MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Deployment Following Refractive Eye Surgery

1. References:

2. Purpose: To establish specific policies regarding deployment of Soldiers who have had Laser Refractive Eye Surgery.

3. Proponent: The proponent for this policy is the Health Policy and Services Directorate.

4. Policy:
   a. Post-Laser Refractive Surgery Recovery Time: A Soldier who has had laser refractive surgery must have a satisfactory period for post-surgical recovery before deployment. In the weeks that follow laser refractive surgery, an Ophthalmologist or Optometrist provides continued post-surgical care and determines when each Soldier's recovery is complete and a Soldier meets vision readiness standards for deployment. As with any surgery, there is a large degree of patient variability which prevents establishing a set time frame for full recovery. Post-surgical time estimates are provided in the following paragraphs.

   b. Photorefractive Keratectomy (PRK): PRK is the most common refractive surgery performed in the military. This procedure abrades the surface of the eye prior to applying laser energy and does not involve creating a flap of tissue. Typically, a Soldier is non-deployable for 3 months following uncomplicated PRK. The managing eye care provider may clear patients earlier or later than this time frame, depending on the course of the post-surgical recovery. Related "surface ablation" procedures that should be considered equivalent to PRK include Laser Epithelial Keratomileusis (LASEK) and Epithelial Lasik.
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c. Laser assisted in situ Keratomileusis (LASIK): The LASIK procedure creates a flap of ocular surface tissue prior to applying laser energy. Uncomplicated LASIK patients are typically non-deployable for at least 1 month following surgery. This time frame is also an estimate, and the managing eye care provider may clear a Soldier earlier or later depending on the outcome.

d. This policy must be followed to best ensure the post-surgical recovery of the Soldier, ensure his/her best visual outcome following surgery, and protect a Soldier from visual complications in Theater that would negatively affect the unit's mission.

5. Responsibilities:

a. RMC Commanders are responsible for:

(1) Providing guidance to subordinate units regarding this policy.

(2) Providing adequate resources to implement this policy.

b. MTF Commanders will enforce this policy.

GALE S. POLLOCK
Major General
Commanding