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Why Mechanical Microkeratomomes are here to stay.

My ideal femtosecond laser would:

- *Be small enough to fit under my excimer platform and eliminate the need to move patients from one device to another*
- *Rarely need service and when necessary the manufacturer could ship me a loaner unit overnight.*
- *Not leave tissue bridges and therefore allow me to lift all flaps atraumatically.*
- *Not leave air bubbles in the stroma or anterior chamber and would never produce a surgical delay or prevent iris registration.*
- *Produce almost no inflammation and would not require intensive topical steroids.*
- *Cost under \$40,000, would have an annual maintenance contract under \$4000, and cost less than under \$100 to operate per case.*
- *Consistently create perfect flaps between 95 and 105 microns with a 3.5 mm hinge and 8.5 mm diameter.*
- *Be almost devoid of DLK.*
- *Be disposable and portable.*
- *Not have a click fee.*

When they make my ideal femtosecond I will consider giving up my Moria One-Use-Plus SBK mechanical microkeratome. But I am not sure this will ever happen because during surgery, the flaps created by the Moria OUP SBK are thin, dry, resilient, and natural. The femtosecond flaps look oedematous, white, rubbery and unnatural. I believe the flaps created by finely honed steel are more physiologic than those generated from a series of tiny plasma explosions. I admit, we haven't yet found any clinical correlation to these findings.

The track record for steel is well established. There are many unknowns in the long term effects of femtosecond laser energy delivered to the cornea. I also doubt we will ever be free from a click fee. Years ago the Harvard Business Review suggested that industry "share in the surgeon's success" with laser vision correction. Most excimer laser companies and all femtosecond companies have strictly adhered to that recommendation.

I am loyal to my Moria, unmoved by marketing pressures, immune to industry propaganda, and ignoring the well-paid pundits. I am confident I am providing the best care, making the best flaps, respecting the integrity and physiology of corneal tissue. I am working cost-effectively without being victimized by yet another predatory click fee.

Those surgeons confident in their clinical skills, respectful of corneal tissue, and interested in controlling costs will stand firmly with Moria's OUP SBK. Mechanical microkeratomomes are here to stay. I look forward to the next generation of Moria mechanical microkeratomomes, perhaps with a choice of hinge positions.

Warm regards,

A handwritten signature in black ink that reads "James S. Lewis MD". The signature is written in a cursive, flowing style with a prominent flourish at the end.

James S. Lewis, MD

Lewis JS. Microkeratomomes are here to stay. Ocular Surgery News SuperSite, March 1, 2009