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Viscodissection-LASEK (V-LASEK) speeds visual recovery

Purpose: This study was carried out in order to compare the post-op pain, optical results and following haze after LASEK-Viscodissection (V-LASEK) and classic LASEK. **Setting:** Tagesklinik, Cham, Germany. **Methods:** V-LASEK was performed in 69 eyes of 35 patients (mean 30.7 years) with mean (\pm SD) myopic astigmatism of 5.4 (2.7) D (range 1.1 to 12.8 D). Control group ,classic LASEK consisted of 32 eyes of 16 patients (mean 35.2 years) with mean (\pm SD) myopic astigmatism of 6.7 (2.6) D (range 2.8 to 11.9 D). In the V-LASEK group, following preparation of the epithelium with an alcoholic solution, the epithelium was gently lifted by injecting a viscous lubricating solution containing 0.25% sodium hyaluronate (Laservis®, TRB Chemedica AG, Germany) through a Rau viscodissection cannula (N°G-33928, Geuder, Germany). Excimer laser ablation was then performed using an AllegrettoT equipment (Wavelight). **Results:** At Day 1 post-surgery, 8,7 % of patients reported pain in the V-LASEK group vs. 31,2 % in the Standard LASEK group ($p = 0.035$), the mean UCVA was 0.41 in the V-LASEK group and 0.33 in the Standard LASEK group ($p = 0.021$). Mean UCVA values were 0.66 vs. 0.49 after 1 week in the V-LASEK and control group, respectively ($p = 0.00024$). At 3 months, 6 months and 12 months after surgery, mean UCVA values in the V-LASEK group vs. Control group were respectively 0.92 vs. 0.78 ($p = 0.036$), 0.99 vs. 0.85 ($p = 0.014$) and 1.00 vs. 0.93 ($p = 0.033$). At 3 months, faint haze 1 was present in 1 eye (1.4%) in the V-LASEK group and 2 eyes (10.5%) in the Standard LASEK group. **Conclusion:** V-LASEK technique using a lubricating solution of 0.25% sodium hyaluronate allows the surgeon a better lift control of the flap, which significantly reduces post-operative pain and provides faster optical recovery than standard LASEK without the viscodissection technique. Haze also tended to be reduced with the V-LASEK surgery.

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