



Warfighter Refractive Eye Surgery Program

Evans Army Community Hospital

Fort Carson, CO 80913

(719) 526-7450

Monday - Friday 0730-1630



(Closed for training on the second Thursday of each month from 0700-1300)

Application Checklist

At least 21 years of age on the date of surgery

At least 6 months remaining on active duty status from the date of surgery

At least 6 months remaining at Fort Carson from the date of surgery

No combat deployment within 3 months of the date of surgery PRK, 1 month LASIK/SMILE

No adverse personnel actions (e.g., flag, UCMJ) pending

No Medical Evaluation Board pending

Females must not be pregnant or nursing 6 months before the date of surgery

Glasses and/or contact lenses are required full-time; surgery is not authorized for Soldiers who only need corrective lenses part-time

No contact lens wear for 30 days prior to the pre-surgical evaluation; no contact lens wear between the pre-surgical evaluation and the surgery

Complete the DHA 237 Refractive Eye Surgery Application (section 3 optometry/ophthalmology referral may be committed)

Commander Acknowledgment Signed

Copy the completed packet for personal records

Submit completed application to WRESP EACH group mail box :
usarmy.carson.medcom-each.mbx.wresp@health.mil

For more information on the Army's Warfighter Refractive Eye Surgery Program (WRESP), please refer to the OTSG/MEDCOM Policy Memo 20-039, dated 17 AUG 2020.

EVANS ARMY COMMUNITY HOSPITAL

Warfighter Refractive Eye Surgery Program

Clinical Guidelines

PLEASE NOTE: THESE ARE REFERRAL GUIDELINES. EACH SURGERY IS INDIVIDUALLY PLANNED AND THEREFORE REGARDLESS OF CRITERIA SOME PATIENTS MAY NOT BE OFFERED CERTAIN PROCEDURES. PLEASE DO NOT REFER ANY PATIENTS TO US FOR REFRACTIVE SURGERY IF THEY DO NOT MEET THE BELOW GUIDELINES.

1. ADMINISTRATIVE GUIDELINES

- **STATUS:** Active Duty and Activated Reservist (currently on “active duty”)
- **AGE LIMIT: 21**
- **RETENTION CRITERIA (TIME REMAINING ON ACTIVE DUTY AFTER SURGERY DATE):**
 - ARMY ACTIVE DUTY: 6 months
 - NAVY/MARINE ACTIVE DUTY: 12 months
 - AIR FORCE ACTIVE DUTY: 6 months
 - RESERVISTS ON ACTIVE DUTY: Service standards
- **DEPLOYMENTS:** No scheduled combat deployments within 1 month for LASIK surgery and **3** months for PRK surgery
- **COMMANDER’S AUTHORIZATION:** Valid for **6** months
- **SMALLPOX IMMUNIZATION:** no laser treatments within **3** weeks of smallpox immunization (Ask); no immunization up to **4** months after laser treatment²
- **OPTOMETRY POST-OPERATIVE CARE: Service member should not be PCSing within 3 months of surgery date.**

2. PRE-OPERATIVE UNCORRECTED DISTANCE VISUAL ACUITY and MINIMUM TREATMENT CRITERIA:

MYOPE: 20/30 OR WORSE
HYPEROPE: NO MINIMUM
 Refraction: ≥ -1.00 SE

3. CONTACT LENS WEARERS:

Soft Contact lenses must be out **30 Days** prior and Hard Contacts **90 Days** to pre-operative evaluation at Evans ACH. **DO NOT RESUME (HARD OR SOFT) CONTACT LENS AT ANY TIME PRIOR TO TREATMENT.** This can greatly affect treatment accuracy!

4. **Alcon Allegretto Wavelight WX 500 LIMITS**

1. STANDARD REFRACTIVE LIMITS

- Myopia: -0.75D to -8.00D SE (PRK)
-0.75D to -12.00D SE (LASIK)
- Cylinder no more than 6.00 D

- Hyperopia: +0.75D TO +6.00D SE (Max spherical equivalent of +6.00)
- Cylinder: no more than 5.00D

2. WAVEFRONT GUIDED REFRACTIVE LIMITS

- Myopia: -0.50D to -7.00D SE and cylinder no greater than 3.00D
- Hyperopia: +0.50D to +3.00D SE and cylinder no greater than 2.00D
- Mixed Astigmatism: 1.00D to 6.00D of cylinder where magnitude of cylinder is greater than magnitude of spherical error and of opposite sign. E.g. (+4.75-6.00x 000)

3. TOPOGRAPHY GUIDED REFRACTIVE LIMITS

- Myopia: -0.50D to -9.00D
- Myopia and Astigmatism: up to -8.00D and cylinder no greater than 3.00D

5. PACHS (Thinnest pachymetry Pentacam):

- PRK: ≥ 475 microns; no thinner than 300 microns residual bed
- LASIK: ≥ 500 microns; no thinner than 300 microns residual bed
Assume 120 microns flap thickness (residual bed stroma)

6. K’s:

- Post-op K’s of 34.0D and above is acceptable (Steep K – MR Sphere = postop K)
- No refractive surgery for pre-op K’s of <39D or >48D

7. Percentage Thickness Alteration (PTA%) LASIK-NOT MORE than 40%

8. REFRACTIVE STABILIZATION:

- **Must have MRx over 1 year old to show stable Rx**
- **No more than 0.5D shift in sphere or cylinder over the past year**
- **If not stable, bring back in 3 months for repeat MRx and CRx**
- **Difference in Wet vs Dry MR ≤ 0.75 D**
- **CRx needs to be done with Cyclo and is good for 6 months**

9. SYSTEMIC CONDITIONS THAT WILL POSSIBLY

DQ

- Uncontrolled/Unstable Autoimmune Diseases³
- Immunodeficiency Diseases (AIDS/HIV)
- Pregnancy- must be 6 months post-partum
- Breastfeeding- nursing discontinued for 6 months
- Diabetes-uncontrolled

10. OCULAR CONDITIONS THAT ARE DQ

- History of Herpetic Eye Disease
- Keratoconus or Form-fruste keratoconus
- Pellucid Marginal Degeneration
- Ocular Rosacea
- Dry Eye Disease
- Glaucoma - Pigment Dispersion Syndrome is not DQ if patient is not on meds and shows no signs of glaucoma

11. MEDS THAT ARE DQ

- Migraine Medications/Triptans (increasing epithelial defects): Almotriptan/Axert, Frovatriptan/Frova, Rizatriptan/Maxalt, Sumatriptan/Alsuma, Imitrex, Zecuity, Zolmitriptan/Zomig-**needs to be off 1 month**
- **Accutane** (scarring, corneal melting)- **needs to be off 6 months**
- Amiodarone/antiarrhythmic medication (pigment deposit)-needs to be off 3 months
- TB meds (INH): needs to be off 1 month
- Any immunosuppressive drug

NOTES:

1. Make sure the Commander's Authorization is electronically signed and dated less than 6 months from the anticipated treatment date.
2. **Smallpox Immunization:** Refractive surgery cannot be performed within 3 weeks of smallpox immunization. You should **not** receive this immunization as long as you are still prescribed drops after refractive surgery. This may be as long as four months after surgery. Please reschedule or cancel, if needed.
3. **Examples of Autoimmune Disease (Listed by the Main Target Organ)**

Nervous System:

Multiple Sclerosis
Myasthenia Gravis
Autoimmune neuropathies
Guillain-Barre
Primary biliary cirrhosis
Autoimmune uveitis

Blood:

Autoimmune hemolytic anemia
Autoimmune thrombocytopenia
Pernicious anemia

Blood Vessels:

Anti-phospholipid syndrome
Vasculitides such as Wegener's
granulomatosis
Behcet's disease
Temporal arteritis

Endocrine Glands:

Type 1 or immune-mediated diabetes

Gastrointestinal System:

Crohn's Disease
Ulcerative Colitis
Autoimmune hepatitis

This document reviewed for accuracy 2/1/2023

COL Steven 'Buck' Rogers, MD, USA, MC, FS
Chief, Warfighter Refractive Eye Surgery Program

Commander's Acknowledgement Warfighter Refractive Eye Surgery Program (WRESP)

****The following Soldier is interested in refractive eye surgery to reduce his/her need for corrective lenses. Commanders, please complete and acknowledge the criteria that must be met by the soldier and the following limitations the soldier will be subjected to after refractive surgery.***

WRESP Center Location
Evans Army Community Hospital 1650 Cochrane Circle Fort Carson, CO 80913

To be completed by Soldier:

a. Last Name:		First Name:		MI:	b. Rank / Grade:	c. DoD ID:
d. Date of Birth:	e. Age:	f. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	g. MOS / AOC:	h. ETS Date	i. Likely to deploy or PCS in the next 12 months? <input type="checkbox"/> Deploy <input type="checkbox"/> PCS	
j. Unit:					Date (if known):	

Commander, by initialing next to each item below, you acknowledge the soldier's limitations after refractive eye surgery. Please contact EACH Eye Clinic if you have any further questions or concerns.

- | | |
|---|-------|
| 1. Convalescent leave following surgery: 5 days for LASIK/SMILE, 7 days for PRK and 10 days for ICL surgery. | Init: |
| 2. Soldier will receive temporary profile with the following restrictions: No field training, firing of weapons, driving of military vehicles, sea duty, swimming, gas mask, face paint, airborne jumps and organized PT for 1 month. | Init: |
| 3. Soldier should not be subjected to gas chamber or OC spray training for 3 months | Init: |
| 4. Soldier may wear sunglasses outdoors or in bright lights for a minimum of 3 months. | Init: |
| 5. No deployments to combat zone for 1 month with LASIK, SMILE and ICL and 3 months with PRK | Init: |
| 6. Soldier has no adverse personnel actions pending and no Medical Evaluation Board pending. | Int: |

Signature of Commander:	Print (Rank, Last name, First name, MI):	Date:
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Refractive Eye Surgery Acknowledgment Warfighter Refractive Eye Surgery Program (WRESP)

Instructions:

1. All information must be typed or printed legibly.
2. Enter all dates in the format dd mmm yyyy (example: 01 AUG 2020).
3. **NO CONTACT LENS WEAR for a minimum of 30 days prior to preoperative evaluation, and through the surgery date.**
4. LASIK , PRK, SMILE are deemed safe for aviation, Airborne, Air Assault, Ranger and Special Operations schools so long as other visual standards are met.*
5. Ranger school applicants require a waiver if the procedure is completed within 3 months of course start date.*
6. Soldiers are advised to contact their unit surgeon or other program waiver authorities to determine if any additional waivers or authorizations are required before receiving surgery.

*IAW OTSG/MEDCOM Policy Memo 20-039

WRESP Center Location

Evans Army Community Hospital
1650 Cochrane Circle
Fort Carson, CO 80913

a. Last Name:		First Name:		MI:	b. Rank / Grade:	c. Date of Application:	
d. DoD ID:	e. Date of Birth:	f. Age:	g. Sex: <input type="checkbox"/> M <input type="checkbox"/> F	h. MOS / AOC:	i. ETS Date	j. Likely to deploy or PCS in the next 12 months? <input type="checkbox"/> Deploy <input type="checkbox"/> PCS	
k. Unit:						Date (if known):	
l. Enterprise (Outlook) email address:				m. Personal email address:			
n. Unit Address:				o. Home Address:			
Street: _____				Street: _____			
City: _____ State: _____				City: _____ State: _____			
Zip: _____				Zip: _____			
Duty Phone: (____) _____ - _____				Home/cell phone: (____) _____ - _____			
p. Special Duty Status (confirm with your unit surgeon before submitting application):							
<input type="checkbox"/> Aviation		<input type="checkbox"/> Ranger		<input type="checkbox"/> HALO		<input type="checkbox"/> Airborne	
<input type="checkbox"/> Special Operations		<input type="checkbox"/> SCUBA		<input type="checkbox"/> Air Assault		<input type="checkbox"/> Other: _____	
By initialing next to each item below, you acknowledge that you have read and understood the risks involved with refractive eye surgery. Please contact EACH Eye Clinic if you have any further questions or concerns.							
1. I understand that refractive eye surgery may not correct my entire refractive error and that I may still need to wear glasses or contact lenses afterward for best correction of my vision.							Init:
2. I understand that there is a risk of persistent dryness, glare, halos and/or other vision disturbances following refractive surgery.							Init:
3. I understand that if refractive eye surgery is not successful, I may lose my special duty status and/or may not meet vision standards for application into special duty programs, other career fields, or even continued military service.							Init:
3. I understand that the following activities are prohibited for 1 month after surgery, as they may have deleterious effects on the outcome: field training, airborne, swimming/diving, contact sports/combatives, gas chamber, weapon ranges.							Init:
5. I understand that during my preoperative evaluation, I may be disqualified as a refractive eye surgery candidate and not treated. The final decision will be made by an optometrist and/or ophthalmologist.							Init:
6. I have reviewed EACH WRESP Criteria and deny any ocular/medical history and am not on any restricted medications that might impact refractive eye surgery and the healing process.							Init:
7. I agree to remain in the Ft. Carson Vicinity for 30 days after the eye surgery.							Init:
Signature of Applicant:			Print (Last name, First name, MI):			Date:	