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Lasik eye surgery

Will you really get rid of your glasses?

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Not a cure-all

Lasik eye surgery may be pitched as a "safe and easy alternative to glasses," but more than half of the people who have it or other laser vision-correction surgery still need to wear glasses at least some of the time. That's according to a Consumer Reports National Research Center survey of 793 adults who had laser vision-correction surgery in the past eight years.

While 80 percent of the respondents said they were "completely" or "very satisfied" with their surgery, nearly two-thirds said they were disappointed to find that they still had to wear glasses or contact lenses at least occasionally. That's understandable, since being tired of contacts and glasses was the most common reason respondents gave for choosing the surgery. A majority of respondents said they had it to correct nearsightedness (56 percent), while others had it done for astigmatism (35 percent) and farsightedness (20 percent). Side effects such as dry eyes, halos, and blurry vision were common among our respondents, and sometimes lasted at least six months after the surgery. That's particularly distressing, since Lasik eye surgery and similar operations are elective, not essential, medical procedures.

Our findings come at a time when the U.S. Food and Drug Administration, which regulates devices used in laser vision surgery, has taken a hard look at Lasik, spurred by complaints of troubling side effects and a lack of reliable data about how often they occur.

Most consumers have to pay out-of-pocket for the procedures, since most insurers don't cover them or offer only a small benefit. Our report can help make sure you get your money's worth. The package includes:

- A tool to help you determine whether you're likely to be satisfied based on the odds and your expectations.
- Detailed information from consumers who have had the surgery.
- A safety assessment of laser vision-correction surgery based on the latest evidence.
- A guide to choosing a surgeon, including key questions to ask and red flags that should prompt you to get a second opinion.
- What to expect before, during, and after the surgery.
- The costs of surgery, insurance coverage, and payment options.

Where to start

Consumer Reports asked almost 800 U.S. adults who have had vision-correction surgery about their reasons for having the procedure. Being tired of needing to wear glasses or contact lenses was the No. 1 reason, given by 61 percent of them. Finding contact lenses too uncomfortable and difficult to put in and care for was a reason given by 38 percent of the respondents. Twenty-four percent said they found glasses too inconvenient for work. And 14 percent reported that they no longer wanted to wear thick, unattractive glasses.

Are you a good candidate for Lasik?

As with any type of surgery, a good candidate for laser vision-correction surgery is more than just someone who is expected to receive the maximum benefit from the procedure with minimum risk. "It's also very important that the patient's expectations of the results are consistent with what can actually be achieved," says Howard Kornstein, M.D., a laser eye surgeon and clinical instructor in ophthalmology at Mount Sinai School of Medicine in New York, who was a consultant for our survey.

"If a patient has unrealistic expectations, then he or she is a poor candidate for elective surgery even if everything else is in order."

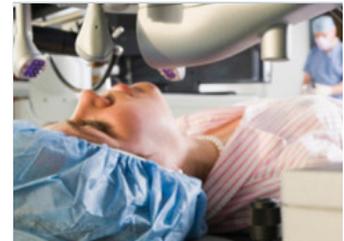
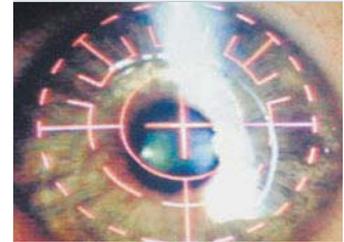
The initial examination is crucial, Kornstein says. It should include a detailed medical history and a thorough eye exam, including an evaluation of visual acuity, pupil size, and tests of corneal shape and thickness.

You may be a good candidate if:

- You are at least 18 years old (21 for some lasers). The Food and Drug Administration has not approved lasers for Lasik on people younger than age 18 since their vision usually is still changing.
- Your career plans permit it. Some employers, such as the military, may not allow people to perform specific jobs if they have had certain procedures, so be sure to check.
- You don't play contact sports. Since laser vision-correction surgery involves the creation of a flap in the cornea (the clear covering of the eye that sits over the iris), you may be vulnerable to eye injury after surgery both in the short- and long-term. Wear protective eyewear if you participate in contact sports or other activities in which you could get hit in the face.
- Your eyeglass or contact-lens prescription has been stable for at least the last 12 months. It should be within acceptable limits to undergo laser vision-correction surgery and unlikely to change.
- You don't have a disease or take medications that can impede healing. Certain conditions, such as lupus, rheumatoid arthritis, and diabetes, as well as drugs such as retinoic acid and steroids may prevent proper healing after laser vision surgery.
- You are not pregnant or breast-feeding, as that can affect vision measurements.
- You have no other risk factors: Your corneas are thick enough for reshaping with Lasik. Your pupils aren't too large under dim lighting conditions so that they increase your risk of postoperative night-vision symptoms such as glare, halos, and starbursts. (Ask your doctor whether you've been given a test for those problems.) You have no history of dry eyes, a condition that Lasik tends to aggravate. You show no evidence of blepharitis, inflammation of the eyelids with crusting of the eyelashes, a condition that increases the risk of corneal infection or inflammation after Lasik.

Common types of laser vision surgery

In the *Consumer Reports* survey, a majority of the respondents (65 percent) had Lasik as their most recent surgery. Only 5 percent reported having PRK, Lasek, or epi-Lasik. But it's important to note that nearly a third of the respondents (28 percent) were unsure about what type of surgery they had. Here's a rundown of the types of surgery commonly used to correct vision.



- **Lasek** (laser epithelial keratomileusis). A surgeon uses alcohol to loosen and then peel back the epithelium, or outer surface of the cornea. Next, a laser is used to reshape the surface of the cornea to correct nearsightedness, farsightedness, and astigmatism (which is blurred vision due to irregularities in the curvature of the cornea or lens). Then the epithelium flap is placed back into position and a contact lens is placed temporarily on the eye as a bandage. Recovery is rapid but there may be some initial discomfort. For more information on how Lasek surgery works, go to the Eye Surgery Education Council's Web site.
- **PRK** (photorefractive keratectomy). A surgeon removes microthin layers of tissue from the outermost layer of the cornea with a sterile brush and uses a laser to reshape the cornea to correct either nearsightedness, farsightedness, or astigmatism. Then a contact lens is placed over the eye as a temporary bandage. There may be some discomfort as the cornea heals during the next several days. For more information on how PRK surgery works, go to the American Academy of Ophthalmology's Web site.
- **Lasik** (laser assisted in situ keratomileusis). Surgeons use a surgical knife, called a microkeratome, to create a flap on the surface of the cornea. Then, using a laser, the surgeon reshapes the underlying cornea to correct vision and folds the flap back into place. In wavefront, or custom Lasik, the surgeon uses a device to map the irregularities of the eye, which permits correction of subtle focusing imperfections. Lasik typically has rapid visual recovery with less discomfort. For a step-by-step animation of how Lasik surgery works, go to the Food and Drug Administration's Web site.

What you should know

It's not easy to sort through the evidence about vision-correction surgery. Much of the research comes from surgeons who do the procedure and may be more likely to publish positive results. Critics have emerged—doctors and patients—who have expressed concern about the safety of the procedure. Moreover, the Food and Drug Administration says on its Web site that the long-term safety and effectiveness of Lasik surgery is not known because there's insufficient data. The FDA recently convened a panel that identified a number of concerns, and urged consumers to be aware of the risks and report problems with the surgery to the agency.

Currently the evidence shows that:

- Several laser vision-corrective surgeries are available. Various surgeries and lasers offer advantages in specific circumstances, but the lack of well-designed comparisons makes it impossible at this time to identify one as better than another overall.
- Satisfaction is high with laser vision-corrective surgery regardless of which procedure is used or when the procedure is done.
- However, as we also found in our survey, a significant portion of patients still need glasses following these procedures. While many of them require glasses to help see up close, 14 percent still need to wear glasses all of the time or almost always.
- A significant portion of patients experience side effects soon after surgery (53 percent in our survey) and many patients experience them six months after surgery, especially dry eyes and visual symptoms like halos, glare, and starbursts around lights. Within a month of laser vision surgery, many *Consumer Reports* respondents reported some problems, such as glare, dryness, sensitivity to light, or blurry vision in one or both eyes, problems that persisted six months after surgery for 22 percent.



What could go wrong?

A recent review of Lasik complications organizes adverse events as follows:

1. Problems that occur as a result of the flap that is created in the eye surface.
2. Problems that occur as a result of the laser application to the cornea.
3. Problems related to healing, infection, and inflammation.
4. Other problems.

Complications can be sorted into common (greater than 10 percent), somewhat common (1 to 10 percent), or rare (less than 1 percent).

Common Occur more than 10% of the time

Dry eyes
Glare, halos, starbursts
Hazy, blurry vision
Inaccurate measurement for glaucoma screening or treatment[□]

Somewhat common Occurs 1% to 10% of time

Abnormal healing reaction
Inflammation, irritation
Night-vision problems

Rare Occurs less than 1% of time

Bacterial infection
Disabling vision loss
Optic-nerve problem
Glaucoma

[□] Reducing the thickness of the cornea can result in inaccurate testing results for pressures within the eye. As a result, more expensive tests have to be used to screen for glaucoma or to monitor glaucoma treatment.

Source: Data compiled from a review of Lasik complications from the American Journal of Ophthalmology (April 2006) and Consumer Reports National Research Center survey of 793 adults in March and April 2009. Frequency of side effects within four weeks of surgery for glare, halos, and starbursts; hazy, blurry vision; inflammation, irritation; and night-vision problems derived from Consumer Reports survey. Data on other side effects as well as corroboration with Consumer Reports findings came from the April 2006 review. Both sources identify dry eye as a common side effect; the April 2006 review found that dry eye could occur in up to 48 percent of patients in the first six months after surgery.

What consumers say

What did the 793 consumers who have had laser vision-correction surgery say about the benefits, side effects, and regrets of the procedure?

An overwhelming majority (80 percent) of the respondents to the *Consumer Reports* survey said they were either "completely" or "very" satisfied with their laser vision-correction surgery. But nearly a quarter (24 percent) of not highly satisfied respondents said they regretted not learning more from people who had laser eye surgery before them, while only 4 percent of the highly satisfied respondents had this regret.

Here's what we learned from people who have had laser eye surgery about the factors that really seem to result in improved patient satisfaction.

Before the surgery

People who started out with nearsightedness (rather than farsightedness or astigmatism) tended to be more satisfied with the surgery.

Fifty-two percent of the sample cited being able to see a clock in the morning as a reason for having laser eye surgery. This is the only reason cited that was a statistically significant predictor of overall satisfaction with laser vision correction. It's hard to know exactly [what goes into wanting to see a clock](#). Maybe these folks had the most realistic expectations. What we do know from analysis is that the more trouble you had seeing a clock before surgery, the more satisfied you were with your ability to do so afterward.

Those in the satisfied group tended to be younger (the mean age was 49) at the time of surgery than the less satisfied group (the mean age was 54). Among satisfied consumers, the main regret was not having the surgery earlier.

The surgery itself

Satisfaction with one's surgeon and the surgery center, doctor's office, or hospital where the surgery took place strongly predicted the overall satisfaction with laser eye surgery. But satisfaction with one's surgeon is a stronger predictor than where the procedure was performed. Thus, choosing a surgeon carefully is more important than choosing the center carefully. Having a surgeon who saw you immediately before and also after the surgery also predicted satisfaction.

After the surgery

Vision improvement was a significant factor leading to satisfaction. Improvements in everyday activities (seeing a clock, driving, and reading a newspaper) made a lot of difference in consumer satisfaction.

Side effects were a key factor in lack of satisfaction. Laser eye surgery is often viewed as safe, but 53 percent of the respondents experienced side effects, and 22 percent were still experiencing them six months later. Consumers who experienced two or more side effects at four weeks after the surgery and people who continued to experience any side effects at six months were not as satisfied as those with fewer problems, or problems that didn't last as long.

Another downside: More than half of the respondents (55 percent) said they still had to wear glasses or contact lenses at least some of the time. Although 44 percent expected that this would be the case, most (61 percent) said they were disappointed nonetheless. After all, being tired of wearing contact lenses and glasses was the most common reason for choosing the surgery to begin with. Those who didn't expect to still need glasses or contacts after the surgery (but ended up needing them anyway) were among the less satisfied group.

"While it's clear from the survey that many people have been very happy with their laser vision surgery, I worry about the patients who were not highly satisfied," said R. Linsy Farris, M.D., a professor of clinical ophthalmology at Columbia University in New York and a consultant for our survey. All may not be as rosy as the advertising suggests.

One patient's story

Wendy Ferguson, 37, an elementary school teacher's aide in Ohio, says her vision used to be so bad she was legally blind. But she managed as best she could with contact lenses or thick glasses. Then, at age 33, she heard several moms talking about their laser eye surgery. She did some research, made an appointment, and talked with a doctor. She then decided to go through with it. "Before the surgery all the precautions they have to tell you—that you could go blind—kind of freaked me out," she said. "But it wasn't bad and it took just 8 minutes." After the surgery, when she first opened her eyes "everything looked like it was under water." But by the next day, she says, her vision was close to 20/20. Things used to fade in and out every once in a while, she says, but now "it's really not that bad" and it happens only "very rarely." "The best thing is looking at your clock when you wake up in the morning and actually being able to see it," she said. "It's awesome. It doesn't sound like a big deal, but it really is."

How to choose

Make sure your eyes are in good hands

In the *Consumer Reports* survey of laser eye-surgery patients, satisfaction with one's surgeon and the location where the patient had the surgery strongly predicted the patient's overall satisfaction.

Choosing a surgeon: Questions to ask

If you want to be happy with your outcome, pay more attention to the surgeon who will operate on you than on the fanciness or convenience of the surgery center itself. In our nationally representative survey of 793 U.S. adults who had laser vision-correction surgery in the past eight years, satisfaction with one's surgeon was one of the strongest predictors of overall satisfaction. Respondents who thought their surgeon conducted the proper tests and thoroughly counseled them on the risks and benefits were more satisfied with their surgeon.

When you choose a surgeon ask if he or she is board-certified and experienced in performing procedures that involve the same equipment and technique that will be used in your surgery. Your surgeon should be able to discuss results, both short-term and long-term, of the surgery he or she has done. Specifically, find out how many patients no longer need glasses or contacts to do most of their daily activities, and how many complications patients have experienced.

Here are questions we recommend you ask when consulting a surgeon about laser vision correction.

What's your training?

Look for a board-certified ophthalmologist who has done at least 250 procedures a year, including many that involve the same equipment and technique that will be used in your surgery. Other credentials to look for are fellowships in corneal and refractive surgery, a related teaching position, and being published in professional journals.

What's included in your presurgical evaluation?

A thorough appraisal could take up to three hours, including time with a laser surgeon if available. Expect an assessment of the quality and quantity of your tears, the size of your pupils in dim and regular light, and the thickness, shape, and surface quality of your corneas. Abnormal results may reveal an unreasonable risk, for example, if your corneas are too thin for Lasik. Your medical history is also vital



because conditions such as diabetes and medications such as corticosteroids may affect how your wounds heal, possibly making Lasik and other types of laser vision surgery a poor choice.

What's your rejection rate?

Programs with high screening standards typically reject 10 percent or more of their prospective patients.

How do my results stack up?

If you have borderline scores on some of the tests, ask how that might affect your outcome and the risk of side effects.

What results can I realistically expect?

Your surgeon should prepare you for the likelihood of dry eye, nighttime glare, and vision fluctuations as you heal, and for a 2 to 10 percent chance that you'll need a second procedure. In our survey, 53 percent of the respondents reported at least one side effect after surgery, and 22 percent of the respondents were still experiencing side effects six months later. We found that 12 percent of the patients had to repeat the procedure. Moreover, if your presurgery vision is very poor, research has found that you may still require glasses or contacts for some or all activities, and you're more likely to experience halos and glare. Some people find that their vision isn't as crisp after surgery. And most people still need reading glasses beginning in their 40s.

What type of equipment do you use?

Your doctor should use a laser approved by the Food and Drug Administration and provide information on the risks and benefits of using that specific type of laser for the procedure you need. You can look up patient information for the specific laser and other key information by going to the FDA's Lasik home page.

Do my eye problems require the newer "all laser" Lasik technology?

Using a special laser rather than the standard metal tool to create a hinged flap in the cornea is clearly a good option if your cornea is unusually flat, steep, or thin. And wavefront-guided Lasik, which uses a special mapping system, can tackle subtle optical defects. Those techniques can cost about \$200 to \$500 more per eye.

When to get a second opinion: Look for these red flags

If your surgeon minimizes the chance of complications, assures you that the surgery will enable you to get rid of your glasses forever, urges you to proceed as soon as possible, or is vague about the procedure or laser, be sure to get a second opinion.

Ideally, a conscientious surgeon will explain the risks and benefits to you rather than have someone else or a video do so. Videos are useful—pictures can be worth a thousand words—but it's up to your surgeon to make sure you have a full understanding of what the complications could be well before your surgery day.

Prospective patients should watch for the following warning signs that they might be in the wrong center or have the wrong surgeon. Hit the brakes if staff members or doctors say or imply that:

- **The surgery is risk-free, or they deflect questions.** They should be straightforward in discussing possible side effects and complications.
- **You'll achieve perfect vision and be able to throw away your glasses and contact lenses forever.** Patients may achieve 20/20 vision, but that does not always mean perfect vision. Detailed, precise vision may be slightly diminished, and you may still need eyeglasses as your vision changes over time.
- **There are no former patients for you to speak with.** They should be able to put you in touch with people who have given the practice permission to contact them and undergone the procedure you're considering so that you can ask them what the surgery was like and what they encountered afterward.
- **They don't know which model of FDA-approved laser will be used.** You should get the model and the FDA consumer information about it (or you can look it up yourself by going to the FDA Web site and clicking on the model).
- **They can't provide details about the surgeon's training.** Your surgeon should be an experienced ophthalmologist who is board-certified. It's best if they are fellowship-trained in corneal and refractive surgery. Other credentials to look for include a related teaching position and articles in professional journals. He or she should perform at least 250 procedures a year, including many that involve the same equipment and technique that will be used in your surgery.
- **The surgeon is unavailable to meet with you at all.** Ideally the surgeon will personally do the preoperative evaluation. But if that is not possible, staff members can do much of the patient education, and an eye-care professional may do the testing. But you should meet the surgeon before the day of surgery to ask how many patients he or she has performed the procedure on, the success rate (and how success is defined), and any other questions you may have in a way you understand.

What to expect

Here's what to expect at each stage of the laser vision-improvement process based on our interviews with experts and information from the U.S. Food and Drug Administration and the Federal Trade Commission.

Before surgery: Evaluations

Two to four weeks before your baseline evaluation

If you wear contact lenses, switch to eyeglasses two to four weeks or more before your initial evaluation. That's because contact lenses change the shape of your cornea for up to several weeks after you've stopped wearing them. That could lead to inaccurate measurements that surgeons use to determine how much corneal tissue to remove, and could result in poor vision after surgery. If you wear toric soft lenses or rigid gas permeable lenses, stop wearing them for at least three weeks before your initial evaluation; stop wearing hard lenses at least four weeks before. At your baseline evaluation be sure to ask the doctor how long before you can use contacts so they won't interfere with follow-up measurements.

During your baseline evaluation

Expect to meet with an eye doctor, provide a thorough medical history, discuss your expectations and goals, and receive a thorough eye exam to determine whether you are a good candidate for laser vision-correction surgery.

To provide the most accurate information possible, bring along your eye prescription records and a written summary of your medical history and eye conditions, including dates of significant events, treatments, and tests. And bring an up-to-date list of your current medications and dosages.

Your doctor should perform a thorough eye and vision exam. He or she should dilate your pupils and examine your eyes to make sure they're healthy. That includes:

- Assessment of dry eye
- Tests for thickness of your cornea

- Tests of the curvature of your cornea
- Tests of the pupils
- Tests for astigmatism and a cone-shaped cornea
- Test for glaucoma
- Retinal exam

Afterward the doctor will discuss whether you are a good candidate for laser vision-correction surgery and, if so, what procedure is most appropriate. The doctor should talk with you in detail about the potential harms and benefits, including your own expectations and goals, and whether the results are likely to meet them. The doctor should also explain what you should do before, during, and after surgery, and also discuss the alternatives to surgery.

Take notes and ask questions. Bring along a spouse or friend if possible so he or she can help make sure you ask all your questions and understand the answers. Ask how long it will take for your vision to improve after surgery or whether it will fluctuate. Ask whether follow-up laser eye surgery, called "enhancements" or "touch-ups," may be needed, what improvements might be expected, whether they are covered by your contract—the agreement that specifies the services you're paying for—or can be written into it, and for how long. Ask whether the contract covers medical care or surgery to fix complications that may arise (and ask your insurer whether your plan covers complications from laser eye surgery).

If you're not comfortable after this discussion or think you might prefer another practitioner, get a second opinion about the surgery at another practice or vision center.

After your baseline evaluation

You should not feel pressured by the doctor, a staff member, or anyone else about signing a consent form for having surgery. Give yourself plenty of time to review the form and information your doctor and the center provided, ask additional questions, and carefully consider the potential risks and benefits.

Do not sign the consent form unless you feel satisfied that you thoroughly understand the possible risks, benefits, and alternatives, and what the likely outcome will be for you. Then tell the doctor or staff member at the center whether you're signing the form and going forward with the surgery. Closer to the surgery date, eye measurements may need to be repeated.

A week before surgery

Your doctor may tell you to stop wearing makeup, lotions, perfume, and cologne for a few days before surgery since they can interfere with the laser treatment or possibly increase the risk of infection after surgery. He or she may instruct you to wash any residue or debris from your eyelashes with scrubs for several days before surgery. Talk with your doctor about whether he or she will be prescribing any preoperative antibiotics, moisturizing eye drops, or other medications, and if so, how to use them.

The day of surgery

Wear comfortable clothing (and low-heeled shoes) and be sure you are still free of makeup, perfume, cologne, hairspray or hair gel, and earrings. Lasik is an outpatient procedure, but your doctor may give you medicine to help you relax. Because your vision may be blurry after surgery, arrange for transportation to and from the facility. Generally, the surgery takes only about 10 to 15 minutes per eye, but because of preparation time and other factors, plan on spending two hours at the office.

After surgery

It's helpful to keep your eyes closed for the first few hours and sleep while wearing the protective glasses provided by your doctor. You may experience a mild burning sensation for a few hours after Lasik surgery but there should be minimal pain. Do not rub your eyes. Contact your doctor immediately if you experience severe pain or irritation, or if your vision or other symptoms get worse instead of better.

Do not shower until after your postop doctor's visit, which tends to be on the next day. At that visit you can schedule the rest of your follow-up visits, usually for the following week, month, and then as directed.

Healing is fast, but you may want to take a few days off from work after surgery. Don't drive until your vision has improved enough to safely do so. You'll need to avoid getting water in the operated eye or eyes for a few days. Do not wear eye makeup, lotion, or sunscreen for a week after surgery. Avoid impact sports or similar activities for four weeks, and then use protective safety glasses. Avoid pools, hot tubs, and whirlpools for up to two months after surgery.

Healing and side effects

Your vision may fluctuate during the first few months after surgery, and it may take three to six months for your vision to stabilize. Glare, halos, difficulty driving at night, and other visual symptoms may also persist during this "stabilization period," the FDA says. If further correction or enhancement is necessary, the agency advises, wait until your eye measurements are consistent for two consecutive visits at least three months apart before considering another operation.

Costs and insurance

"Read the fine print," may seem like silly advice if you're considering laser vision surgery, since reading fine print may be one of the problems you're hoping the surgery will fix. Nonetheless, it's important to note that we've found some of the low prices advertised for vision surgery to be misleading. Among other things, the price quoted may be for only one eye. And if a free consultation is offered, you have a right to just that and should not be asked for any payment up front.

Costs can vary widely

The typical national price (per eye) for laser vision surgery is \$1,657, according to a Consumer Reports Health Ratings Center survey of 793 U.S. adults who had the surgery over the past eight years. Costs per eye vary widely, with 7 percent of the consumers saying they paid less than \$499 per eye; 12 percent paid between \$2,500 and \$3,999 per eye; and 4 percent shelled out \$4,000 or more per eye. A hefty part of our sample, 23 percent, was unsure what they paid.

Prices remain fairly high, according to the Healthcare Blue Book, a resource that reports "fair, upfront pricing" for services and products. The national average cash price per eye for traditional Lasik is \$1,513 after discounts, sales or specials, assuming both eyes are treated. Similarly, the average national price for custom Lasik, in which the surgeon uses a wave-front sensor to guide a computer-controlled laser, is \$1,822, the Healthcare Blue Book says. And the average national price of Custom-Bladeless Lasik, in which the surgeon uses a laser to create the corneal flap, is \$2,069. But if you're planning to go to a nearby city to have Lasik, remember to consider travel expenses, since you'll have to make several visits to the surgeon, including follow-up trips.

Payment options

With total costs for laser vision surgery averaging over \$3,000 for both eyes, finding a way to pay for it can be a challenge.

Here are our payment suggestions for those contemplating the procedure.

Check your health insurance

Consult your employee-benefits department or talk directly with your insurer to see if your health plan covers all or part of the costs of the surgery. Even if it doesn't, you may find that some Lasik providers have a negotiated discount with large insurance carriers or vision

networks, according to Healthcare Blue Book. You may still be entitled to an additional 5 percent to 15 percent discount if you are in a major carrier provider network. If you're not covered, ask if any complications that result from the surgery would be covered.

Ask about sales and packages

Many Lasik centers offer discounts to patients who request them, according to the Healthcare Blue Book. Some offer coupons or seasonal promotions.

Consider a flexible-spending account

These [tax-advantaged accounts](#), available through your employer, can be used for Lasik and other laser vision surgeries as well as other health expenses not covered by your health plan. (Insurance premiums cannot be covered by these accounts.) You fund them through tax-free payroll deductions, with a typical maximum allowable annual contribution of \$5,000. The advantage is that, because you don't owe income taxes on your contributions, you enjoy an effective discount of whatever your marginal tax rate is. The catch is that if you don't use up all the money in your account during a calendar year, you generally forfeit the balance, so you have to plan ahead if you intend to use the money for laser vision surgery. One attractive feature is that the entire amount of your annual contribution may be available as an advance, so you don't have to wait for your payroll deductions to build up before scheduling your procedure.

Avoid health-care credit cards

Most Lasik centers offer the same price whether you pay in cash or finance your procedure, according to the Healthcare Blue Book. And many centers offer free financing for 12 to 24 months, typically in partnership with a financing company. Most centers accept cash or major credit cards, and typically expect payment before performing the Lasik procedure.

A number of Lasik chains offer "interest-free" financing by means of a health-care-specific credit line, such as Chase HealthAdvance or GE Money CareCredit. Based on our past investigation of the booby traps connected with these cards, we don't think they are a good choice for elective procedures like Lasik.

If you are late with even a single minimum payment, for example, your 0 percent interest rate might turn into an interest rate of 25 percent or so, and you'll also owe finance charges from day one of your loan. If this type of credit is your only option, you'll be much safer waiting until you've accumulated enough cash in an interest-bearing checking account.

For more information

[American Academy of Ophthalmology](#)

Provides information about Lasik in a free Patient's Guide to Refractive Surgery and in an online video, as well as help in finding an eye doctor.

[American Optometric Association](#)

Provides a glossary of technical terms and brief videos regarding refractive surgery.

[American Society of Cataract and Refractive Surgery](#)

Provides information on Lasik as well as help in finding a surgeon.

[Federal Trade Commission](#)

Provides consumer information on Lasik prepared in cooperation with the American Academy of Ophthalmology.

[Food and Drug Administration](#)

Provides detailed consumer information on Lasik, animation showing how surgery works, and patient information for each of the FDA-approved Lasik lasers.

Behind the survey

Can this survey help me decide whether to get laser eye surgery?

This survey provides a real-life account of what it is like to have laser surgery to improve your eyesight. It sheds light on how people make decisions about laser eye surgery—Should I have it? Where should I have it? Who should perform the surgery?—and how those decisions affect their vision outcomes and satisfaction. The survey also gauges how people's lives are changed by their surgery. For instance, 60 percent of our respondents said they saw a marked improvement in their leisure time after their surgery, while only 28 percent found their relationships with people were better or much better.

Does this survey represent the general population?

Results were collected from a nationally representative survey of the U.S. population that was designed by the Consumer Reports National Research Center in consultation with internal and external medical experts. Panelists were recruited via random digit dialing and provided with Internet access and training when necessary. It is possible that our sample underrepresents younger people, who are more likely to live in cell-phone-only households. Because the respondents made the decision to have this surgery, they all shared a desire and willingness to improve their vision and make a personal investment in its success. We did not collect data from those who decided not to have surgery, and cannot compare the outcomes between these two groups.

How does the laser eye surgery survey compare with clinical studies?

Clinical studies usually include objective diagnostic measures—a blood test, a biopsy—combined with a physical exam to assess whether treatment is effective. Clinical studies may also follow people over time. The results from the laser eye-surgery survey are self-reported accounts collected at one point in time (and in this instance could be years after the actual surgery.) How people recall experiences is inevitably shaded by their current disposition and things that have happened since the surgery.

Clinical studies may be randomized controlled trials, considered the "gold standard" in medical research. They may permit comparison between relatively similar samples randomly assigned to treatment alternatives. They are the most definitive method we have for determining whether a treatment really works. Our medical team reviewed the limited data available from clinical trials on the topic of laser vision correction. But there are inherent limitations to these investigations, including small sample sizes, inadequate length of the study, and high dropout rates, as well as potential biases due to the source of funding for the trial.

Clinical studies are extremely precise, which has pros and cons. One of the fundamental pros is that precision erases ambiguity regarding the exact procedure being studied. Twenty-eight percent of our laser eye-surgery survey respondents were unsure about what type of surgery they had (such as Lasik, Lasek, PRK, or epi-Lasik). In a clinical study about laser eye surgery, all of the patients would have had a clearly defined procedure and an objective measure of their starting and ending vision.

Our respondents were generally quite satisfied with their experiences with laser eye surgery since 2001. As with all surgical techniques, laser vision correction is an ever-changing field. In our data, the year of surgery made no difference in satisfaction, but it's important to recognize that techniques change. These results are of laser vision correction procedures that have been available since 2001.

One of the cons of clinical studies is that the more precise a clinical trial, the fewer people to which it will apply. Although understanding findings from these studies is a critically important piece of the decision-making process, the narrow focus limits the breadth of information available about a specific surgery. A clinical trial often prescreens candidates and excludes those who do not meet specific

health criteria. Our laser eye-surgery survey fills this gap by asking a wide range of questions to a representative group of Americans about all aspects of the surgical experience, from making preoperative decisions to surgical outcomes and their potential for lifestyle changes.

Will you be satisfied?



Will your vision improve?



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