Refractive Surgery: LASIK, PRK, SMILE, ICL, and Refractive Cataract Surgery Transcript

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Refractive Surgery Overview

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I cannot offer that yet to my patients who have that issue. Welcome to the IQ Podcast. I'm Dr. Rani Banik, here to help you boost your IQ with powerful insights that connect your eyes, your brain, and your whole body wellness.

This episode was recorded during the Eye Health Summit, where the world's leading experts shared breakthrough insights in vision and holistic eye care.

Welcome the the eye health summit. i'm dr. rani banik your host and today i am so honored to interview Dr. Sunny Gole and get his insights into his area of expertise, which is refractive surgery.

And Dr Goal happens to be a leading refracted surgeon based out of Baltimore, Maryland. We're so honored to have you on the iHealth Summit, Dr Gold. Thank you so much for joining us.

Pleasure being here, Doctor Banik. Thanks for the invitation. Absolutely. So I always like to begin by asking my guests, what got them interested in their particular area or subspecialty?

So what was it about refractive surgery that interested you enough to want to pursue it in your training and then to establish a practice as a refracted surgeon?

Yeah, so when I was finishing residency training, actually, is when the very first lasers got FDA approved for laser refracting surgery. So I got in on the ground floor and what I saw was that it was more like happy medicine.

We weren't treating people who had really bad eye disease. You're trying to get them better or even stabilize them. But with refractive surgery, I would actually help them see a whole lot better than they did before and make a positive difference in their lives in only a 15 minute procedure for both eyes.

And that was really a wow factor for me. And so to be able to generate this kind of outcome so quickly, it becomes like you're high, you get this high of helping people see so Yeah, absolutely.

And I've seen, I'm sure you have seen many more than I have, but I seen countless individuals who've undergone refractive surgery, and it's literally life changing.

You know, they open their eyes and they can suddenly see, you know they wake up in the morning, They can see their clock, across their bedroom. They drive without glasses.

I mean truly it can really just turn around someone's eye health. So for our audience, could you first just give us a broad overview, what is this field of refractive surgery?

What exactly are we talking about when we say the words refracted surgery. Yeah, that's a great question.

How LASIK, PRK, and SMILE Work

Refractive Surgery really is the ability to take somebody who's currently dependent on glasses or contact lenses and provide them with a surgical solution to help them get rid of those glasses and contacts, if not 100% of the time, a majority of The original refractive surgery, if you will, was cataract surgery.

And so think of our grandparents having catarax surgery in their 70s and 80s, and they would have this opacification of their lens over time. To have the regained vision, we would remove it and put a lens implant in its place.

They would be able to get to not only have better vision but also be given to their glasses in many instances and be seen in the distance like they couldn't see before.

And then we started doing laser refractive surgery back in the mid to late 90s. And we're taking patients who are nearsighted and with astigmatism and being able to treat them so they can see more clearly and then to your point function without glasses or contacts.

whether it's swimming or going to the gym or running, just doing their daily activities. Just really get out of the bed and go. And the people who don't need glasses and contacts are very spoiled.

They don' know how lucky they are to be able to have that ability, to that independence from all the eyewear. So we've been able offer that to patients, like I said, back in the mid to late 90s.

Since then, refractive surgery not only encompasses laser surgery, but also lens-based procedures. So we have things like the STAR Evo ICL, where we can put a lens inside the eye, think of it as like an implantable contact lens.

And probably the most famous person to have that in the United States is Joey Jonas of the Jonas Brothers. He's doing their marketing for them. We're now offering refractive lens exchange, which is essentially cataract surgery in a younger patient, somebody who's in their 40s and 50s.

They don't yet have a cat arach, but they want a solution for better distance and near vision. So we can put a multifocal lens in there eyes to help them see better in both of those distances.

So it seems like from your description, Dr. Gull, that there are different types of procedures that can be used as refractive surgery procedures. The first, as you mentioned, being cataract surgery and changing the lens power and replacing it with an implant.

but then there are all these newer procedures as well. So can you share with us, you know, aside from refractive surgery being the original, what was kind of the very first type of refracted surgery that was introduced and FDA approved and where have we gone since then with the technologies that we can use in these types of refractive procedures?

Yeah, another great question. The very 1st one was something called radial keratotomy, where we use a blade to make these radial incisions in the cornea to help correct nearsightedness.

and astigmatism. And from there, we went to a laser, which has got a greater accuracy and predictability. The very first laser vision correction surgery to get approved was PRK.

So think of that as laser-vision in one corner. That's been approved for about 30 years now. With PR K, you make an abrasion on the cornea, do the laser to correct your vision, and then have you wear a soft contact lens on your eye for five days to help the abrasions to heal.

And then from there we went to LASIK, laser vision correction 2.0. That's been around for about 25 years. And with LACIK we make a flap. It's about a 10-clock hour incision from 1 o'clock down to 6 back up to 11 o clock in the cornea.

I then lift that flap up, use a second laser to correct the vision and then put the flap back into position. And then the third laser procedure is called SMILE laser eye surgery.

And that's short for Small Incision Lenticular Extraction, which is kind of a mouthful. But what we're essentially doing is taking a very thin, small contact lens-shaped piece of tissue out of the cornea through a small incision, up high under the eyelid on the cornia.

I think it was like a two-clock hour incission from 11 o'clock to 1 o clock. By doing it that way, the Cornea is more intact, there's less cutting, it's And because there's no flap, there is no risk of flap movement or dislocation.

So the very next day after smile laser eye surgery, patients have no restrictions of activity. Hit the beach, hit the pool, at the gym, wear eye makeup, all the next very day because nothing's going to stop them.

And that's become my primary laser vision correction procedure of choice. We've done over 10 million procedures now worldwide of smile, laser, eye, surgery.

And then from there, we go to the lens-based procedures, which EVO-ICL is approved to treat near-sightedness and astigmatism. And that's just for myopic patients between minus three and minus 20. Then refactin lens exchange, of course, is there to treatment distance, mid-range, and near vision, regardless of the initial prescription.

That's fascinating. And again, this is such fast changing technology that has really turned around the field of refractive surgery. I want to go back to the first two types of treatments you mentioned, and then we'll talk about the other ones.

In both PRK and LASIK, what exactly is the laser doing? How are you changing the power of the eye in these two type of laser procedures? Yeah, so what's happening is when you're treating near-sighted patients, you are taking a dome-shaped cornea and you flatten it.

And the way that you've flattened it is by removing tissue centrally. So you create this flatter top to the corneas and that helps the light rays to focus on the retina.

With LASIK and PRK, we're essentially burning away the tissue, centrality in the cornia, and it's causing that flattening. And with smile laser eye surgery, we're going to carve it out in one piece.

It's got the same effect, though. You can take, again, the dome-shaped cornea and flatten it.

Who Qualifies for Laser Vision Correction

We're just going flatten the corneas in a different way. And you mentioned that in PRK, you're actually removing the top layer of the cornia. Why is that necessary, and what are some of implications of that if someone chooses to have this particular procedure PR K?

So the eczema laser that we use to treat with PRK and LASIK removes corneal tissue in the stroma. So it cannot focus through the tissue on the surface.

Whatever tissue it hits is what it removes to begin with. And so if you don't remove the epithelium, it's not able to get to where it needs to. And so there are two ways to get to that stromal tissue.

The first way is to create an abrasion and basically scrape the cornea epithelium away, exposing the coronial tissue, lasering that away and then letting the epiphyllium grow back.

And the second way to treat a flap. So you're going to a very thin piece of corneal issue and lift it up like the cover of a book, if you will, do the laser in the cordial surface and put that book cover back into position.

But the whole idea is to get the corneal stromal tissue so we can remove that to correct your vision. Mm hmm. Got it. So for the main indications for this, you were saying earlier that the initial treatments were done in people who were near sighted or myopic.

But can you also do these types of procedures, these laser correction procedures for people, who are hyperopic, meaning farsighted, or if they have astigmatism?

Are there specific differences in the laser that you would use for these particular types Yeah, absolutely. So when the laces were first approved, they could only treat nearsightedness without astigmatism, and then they added astigmaticism.

Now they did add hyperopia or farsitedness. You can use PRK and LASIK to treat farsaited, astigmatism and myopia, or nearshited. Smiley's right surgery is only FDA approved to treat near sideness and astigmatism between minus one and minus 10. So that is not yet approved for treating farsightedness.

I cannot offer that yet to my patients who have that issue. Do you think it may eventually be approved other types of conditions other than myopia? I don't think so.

You know, I think the FDA trials have gotten so expensive these days. I think that the companies are doing an analysis to see how many more patients can we capture by offering this procedure, like for farsightedness.

And I'll give you an example. We are a smile first center. So if patients qualify for smile and LASIK, I'm going to offer a SMILE to them. Uh, and we're doing 80% of our patients as SMILE and 20% as LASEK or PRK.

and that 20 percent are patients who don't qualify So I know that even now with what I have with Smile, I'm catching 80% of my patient population. So, when you take into account how much they got to spend for FDA trials and that sort of thing, how many more revenue that the manufacturer can generate by offering it in the Smile procedure?

I see. So it's not that it can't be done. It's just that the studies may not be for those types of indications. Exactly. Got it. Thank you for explaining that.

I wanted to ask you, before we talk about some of the other types or refractive procedures you mentioned, you know, for LASIK or PRK, are there specific criteria that you would look for or smile even?

And we can talk smile as well. Are there specific criteria you would look for in a patient that may either make them a good candidate or perhaps may not make a candidate for any of these types of procedures?

Yeah, you hit the nail on the head. I mean, the art of laser refractive surgery is really determining candidacy, and not everyone is a candid for these procedures as much as they like to be.

So we recommend, of course, a full, complete corneal and eye examination and really touching the cornea to check its thickness and its shape to determine if it can safely if I can safely perform a laser vision correction procedure on them based on the criteria that they have.

And so you want to make sure they've a nice healthy eye, no pathology in the retina, No cataract forming, and a Nice healthy cornea to be able to offer these procedures.

The other thing that's really important for these patients is to Make sure that not eye rubbers, because we know that patients who rub their eyes can cause further eye diseases just from rubbing.

So you can come in on the day of the evaluation when you're 25 years old, have a completely normal eye, has completely-normal testing. All the preoperative testing is completely, normal.

You do the laser vision correction procedure for you, but you happen to be an eye-rubber. And then over time, a

constant rubbing of your eye can cause damage to the cornea and then thinning of corneas.

Some patients will think, well, this is related to my laser-vision correction surgery, when in essence, it's related the chronic eye rubbing. We've actually had a speaker on our summit who's talked about eye rubbing and the potential risks such as causing astigmatism or keratoconus.

Is that kind of what you're alluding to, Dr. Gold, like development of eye issues? Exactly, yeah. It'll just cause some thinning and weakening of the cornea.

And it's not just rubbing, it is how you rub. I'm sure from your other speaker, you know that people who use the bones of their fingers, we call them knucklers, they're really kind rubbing hard, exactly.

versus the soft fingertips. So it's, you know, that makes a huge difference. And, and now, the question I ask patients is not do you rub your eyes, because that's kind of an yes, no answer.

I asked them, how often do rub you're eyes? How many times a day? And it makes them think and sometimes they'll say I don't, which is really going to be a more accurate answer, or they will say, oh, like three or four times today.

Then I say well, show me how do your rubbed your eye? Do you do it all the time? Or like, why do I rub my eyes and so we get into that history. And that's really an important part of the history when we're looking at doing laser eye surgery.

Yeah, it's so important to get to the nitty-gritty details, right? Yeah. So I wanted to ask you two more questions regarding candidacy for some of these procedures.

What if someone has dry eye? Would that make them a better candidate for one or another of those procedures or make the not a candidate at all? Yeah, so we ask, really, do you have dry eye?

And we offer a dry-eye questionnaire as well. And then the question is, is it mild dry eyes where you're treating it successfully with tears? Is it severe dry?

Where no matter what you do, your eyes are always dry. Do you only have a eye when you were in your contact lenses, but no dry when your not wearing your contacts lenses?

Which makes me believe you might have contact lens intolerance. So dry has this wide range. of dryness from mild to severe and controlled to uncontrolled.

And so based on those answers, you know, we can offer a procedure to them. But in general, We find that there's less dry eye as a side effect after smile as dry surgery and ICL surgery.

LASIK eye surgery does have a risk of increasing dry eye because of the corneal flap that's being created and the cutting of cornea nerves. And so I noticed some patients might have it slight increase in dryness initially, which could persist, but most patients go back to their baseline after about six months post-operatively.

But then we want them to support the dryiness of their eyes with topical tears, drink lots of water. You know, one of biggest issues is patients are on the computer all day long.

And so their eyes are staying open, they're getting dry, you have evaporative dry eye. And then many times they have a fan above their bed when they are sleeping at night time or a vent blowing on them.

That can also cause dry eyes when their sleeping. So it really does make a difference when you do a further deep dive investigation into what kind of dry-eye they Yeah, I've also had patients who spend a lot of time in the car driving and they have their vents directed right at their face.

So, you know, simple things that people can change in their daily habits, in your environment that can help them with their dry eye. Um, so the other, the last question I wanted to ask you about candidacy is you mentioned earlier, Dr.

Goll, that, You know you'll look to see if whether someone has other eye pathologies such as a cataract. So if someone has a cataract, does that make them ineligible for any of these types of procedures, or would you recommend something else for them?

Refractive Lens Exchange and AI-Assisted Cataract Surgery

Yeah. So, you know, depending on what kind of cataraact they have, some people can have a very mild catarract that's not really affecting their vision.

They're still seeing 20-20, and their prescription hasn't changed, they're functioning well. Versus someone who has more severe catarak, the vision may not be seen 20 20, They're 2030 or 2040. And again, so that would be a different discussion.

But in general, we can offer LASIK in their vision still 2020 with a mild age appropriate cataract. If they have a cat that's affecting their visions, then I would recommend doing catarract surgery.

It is not to the level where insurance would cover it because many times insurance can cover at least a portion of the procedure. We'd offer refractive lens exchange, which is essentially the same procedure, but then the patient pays for that.

And what we're finding is that patients want to see better. Their parents have had cataract surgery. They're in their 70s. But the patients are in the 50s, and they see how happy their parents are with their new lenses.

Like, why do I have to wait 20 years to have my catarax form in order to get the same kind of solution? I want that solution today. And so we were able to offer it to them.

That's incredible. Again, the technology has advanced so much. So it seems like there is a procedure that would be applicable to basically any type of issue, whether they have previous dry eye or cataract, et cetera.

Whether they're hyperopic, myopic. They have astigmatism. There are many different options now that weren't available earlier, which is wonderful. Yeah, so thus far, Dr.

Gul, this conversation has been so enlightening. I always learn so much from my guests, but today I've learned really some really incredible insights.

We're going to take a very short break to hear from one of our sponsors, and we'll be right back on the iHealth Summit. So please stay tuned. Dive into wellness with Soothe, a foundational supplement in the ageless eyes bundle by Dr Ronnie.

I'm Dr. Rani and I believe in empowering your health. Soothe is not an ordinary omega supplement. SOothe provides a unique blend of omega fatty acids to unlock a world of health benefits.

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Love your eyes with Sooth. Your essential partner for health and vision. Welcome back to the Eye Health Summit. In this session, we're chatting with Dr.

Sunny Goal, who's a leading refractive surgeon based out of Maryland. Dr Goall, just earlier, you were talking about refracted lens surgery. I've also heard it termed by other ways.

What are some other terms that other doctors may use for this type of surgery? Yeah, so it's known as refractive lens exchange or clear lens extraction.

And I've heard both terminologies, but it is essentially the same procedure. It's removing your lens from the eye that has not yet become a cataract, which is why we call it clear-lens exchange, or refracted- lens-exchange.

But it essentially taking a lens that's no longer functioning for you, because you can't focus up close, it can focus in the distance, and replacing it with another lens at the trifocal to give you better distance mid-range and near vision.

And that range of vision is pretty much set almost universally by the lens manufacturers to be between 16 inches to 24 inches at near. 16 inch is being your cell phone and 24 inch as being a computer monitor or the dashboard of your car.

You can have this range or vision where you have the most function essentially. And of course, the distance. There are many different manufacturers of the Lens technologies.

They have Alcon Labs, you had Baoshin Lam, Johnson and Johnson. each of these companies has a different trifocal lens available. And I'm assuming patients should discuss with their doctor which lens may be best suited for their particular situation or their eye.

There's not a universal lens for everyone, right? It seems like there are many options out there. That's exactly right. And it all comes down to what a patient's goals are, how they use their eyes, what are their hobbies, where their activities, whether occupations.

Once you have a better sense from them with that discussion, you can really help them to determine which lens is best for them. There are some practices where they used one lens all the time because it's just easier for then.

But I am a place where we offer multiple different lenses because everyone's different. So everyone being different, having different goals, I find that having a different lens solutions is the best.

Absolutely personalized approach is always best when it comes to vision health. I wanted to ask you, I know that you also specialize in I believe it's called robotic intelligence assisted surgery.

Can you tell us a little bit more about exactly what that is and what type of technology you use for that? Absolutely, and I'm excited about this technology.

So from the beginning, we were doing cataract surgery or refractive lens exchange surgery, really with a scalpel. Using the scalple to make an incision in the cornea, getting into the eye, making a small opening in front of the lens.

Think of your natural lens as being shaped like an M&M. And you get access to the inside chocolate part of M & M. You've got to create a little opening or a circular opening, in a front shell of a M and M, scoop out the content of an m and m, put the new lens implant in its place.

We do that for cataract surgery and refractive lens exchange. Well, we now have a laser procedure available to us. It's by Lens-IR or LENS-R. And it's called the Ally femtosecond laser.

EVO ICL and Refractive Surgery Complications

This laser can actually all by itself, it can center the treatment, you can create the coin incisions. You can break up your lens into quarter pieces, so into quadrants.

All before I even get into the eye, he just facilitates the whole process. And by centering that opening in the fund of the capsule, or that shell, if you will, it helps to better center the lens implant.

So we're finding that our results are better, with less risk of lens tilt, and just greater accuracy of end point. And so to me, just adds another layer of precision and safety to adding this technology.

Having it AI driven or robotic intelligence driven, again, gives patients better confidence that we are offering the best technology that we have. Again, truly incredible how we've been able to use in our field, you know, such precision technology to really better care for our patients.

So Dr. Gohl, I know we're been talking about the many different types of, beneficial outcomes of some of these types how it can change one's life for the better.

Now let's talk a little bit more about some of the things that you may be not wanting to see in your practice, perhaps some the complications of some these procedures.

What are some common complications or procedures like, and I'll go through them again, like PRK, LASIK, SMILE and refractive lens surgery. Can you just briefly kind of describe what some things patients should watch out for?

Yes, of course. So the one thing we worry about as surgeons is infection and inflammation. And we try to control that with topical antibiotic eye drops and steroid eye-drops.

We also, in the case of Lasik surgery, worry that flap dislocation. To give patients eye protection aware for the first week so they don't rub their eyes while they're sleeping at night time or they rub the eyes by accident during the day for their first-week.

With PRK, we worry about haze formation on the surface of the cornea. And so we do use something called mitomycin C at the time of surgery to help reduce that risk.

We encourage using vitamin C pills, taking vitamin c. It helps to reduce the hazy risk as well and facilitate the healing process. With refractive lens of change, again, infection and inflammation.

but also getting all the lens pieces out of the eye or having a lens piece fall to the back of eye, which could require a second procedure. All those risks are very low, less than 1%, just not zero.

And so that's where you have to do robust risk-benefit analysis to determine, you know, do the risks that way the benefits, to benefits that the way risks.

In the instances where the risk that ways the benefit, we don't recommend surgery. In the instances where the benefits are with the risks, we do suggest surgery as a potential solution, understanding that nothing's ever 100% guaranteed.

Yeah, thank you for bringing up those points. I remember in our medical school graduation years ago, I remembered that we had to take the Hippocratic Oath, which includes partially, there's much to the hippocratic oath, but first do no harm.

And so as doctors and as surgeons, specifically for you as a refractive surgeon, that's always first and foremost is we don't just operate on patients just because we can.

It really is choosing the right patient, making sure they understand the procedure that they're undergoing and what the potential outcomes may be, positive and negative, and then letting the patient make a decision about it.

So that's so, so important. Absolutely. No, I couldn't agree with you more, which is why it's good to go to an experienced surgeon who knows what they're doing and asking your friends or family members, you know, have you had this done?

Do you have people who have had it done, where have they gone? Checking about a doctor's reputation is helpful. That's how you can make sure. Like for me, it is all about helping people see better.

There's no joy in having somebody not see as well as they did when they walked in. And so we really are very strict in our candidacy to make sure that we're delivering great results and happy patients.

Yeah, well, I thank you. And I'm sure many thousands of your patients will thank as well for transporting their lives. In our last few minutes together, two more things I wanted to talk to you about.

Dr. Gold, you mentioned this Evo ICL. Can you tell us more about that? EVO is an amazing technology. It's actually a silicone-based lens, it's a high-definition lens that we put inside the eye, behind your iris, so behind the blue or brown part of your eye but in front of the natural lens.

And by putting it there, the lens stays in your eyes permanently and it can correct your nearsightedness and your astigmatism. So when you come in for a consultation, we're looking to see, do you even have space in the front part to accommodate that lens?

And if you do, then that can become an option for you. We don't recommend it to everybody, of course, because again, you're looking at the risk benefit profile.

Will a laser surgery be better or safer? Will the lens be safer or better? But for the really high myopes, like minus 10s, minus 12s who are outside the range of laser eye surgery, this lens is a godsend.

I mean, they're able to see and have a solution that they've never had an options for before. And they've been told their whole, you know, if they'd been looking at it for 10 or 15 years, You can't do LASIK because your cornea is too thin, your prescription is to high, and suddenly we have a solution for them.

And because it's working out so well with these higher myopic patients, we're now offering it to slightly lower myopic patients. So minus four is minus five, minus six is where maybe they have too much dry eye, where I'm worried about LASIK causing more dryness or some corneal irregularity, or maybe cornal surgery is not the best solution for them.

I know it can get them to see really well with this high definition lens, offers UV protection once it's in the eye and just excellent vision. Wow, again, incredible.

I have so many questions about that, but I know I don't want to keep you too long, Dr. Gold. But just one question about this EVO ICL. So let's say somebody has it done when they're in their 20s.

And then later on in life, down the road when there are 50 or 60 or 70, they develop a cataract. What do you do with that contact lens? Do you just remove it and do the catarax surgery?

Is it safe in that type of situation? Yeah, that's exactly right. So it's completely reversible and removable. And it like going back to where you were before you even have the lens put in.

We can very easily, at the time of cataract surgery, you're already going to make an incision to remove the catarax. But through that same incission, literally grab the corner of the lense and just gently remove it from the eye.

It just rolls up like a burrito, essentially, because it is made of silicone. You remove that lens from eye and then proceed with the Cataracts surgery like you would otherwise.

Got it, got it. Now, I know that in previous generations of these kinds of intraocular contact lens refractive solutions

that used to cause a lot of inflammation, is that something you see as well with this new technology, or do you do see much less of it?

So we're actually seeing much of this. So the new EVO version of the ICL is a very small port. It's called the EVo port or hole within the lens that allows for the flow of fluid from behind the land to in front of lens.

Before we have this pore, we had to actually make a small laser opening in the iris, and so that would create some inflammation. And I actually think that that will create cataract formation.

I think sometimes the laser would punch through the Iris, nicking the lens, that could cause an early catarract implantation. So we're actually not seeing any catarak formations occur with the EVO version of the ICL.

and with excellent results. The next day, my patients are seeing anywhere from 2020 to 2030 and day one, and it just improved from there. So much better vision recovery, very stable after the procedure is complete.

And we can always go back and do a LASIK touch-up in those patients who qualify.

Myths, Aging Eyes, and Where to Learn More

If the lens prescriptions are off by a little bit, that can happen, right? So if that should happen we could always offer a lasik touch up on top of that.

Got it, got it. Again, truly incredible. And it's so important, again, for anyone listening who may be considering these procedures, go to someone who has a lot of experience.

That's, I think, so, thousands and thousands of procedures. It's so, so critical. Well, in our last few minutes together, Dr. Goll, could you share with us, you know, there's a lot of myths or misconceptions out there about eye health.

Could you show with this one myth that you've oftentimes heard from your patients that just say, no, that's just not true, and you just want to dispel that myth out in the world?

Could just share something with Absolutely. I think the number one thing I hear all the time is, will the LASIK wear off? How many years do I get with the Lasik surgery before it wears off.

And I can tell you, Lasik does not wear off. I had Lasick on my own eyes about 26 years ago, and I've had great distance and near vision. And then we have two changes in our lives as we age.

The first is when we get to our 40s. In our forties, we start to need reading glasses. It's called presbyopia. That happens to all of us, regardless of whether you have laser eye surgery or not.

If you've got Lasic like I have, you still maintain great-distance vision, The second change that happens to us over the years is cataract formation. That's going to happen to all of us, right?

And what I tell patients is, if you live long enough, you're going get a cat aract. And so in our 60s or 70s, that's when most patients will have catarract surgery.

But you don't go from being having a clear lens to having cat-arct overnight. You're gonna have this slow progression and aging of the lens. Like we have aging our body and our hair grays and skin wrinkles, and cat arcs start to form.

And as the cataract forms, that can change your prescription. So it's not like the LASIK on the cornea is worn off. That laser to the corner stays stable long-term.

But the change is happening inside the eye to lens is what's causing the refraction to change. Yeah. It's a long answer to a simple question. Sorry. Yeah, thank you for sharing those insights.

Because like you, I oftentimes tell my patients, if you live long enough, you're going to be blessed with three things that are going happen to your eyes.

Number one, your going develop presbyopia and have trouble reading. number two, You're gonna develop a cataract. And number three, are gonna to develop those age-related eye changes like fine lines and wrinkles.

That's gonna happen all of us. So, whether you have Lasik or not, it's still going happened, correct? That is right. Absolutely. Well, this has been such an eye-opening and inspirational talk, Dr.

Goh. Thank you so much for sharing your unique insights into refractive surgery. If anyone wanted to learn more from you or learn about refracted surgery or perhaps even come visit you and become a patient, how could they find you?

Yeah, thank you for asking. So our website is very simple. It's goalvision.com. We're online and you can find us. Our phone number is there as well. You know, because we can do telehealth visits for people who are remote and can't get in necessarily.

If you do them in the mornings and the evenings, we try to be as patient friendly as possible. Wonderful. And we will definitely share your website link and your telephone number under your interview so anyone can reach out.

I do encourage you to do so. Well, again, thank you so much, Dr. Goh, for spending your valuable time with us here on the iHealth Summit. We truly appreciate you, and we hope that you continue sharing your unique skills and light in the world to help people with their eyesight.

So thank-you. Thank you very much for having me. This has been a great experience. You're very welcome. And thank you all for tuning into this session on the iHealth Summit.

We will see you next time. So take care. Is there a difference between when these patients should be seeing a type 1 diabetic versus a Type 2 diabetic?

That's a great question. And I would say the answer, generally speaking, is no, in the sense that in both cases, the net effect is that the elevated level of blood sugar can damage the blood vessels.

This is an example that I give that many patients understand very clearly. Let's say you took kind of a PVC pipe that you might have for plumbing in your home, and you poured acid in it.

Thank you for tuning in to the IQ Podcast. I hope you enjoyed today's episode and learned something new to help you boost your IQ. Leave us a review and share the podcast with your family and friends.

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