

Bladeless "all-laser" new LASEK technique by Dr. Chynn offers maximum safety and vision!

Emil William Chynn, MD

In the winter of 1998-1999, Dr. Chynn received his LASIK for high myopia and astigmatism. This was in the early days of LASIK.

Dr. Chynn was one of the first Fellowship-trained LASIK surgeons in the US. He completed a full, optional, 1-year fellowship under the world-famous surgeons George O. Waring III, MD, Doyle Stulting, MD PhD, and Keith Thompson, MD at Emory University in Atlanta--one of the top Refractive Surgery academic centers in the world.

Indeed, Dr. Waring was the surgeon who wrote the definitive text about the older RK procedure, and he was the one who wrote the pioneering paper documenting that RK was not stable--leading to the advancements that lead to LASIK.

Dr. Chynn was actually the first LASIK surgeon in NYC to have LASIK himself. "I believe in putting my money where my mouth is--if I do not have enough confidence to have LASIK myself, how can I ask my patients to do the same?" Dr. Chynn said at the time.

Dr. Chynn had his LASIK performed at Harvard by his former Chief Resident, Roberto Pineda, MD where he completed his residency. The procedure was performed on a Friday afternoon, and was broadcast live on a simulcast on AM radio, since Dr. Chynn was the host of a weekly call-in talk radio show in NYC about LASIK!

The following day, on Saturday morning, Dr. Pineda examined Dr. Chynn, who was already 20/25! By the following Monday, Dr. Chynn was 20/20 after 20+ years of glasses and contacts, and he operated as the Attending Surgeon at Manhattan Eye, Ear & Throat Hospital teaching the residents corneal transplant surgery that afternoon!

Dr. Chynn had Monovision done, so that he would not need reading glasses as early as normal people do (in their 40s), but would be able to read without reading glasses until his 50s.

However, Dr. Chynn "only" wound up 20/20 after his surgery—a "perfect" result at the time, but only an "average" result today.

Today, with advances in the hardware and software of the laser and other diagnostic and surgical equipment every year, as well as refinements in surgical technique and surgical experience (Dr. Chynn performs over 1,000 cases each year), the "typical" patient today is seeing 20/20 afterwards, and more than half of the patients see BETTER than 20/20 after their procedure!

One advance in technique that Dr. Chynn employs is LASEK, in which he uses his surgical expertise to gently peel away the epithelium, or front layer of the cornea, replacing it after the laser portion of the procedure. By doing so, visual recovery is hastened and discomfort minimized compared to the older PRK technique (Dr. Chynn stopped performing PRKs and replaced them with LASEKs in 2001).

"With LASEK, I am not creating a flap, as in a LASIK, so it is an inherently safer procedure, as there is absolutely no cutting involved," Dr. Chynn says. "In addition, because there is no flap interface, there is no possibility of a flap ever

coming back up due to trauma, flap striae or other problems, or light back-scatter from the flap interface."

What does this mean for the patient? Better vision.

"In our LASEK patients, especially those who elect CustomVue Wavefront ablations, we are routinely making patients see BETTER than 20/20," Dr. Chynn reports. "Indeed, in 2004, I lasered both Missy, my front desk person, and Amber, my OR/laser technician using LASEK (with Wavefront in Amber), and BOTH are seeing MUCH better than 20/20! They actually are seeing so well that they are seeing below the bottom line of the standard eye chart, so we have to test them on a special chart!"

(Missy and Amber are both seeing 20/13, and even approaching 20/10 on a good day--twice as good as 20/20!)

How does LASEK compare to "IntraLase?"

"IntraLase is a laser keratome, which means that, although the people using this are advertising it as an 'all-laser' procedure, this is misleading," Dr. Chynn explains. "With IntraLase, you are still cutting a flap, only using a laser to make the cut, rather than an automated microkeratome. Thus, you still have all the potential problems with making a flap, putting it back, having debris under the flap, wrinkles in the flap, and later dislocations of the flap from trauma."

"In addition, in the Aug. 2004 issue of EyeWorld magazine, a new entity called TRISC (Track Related Iridocyclitis and Scleritis) was reported that occurs ONLY after IntraLase. Patients with this problem have debilitating light sensitivity after their IntraLase procedure, even if they are otherwise seeing well. This is

worrisome, and pretty much defeats the purpose of using another laser to make a flap, which was supposedly for added safety--not to create more problems."

(visit www.eyeworld.org for a complete report on TRISC; EyeWorld, Aug. 2004, p. 12-14).

"Moreover," Dr. Chynn adds, "the doctors using IntraLase are charging patients up to \$1000 more for it--just because the IntraLase company is charging the doctors \$500 a pop each time THEY use the machine. Compare this to LASEK, where we completely eliminate the flap and by definition ALL flap complications, NEVER have a single case of TRISC, and only charge a few hundred dollars more."

IWANT2020.COM and Dr. Chynn, by selecting and adopting the absolute best technology and procedures for you, the patient (like CustomVue Wavefront and LASEK) are committed to offering "New York's Best LASIK/LASEK Value."

Why don't you call them toll-free at (888) I-WANT-2020; (888) 492-6820, or (212) 741-8628, or email them using our CONTACT FORM to set up your free consultation with Dr. Chynn himself? You will be glad you did!

Remember--you have nothing to lose...except your glasses and contacts!