



Peter R. Andrews, M.D.

Peter Andrews, M.D. is a board certified, fellowship trained cornea, external disease and refractive surgery specialist. Dr. Andrews received his bachelors degree in computer science from the University of Florida, Gainesville. After several years as a professional software engineer, he graduated from medical school at the Wake Forest University School of Medicine. Dr. Andrews completed his ophthalmology residency and fellowship training at the University of Florida. He is a trained cornea specialist performing procedures such as: PTK; INTACS for keratoconus; cornea transplants, including the less invasive DSEK and anterior lamellar transplants, of which he was an early adopter; refractive surgery, including Custom and Traditional LASIK, PRK and ICLs; and cataract surgery utilizing the latest refractive lens technology (ReSTOR®, Crystalens® and toric IOL's). He is also certified in the FDA approved AlphaCor™ artificial cornea for advanced corneal disease.

Dr. Andrews enjoys performing refractive surgery, cataract surgery and has a strong interest in corneal infectious diseases. He is a member of the American Medical Association, the American Academy of Ophthalmology, and the American Association of Cataract and Refractive Surgeons.



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LASIK

See What You've Been Missing!

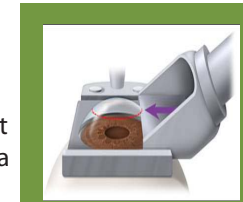
LASIK & beyond

Refractive surgery is a group of surgical procedures designed to help you reduce or even eliminate your need for glasses or contact lenses. Various procedures are available to help correct the various types of refractive errors: myopia, hyperopia, and astigmatism.

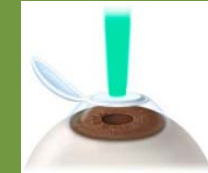
Myopia is also called nearsightedness—you can see well up close without glasses but need glasses to see well at a distance. Myopia arises when the front surface of your eye—called the cornea—is steeper than usual. Hyperopia is farsightedness—you cannot see well up close and usually cannot see well at a distance either. People with hyperopia often have flatter than usual corneas. Astigmatism is a mixture of myopia and hyperopia—your cornea is warped like the shape of a saddle.

Refractive surgery improves your vision by changing the focus power of your eye. This is accomplished by altering either of the two focusing structures of the eye—the cornea and the lens. The cornea or lens can be altered by various surgical techniques.

The most common refractive surgery procedure of the cornea is LASIK (laser-assisted in situ keratomileusis). In LASIK, laser energy is used to reshape your cornea, essentially sculpting your prescription into your eye. If the laser energy were applied directly to the surface of your eye, the treated area would be sore for several days during the healing process. To avoid this discomfort, a thin flap is cut on the surface of your cornea, then folded out of the way. Laser energy is then used to sculpt your exposed cornea to correct your refractive error, then the flap is put back into its normal position, covering the treated area. LASIK is nearly painless, highly successful, and you can see the improvement in your vision immediately after surgery. Another type of corneal refractive surgery is called PRK (photorefractive keratectomy), which differs from LASIK in that no flap is made—the laser directly sculpts the front surface of your cornea to reshape it. PRK is typically performed on people whose corneas are



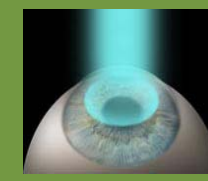
Microkeratome creating flap on surface of cornea.



Flap laid gently to the side during the excimer laser treatment.



Excimer laser treatment complete, flap returned and positioned properly.



PRK procedure - surface treatment



Visian ICL™

too thin or for other reasons may not be a good candidate for LASIK, or prefer the idea of no flap.

There are two common refractive surgery procedures of the lens. One is implantation of an ICL (intraocular contact lens). An ICL is essentially a contact lens, but instead of being placed on the surface of your eye, it is permanently placed inside your eye. The implant rests on the surface of your natural lens, behind your iris (the colored part of your eye). The strength of the implant is specifically selected to work with your cornea and lens to correct your refractive error. The second procedure is called RLE (refractive lens exchange). Refractive lens exchange involves removing your lens and replacing it with a lens implant that works with your cornea to correct your refractive error.

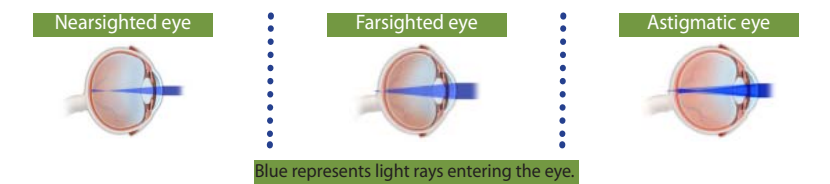
Each of these procedures has different risks and benefits, and each is designed for a different group of people based on the type and severity of their refractive error. If you are considering having refractive surgery, talk with us about which procedure is best for your eyes.

LASIK technology

Laser assisted in-situ keratomileusis (LASIK) is a brief outpatient microsurgical procedure to correct nearsightedness, farsightedness and astigmatism. The procedure typically takes 5 - 10 minutes to perform per eye. Downtime is limited, with most patients returning to normal activities the following day.

The procedure is done by creating a flap on the surface of the cornea with a device called a microkeratome. The flap is then gently laid to the side during the laser treatment, which on average takes 30 - 60 seconds. Once the lasing process is complete, the flap is returned, positioned and smoothed to ensure there are no wrinkles. Dr. Andrews will allow approximately 1 1/2 minutes for the flap to start readhering before proceeding to the other eye.

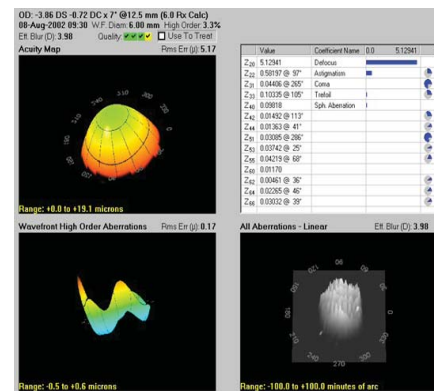
Once your procedure is over, we will place protective goggles over your eyes and ask that you go home and rest for the remainder of the day, keeping your eyes closed as much as possible during this time. Please read "What Should I Expect When I Have LASIK?" for more in depth information regarding the procedure.



Millions of people around the world have experienced the benefits of LASIK... is it your turn?

Traditional LASIK is an excellent option for many patients with basic refractive errors such as nearsightedness, farsightedness and/or astigmatism. With Traditional LASIK, we will address those common errors, much like taking your glasses or contact lens prescription, and sculpting it directly onto your eye. The process of creating the flap and preparing the cornea is exactly the same for both Traditional and Custom LASIK. The only difference is the treatment itself.

With **Custom LASIK**, we develop a customized mapping of each eye, because no two eyes are alike. The mapping will provide Dr. Andrews with detailed information regarding any higher order aberrations, or imperfections, you may have in your visual system that can cause distortion. These imperfections go beyond your nearsightedness, farsightedness and/or astigmatism and can be addressed with the Custom LASIK procedure, but not with Traditional LASIK. According to clinical studies, Custom LASIK has the potential of providing patients with vision better than is possible with glasses or contacts, and less incidence of glare and halos.



Dr. Andrews will discuss both of these important technologies with you during your pre-operative evaluation. Together, you will determine a treatment plan specific to your individual needs.

Monovision

Monovision is an option for people who have developed presbyopia, a natural aging process of the eyes that usually begins to present itself sometime in a person's forties. Presbyopia is a result of the eye's gradual inability to focus for near as the eye's internal lens and the muscles that control it lose elasticity.

Monovision is achieved by correcting one eye for near vision and the other for distance. Both eyes can adjust to work together. If you are looking for an alternative to wearing reading glasses, monovision makes it possible to repeatedly change the range of focus without constantly putting glasses on and taking them off. This option is particularly helpful for people who shift their vision often from near to far, such as teachers and public speakers. Some patients choose to wear a contact lens for prolonged distance vision (i.e., golfing) or near vision (i.e., reading).

Although many patients are satisfied with monovision, there are a few disadvantages to consider. Patients may notice decreased depth perception or blurred vision. Dr. Andrews will recommend a trial period for monovision using soft contact lenses prior to your laser procedure. This will allow you to determine if you can adapt well to the situation. If, after having the procedure, you have a difficult time adjusting, it is possible to have the laser correct the near eye for distance vision.

Fees

<p>\$1850 per eye</p> <p>Custom Technology</p> <ul style="list-style-type: none"> • Pre-op Evaluation • LASIK/PRK with Custom Excimer Laser Technology • LASIK /PRK Follow-up visits for one year • LASIK /PRK enhancement procedures during first year 	<p>\$1450 per eye</p> <p>Traditional Technology</p> <ul style="list-style-type: none"> • Pre-op Evaluation • LASIK/ PRK with Advanced Excimer Laser Technology • LASIK /PRK Follow-up visits for one year • LASIK /PRK enhancement procedures during first year
<p>0% options up to 18 months</p> <p>Monthly Payment Options</p> <p>To apply online, visit:</p> <p>www.carecredit.com <small>(0% for 12 months or monthly payment options)</small></p> <p>www.capitalonehealthcarefinance.com <small>(0% for 18 months or monthly payment options)</small></p> <p>We also accept checks, </p>	

What should I expect when I have LASIK?

- 1** First, you'll be screened to make sure you're a good candidate for LASIK and that there isn't any medical reason you shouldn't have the procedure. We'll also conduct advanced mapping to see if custom technology is an option for you.
- 2** Once we schedule your procedure, you'll arrive at our center (with a driver) at least 30 minutes before your appointment time. Our staff will review paperwork and post-operative instructions, as well as verify that you have the necessary post-operative medications.
- 3** For preparation, we will place anesthetic drops in your eye or eyes. Then we will clean the area around the operative eye to ensure sterility. Next, we will administer optional pre-operative medication, such as Valium, giving you time to relax in the waiting area. We'll also place a sticky dot above the eye or eyes being treated, which we'll use for reference during the procedure.
- 4** When it is time for the procedure to begin, you will enter the laser room and lie down on a comfortable reclining chair. The non-operative eye is covered to help you keep it still during the procedure. We will use a small device to keep your eyelids open, which helps you to avoid blinking during the procedure.
- 5** Next, a stabilization ring is placed on the eye to immobilize it while the flap is created, after which Dr. Andrews will gently lift and fold back the flap. Please keep in mind - there will be times during the procedure when your vision may temporarily go dark, or blurry or clear. This is quite normal, and we will make sure you feel informed about changes in your vision every step of the way.
- 6** Dr. Andrews will then align the laser with your eye and continue to explain what will happen during the procedure. He will ask you to fixate your vision on the blinking light.
- 7** Dr. Andrews will begin the treatment - you will hear a clicking sound, which is the sound of the laser running. Generally, within 30-60 seconds, we'll be done! Once the laser procedure is complete, Dr. Andrews will gently lay the flap back down and smooth the surface, allowing the flap to quickly reattach to the cornea, without the need for stitches or glue.
- 8** You can now sit up. At this point, we'll add drops to your eyes and place on some protective goggles.
- 9** You're ready to head home, with your driver at the wheel. It's best to rest and keep your eyes closed as much as possible for the first 12 hours, being careful not to rub or touch your eyes for 24 hours.
- 10** The next day, you'll have a follow-up appointment with Dr. Andrews or with your primary eye doctor. Additional visits are required at 1 week and 3 months. Within a few days, the cornea will be crystal clear and there will be virtually no trace of the flap. Usually there is no post-operative pain, and vision will start to improve within hours after the procedure.

FAQ's about LASIK

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| WILL LASIK SURGERY HURT? | LASIK is considered to be a procedure with minimal to no discomfort. Your eye will be numbed with eye drops, and you will be awake and aware during the entire procedure. Some patients report what they describe as slight discomfort (like having something in your eye), during the initial healing period of two to three days. |
| DOES LASIK SURGERY REQUIRE STITCHES OR SHOTS? | The procedure is not as invasive as you might imagine. After we have treated your eye, the flap will be replaced gently, and it will reattach quickly without stitches. There are also no shots required for the procedure. |
| DO I HAVE TO DO ANYTHING BEFORE OR AFTER THE PROCEDURE? | Before the procedure, you will need to have a pre-operative eye evaluation. We will explain all of the instructions for before and after the procedure. If you wear contacts, you'll need to remove them for a recommended period of time based on the type of lenses worn, prior to the pre-operative evaluation. After the procedure, you'll need to have someone drive you home. It is also very important to see us or your primary eye doctor for all scheduled follow-up visits. |
| HOW WELL WILL I SEE AFTER THE SURGERY? | With traditional LASIK, most patients achieve correction comparable to what they are able to achieve with glasses or contacts before surgery. With custom technology, there is the potential to have better vision after surgery than the patient ever had with contacts or glasses. |
| WHAT ARE THE RISKS INVOLVED WITH LASIK SURGERY? | As with any surgical procedure, there are some risks and potential complications. The risk of a serious vision threatening complication is very rare. Temporary complications you might experience just after LASIK surgery include: <ul style="list-style-type: none"> • Discomfort: Very few people experience discomfort, which is normally described as a slight stinging feeling or the feeling that there is something in the eye. If necessary, over-the-counter pain relievers may be taken. • Sensitivity to light: We provide a pair of sunglasses to wear when you leave the center to help with any sensitivity to light that might affect you for the first few weeks after the procedure. • Under- or over-correction: Unless it's severe, these situations do not usually affect the overall results. High amounts of under-correction may be retreated with an enhancement procedure. Low amounts are corrected by wearing glasses for activities such as driving or reading. Over-corrected eyes are rare and most return to the desired shape as the eye heals. • Infection: The risk of infection is very low - around 0.2%. The risk is greatest in the first 48 hours following the procedure, and an infection is generally treated with antibiotic drops. It is important that you carefully follow all post-operative instructions and see us or your primary eye doctor for all post-operative visits. • Halos or glare: If you currently have problems driving at night or have halos and glare, it may be related to the size of your pupil. LASIK surgery may decrease or increase these symptoms. Most surgery-related halos and glare diminish with healing, but some patients continue to have symptoms. |
| HOW DOES LASER VISION CORRECTION AFFECT MY EYES IN THE LONG TERM? | Numerous clinical studies have indicated that laser vision correction has rarely produced any long-term effects on the integrity of the eye. We feel confident that LASIK is a safe and predictable procedure. Although LASIK is considered permanent, in some cases the procedure may need to be repeated to enhance the final outcome. |
| DOES LASIK LEAD TO UNRELATED PROBLEMS IN THE FUTURE? | Certain eye conditions that are related to aging, such as presbyopia (the loss of flexibility in the lens of the eye) will not be corrected by the procedure and will be experienced by everyone sooner or later. However, many patients concerned with presbyopia are candidates for monovision, which relies on the correction of one eye for improved distance vision and under-correction or no correction of the other eye for improved reading vision. We will discuss this important issue in your evaluation. |