

SOUTHWESTERN NEWS

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UT SOUTHWESTERN OPHTHALMOLOGISTS FIRST IN NORTH TEXAS TO USE NEW AND SAFER EYE-LASER APPARATUS

DALLAS – April 6, 1998 – A new device that increases the safety and accuracy of laser-assisted procedures to correct nearsightedness is being employed by ophthalmologists at

UT Southwestern Medical Center at Dallas, the first North Texas site to use the instrument.

The new microkeratome is more accurate because it has fewer parts to assemble before ophthalmologists can perform Laser-Assisted In-Situ Keratomileusis (LASIK), the procedure used to correct high degrees of nearsightedness. In LASIK, a thin flap of the outer cornea is lifted to expose the middle layer of the cornea, which is reshaped with a laser. The microkeratome creates the thin corneal flap that is lifted and then laid back over the treated area.

Although the current microkeratome has a high degree of accuracy and success, it requires the precise assembly of several small pieces that dictate the depth of the cut made on the cornea. The new microkeratome has built-in precision, which comes from its simple three-step assembly and a preassembled blade casing.

"As with any procedure in any field, the fewer the number of equipment parts that must be put together on-site, the safer any procedure will be," said Dr. James McCulley, chairman of ophthalmology and head of the Zale Lipshy Laser Center for Vision at UT Southwestern. McCulley, holder of the David Bruton Jr. Chair in Ophthalmology, was recently named chairman of the Food and Drug Administration's Ophthalmic Devices Committee.

Although the current microkeratome produces a cut similar to the new model, there are major differences. The newer model creates a flap that is lifted vertically as opposed to horizontally. The depth of the cut also is more precise because the movement of the new microkeratome blade is controlled automatically by a built-in tracking system, which prevents skipping or jamming.

(MORE)

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Additionally, the new microkeratome is able to create a corneal flap of varying diameters, including larger dimensions — 9 mm vs. 7 mm— which presents the possibility of correcting farsightedness with the LASIK procedure. To correct nearsightedness the central part of the cornea is treated, while the peripheral area of the cornea is treated to correct farsightedness. Correction of farsightedness with the new microkeratome has not yet been approved by the FDA.

"Although patients are the primary beneficiaries of the microkeratome advancement, ophthalmologists will benefit tremendously because it augments the high level of safety they already offer to people who want permanent vision correction with laser technology," said McCulley, whose laser center already has corrected vision in more than 1,120 eyes since 1996.

The Zale Lipshy Laser Center for Vision at UT Southwestern is the only academic center in Texas that is open to all ophthalmologists who have been trained to use excimer-laser technology for vision correction. The center already serves as a primary laser center for ophthalmologists from areas such as Tyler, Waco, Lubbock and as far away as San Angelo, where a physician flies his own plane to bring his patients to Dallas for excimer-laser surgery at UT Southwestern.

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