

# LASIK Eye Surgery

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## LASIK Surgery Checklist

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### Know what makes you a poor candidate

- Career impact** - does your job prohibit refractive surgery?
- Cost** - can you really afford this procedure?
- Medical conditions** - e.g., do you have an autoimmune disease or other major illness? Do you have a chronic illness that might slow or alter healing?
- Eye conditions** - do you have or have you ever had any problems with your eyes other than needing glasses or contacts?
- Medications** - do you take steroids or other drugs that might prevent healing?
- Stable refraction** - has your prescription changed in the last year?
- High or Low refractive error** - do you use glasses/contacts only some of the time? Do you need an unusually strong prescription?
- Pupil size** - are your pupils extra large in dim conditions?
- Corneal thickness** - do you have thin corneas?

### Know all the risks and procedure limitations

- Overtreatment or undertreatment** - are you willing and able to have more than one surgery to get the desired result?
- May still need reading glasses** - do you have presbyopia?
- Results may not be lasting** - do you think this is the last correction you will ever need? Do you realize that long-term results are not known?
- May permanently lose vision** - do you know some patients may lose some vision or experience blindness?
- Development of visual symptoms** - do you know about glare, halos, starbursts, etc. and that night driving might be difficult?
- Contrast sensitivity** - do you know your vision could be significantly reduced in dim light conditions?
- Bilateral treatment** - do you know the additional risks of having both eyes treated at the

same time?

**Patient information** - have you read the patient information booklet about the laser being used for your procedure?

### Know how to find the right doctor

**Experienced** - how many eyes has your doctor performed LASIK surgery on with the same laser?

**Equipment** - does your doctor use an FDA-approved laser for the procedure you need?

**Informative** - is your doctor willing to spend the time to answer all your questions?

**Long-term Care** - does your doctor encourage follow-up and management of you as a patient? Your preop and postop care may be provided by a doctor other than the surgeon.

**Be Comfortable** - do you feel you know your doctor and are comfortable with an equal exchange of information?

### Know preoperative, operative, and postoperative expectations

**No contact lenses prior to evaluation and surgery** - can you go for an extended period of time without wearing contact lenses?

**Have a thorough exam** - have you arranged not to drive or work after the exam?

**Read and understand the informed consent** - has your doctor given you an informed consent form to take home and answered all your questions?

**No makeup before surgery** - can you go 24-36 hours without makeup prior to surgery?

**Arrange for transportation** - can someone drive you home after surgery?

**Plan to take a few days to recover** - can you take time off to take it easy for a couple of days if necessary?

**Expect not to see clearly for a few days** - do you know you will not see clearly immediately?

**Know sights, smells, sounds of surgery** - has your doctor made you feel comfortable with the actual steps of the procedure?

**Be prepared to take drops/medications** - are you willing and able to put drops in your eyes at regular intervals?

**Be prepared to wear an eye shield** - do you know you need to protect the eye for a period of time after surgery to avoid injury?

**Expect some pain/discomfort** - do you know how much pain to expect?

**Know when to seek help** - do you understand what problems could occur and when to seek medical intervention?

**Know when to expect your vision to stop changing** - are you aware that final results could take months?

**Make sure your refraction is stable before any further surgery** - if you don't get the desired result, do you know not to have an enhancement until the prescription stops changing?

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Updated October 1, 2002  
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