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COMPLICATED CASES MANAGEMENT IN LASER VISION CORRECTION WITH SMILE EYE TECHNOLOGY

Khamidova Firuza Muinovna

Samarkand State Medical University, Samarkand, Uzbekistan Mamasoliyev Qilichxon Mamasoli o'g'li Samarkand State Medical University, Samarkand, Uzbekistan

INTRODUCTION:

Laser vision correction has revolutionized the field of ophthalmology, providing patients with the opportunity to achieve clear vision without the need for glasses or contact lenses. One of the most advanced techniques for laser vision correction is SMILE (Small Incision Lenticule Extraction) eye surgery. While SMILE has shown excellent results in the majority of cases, there are instances where complications can occur. This article aims to explore the management of complicated cases in laser vision correction using the SMILE eye technology.

Material and Methods:

To gather information for this article, a comprehensive review of scientific literature and clinical studies was conducted. Case reports and clinical trials focusing on complicated cases in SMILE eye surgery were analyzed. The methods used to manage these cases, including diagnostic techniques, surgical interventions, and post-operative care, were examined.

Results:

Complications in SMILE eye surgery can arise from various factors, including preexisting ocular conditions, surgeon experience, and technical issues during the procedure. Some of the complications that can occur include flap-related complications, such as incomplete flap creation or irregular flap edges, and visual disturbances, such as dry eyes, glare, or halos. Additionally, rare but severe complications, such as corneal infections or ectasia, have been reported.

The management of these complicated cases requires a thorough evaluation of the patient's condition and careful decision-making. Diagnostic tools such as corneal topography, tomography, and wavefront analysis play a crucial role in identifying potential risk factors and guiding treatment strategies. Surgical interventions, such as flap repositioning, enhancement procedures, or corneal cross-linking, may be necessary to address specific complications. Additionally, post-operative care, including the use of lubricating eye drops, anti-inflammatory medications, and close monitoring, is essential for optimal healing and visual outcomes.

Discussion:

The management of complicated cases in SMILE eye surgery requires a multidisciplinary approach involving experienced surgeons, ophthalmologists, and optometrists. The early identification and prompt management of complications are crucial to minimize potential visual impairment and ensure patient satisfaction. The choice of



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intervention should be tailored to the individual patient, taking into account the severity of the complication, the patient's ocular health, and their visual requirements.

In cases of flap-related complications, timely intervention is necessary to reposition or re-create the flap to restore corneal integrity. Visual disturbances, such as dry eyes or glare, may require long-term management with lubricating eye drops, punctal plugs, or other dry eye treatments. Severe complications, such as infections or ectasia, may necessitate the use of antibiotics, antiviral medications, or corneal collagen cross-linking to stabilize the cornea and prevent further damage.

Conclusion:

While SMILE eye surgery is generally considered safe and effective, complications can occur in a small percentage of cases. The successful management of complicated cases in laser vision correction relies on a comprehensive evaluation, accurate diagnosis, and appropriate treatment strategies. Surgeon expertise, advanced diagnostic tools, and a patient-centered approach are key factors in achieving optimal outcomes in these situations.

It is vital for both surgeons and patients to be aware of the potential risks and complications associated with SMILE eye surgery. Open communication and informed consent before the procedure can help manage expectations and ensure patients are well-informed about the potential outcomes.

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