2
Fax: (360) 475-4411
DSN: 494-XXXX



Patient's Work e-mail	@
Patient's Home e-mail	@

NAVY REFRACTIVE SURGERY CENTERS

National Naval Medical Center
Bethesda, MD
Phone: (301) 295-1200
Fax: (301) 295-4751
DSN: 295-xxxx

Naval Hospital Camp LeJeune
Jacksonville, NC
Phone: (910) 450-3353
Fax: (910) 450-3355
DSN: 750-xxxx

Naval Medical Center Portsmouth
Portsmouth, VA
Phone: (757) 953-7575
Fax: (757) 953-6136
DSN: 377-xxxx

Naval Hospital Bremerton
Bremerton, WA
Phone: (360) 475-5105
Fax: (360) 475-4411
DSN: 494-xxxx

Naval Hospital Jacksonville
Jacksonville, FL
Phone: (904) 542-7680
Fax: (904) 542-7687
DSN: 942-xxxx

Naval Medical Center San Diego
San Diego, CA
Phone: (619) 524-0555
Fax: (619) 524-1731
DSN: 524-xxxx

GUIDANCE TO UNIT COMMANDERS

Corneal refractive surgical procedures are designed to reduce or eliminate the need for glasses or contact lenses in people who are nearsighted, farsighted or have astigmatism. In the Navy and Marine Corps, there are service members whose duties regularly require them to perform their mission in operational environments where the use of glasses or contacts may adversely affect their mission performance. Photorefractive Keratectomy (PRK) has been shown to significantly enhance the mission capabilities of these individuals, and is currently the procedure of choice for personnel in warfare communities. Research on other forms of refractive surgery, such as LASIK, has demonstrated similar benefits, and may be suitable for personnel in certain warfare communities.

NAVADMIN message 341/99 (R212221Z DEC 99), Photorefractive Keratectomy Surgery Program for Active Duty Service Members, announced the implementation of the Navy and Marine Corps corneal refractive surgery program. A prioritization policy has been designed to ensure that those active duty members whose operational effectiveness would be most enhanced by surgery are first in line at all times. Responsible line commanders are directed to determine the priority level merited by individual service members, based on operational need, probability of enhancing mission performance, and issues of personal safety in the performance of military duties. Appropriate determination by the line commanders is critical to the ability to provide this service to those for whom it is truly intended to benefit, as the demand for services will likely exceed the capacity to provide them. Note that the guidelines provided below do not address rank or rate, as these are not always the most appropriate means for determining the true indication for surgery. Service members that do not merit high priority, or do not wish to wait for the availability to have surgery at a Navy refractive surgery center, may request permission from their line commanders to have surgery performed at their own expense in the civilian health care sector.

PRIORITY 1 (Highest Priority): This category is restricted to only those personnel whose military duties, without question, require them to frequently and regularly work in extreme physical environments that preclude the safe use of spectacles or contact lenses, or where their use has a high probability of compromising mission performance. (SPECWAR, EOD, Diver, SBU, Force Recon, NFO/Aircrew)

PRIORITY 2: This category identifies personnel whose military duties require them to frequently work in adverse physical environments, where personal safety and mission performance make the use of spectacles or contact lenses impractical, but not necessarily incompatible. (Carrier Flight Deck Ops, Ship Ops, Infantry)

PRIORITY 3: This category identifies personnel whose military duties do not typically expose them to extreme physical environments, but there is a reasonable expectation that the member may periodically meet the criteria for priority 2. (Office, occasionally in the field)

PRIORITY 4: This category identifies personnel whose military duties rarely expose them to extreme physical environments and where there is no reasonable expectation of being assigned to work environments that would make spectacle or contact lens use difficult. (Office, hospital)

Refractive Surgery Center – Naval Hospital Bremerton

Command Authorization for Corrective Eye Surgery

A member of your command, (**Rank, Name, SSN**) _____
has the opportunity to have corrective eye surgery at the Naval Hospital Bremerton.

Type of surgery: _____ **Scheduled surgery date is:** _____ **Con leave after surgery: 4 days**

1. Before the service member can be treated, written authorization from the member's Commanding Officer is required. Member must provide this form (completed and signed) prior to surgery day. **Surgery will be cancelled without this form.** Fax # (360) 475-4411. E-mail: usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@mail.mil.

2. The primary requirement for surgery is a commitment of the service member's time for preoperative exam, surgery, convalescent leave, and follow-up examinations. Required / recommended exam intervals include:

- | | |
|---|---------------------------------------|
| a) Preoperative exams | allow ½ day |
| b) Informed consent meeting | allow ½ day |
| c) Surgery and convalescent leave | 1 to 5 days after surgery |
| d) One-week postoperative | allow ½ day |
| e) One-month postoperative | allow ½ day |
| f) Three-month postoperative | allow ½ day |
| g) Nine-month postoperative | <u>allow ½ day</u> |
| Approximate total time away from duty: | 2 to 4 full days + 6 half days |

3. If the service member desires or plans to receive follow up care from a provider other than the Refractive Surgery Center (possible in some cases), it requires written approval from the alternate eye care provider (below):

I understand that the service member listed above is scheduled to have laser eye surgery on the date listed above.
I accept responsibility for providing follow up care for this patient in accordance with standards of care.

Eye care provider printed name/Phone Number

Eye care provider signature

4. Member / CO Commitment checklist (initial by each statement):

	MBR	CO
Member and CO have read and understand the information on this form		
Member is not planning to separate or retire from the service after surgery: 6 months for Air Force, 18 months for Army and 12 months for other branches of the military.		
Member and CO understand there is little flexibility in exam dates / times		
Member and CO understand that all appointments shall be kept as scheduled		
Member and CO understand member will have convalescent leave after surgery as listed above		
Member and CO understand that there are risks associated with surgery, and although the risks are very low, complications could result in loss of vision and member may no longer be fit for duty		
Member and CO understand that after convalescent leave the member may have an additional period of limited duty depending upon speed of recovery, nature of work, the work environment and until all medication is completed (approximately 1-month for LASIK, and 2 months for PRK).		

5. **At NHB Refractive Surgery Center, we will not do surgery on those service members who knowingly have orders to deploy OCONUS minimum 1 month from date of surgery for LASIK and minimum 3 months from date of surgery for PRK.**

6. **Signature of member and Commanding Officer (or "by direction" authority) indicates authorization for surgery and a commitment to comply fully with follow up requirements.**

Service Member

Commanding Officer

Printed Name _____

Rank/Name/Phone# _____

Signature/date _____

Signature/date _____



Naval Hospital Bremerton
Ophthalmology & Refractive Surgery Clinic
(360) 475-4295

CDR David D. Hessert, M.D.
Ophthalmologist
Department Head

Dear Commanding Officer:

We appreciate the opportunity to provide vision enhancing corneal refractive surgery to active duty members of your unit. We believe this will make your military members more effective warfighters, with less reliance on glasses and contact lenses. We strive to make our process streamlined and simple for patients coming from out of state and overseas.

Unfortunately, Naval Hospital Bremerton cannot provide travel funding, local transportation or lodging. We encourage commands to provide no cost Temporary Additional Duty orders for patients who are scheduled for refractive surgery with us. Refractive surgery typically requires a two week commitment, and we perform surgery every Thursday. For patients unable to get TAD orders, please consider the Thursday of surgery through Monday to be five days of convalescent leave.

We recommend the following schedule for patients coming from out of state:

Sunday:	Arrive Seattle
Monday:	Pre-operative evaluation
Tuesday:	Repeat Pre-Op evaluation as necessary
Wednesday:	Group meeting / Informed consent / Meet with surgeon
Thursday:	Surgery - either LASIK or PRK
Friday:	1 day Post-operative exam for LASIK
Saturday & Sunday:	Convalescent leave
Monday:	4 day Post-operative exam for PRK
Wednesday:	Final Post-operative exam
Thursday:	Leave Seattle

Again, thank you for entrusting us with the care of your military members. Please contact usn.kitsap.navhospbremertonwa.list.brem-rs-clinic@mail.mil or call (360) 475-5105 if you have any questions. Thank you very much for your consideration.

Very respectfully,

David D. Hessert, M.D.
CDR, MC, USN