

**Table 1. Preoperative Patient Data.**

Operative procedure	Myopic LASIK (n = 424)	Toric LASIK (n = 130)
Age		
Range	20-46	20-45
Mean	26.2	25.7
Sex		
Male	82	30
Female	153	57
Spherical range (D)		
Mean $\pm$ SD	-10.36 $\pm$ 2.07	-8.65 $\pm$ 1.15
Min to max	-6.00 to -18.00	-6.00 to -10.00
Cylinder range (D)		
Mean $\pm$ SD	< -1.00	-2.17 $\pm$ 0.88
Min to max		-1.00 to -5.00

difficulties of keratomileusis in situ could not be overcome with the instrumentation available at that time, and the procedure was, therefore, temporarily abandoned. Later, a cryolathe was used to sculpt the lamellar corneal disc, and so myopic keratomileusis (MKM) was introduced. The many disadvantages of the procedure shadowed the initial enthusiasm. A manual microkeratome was initially used to perform a second cut on the stromal side of the resected lamellar

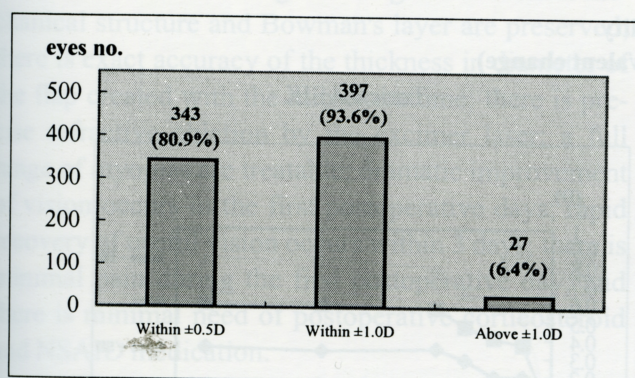
disc. Despite the technical difficulties involved, it proved to have a major advantage: the rapid and comfortable recovery of patients. Dr. Luis Ruiz turned to keratomileusis in situ in an effort to overcome the technical difficulties of MKM. The second pass of the microkeratome was performed on the bed and not on the disc. In the 1980s, development of the automated microkeratome by Ruiz introduced automated lamellar keratoplasty (ALK) in the field of lamellar refractive corneal surgery.

Trokel et al. suggested photorefractive keratectomy (PRK) in 1983. PRK created a precise refractive ablation with an excimer laser but resulted in significant central corneal haze, regression of the refractive effect, and post-operative discomfort. It was then that the precision of PRK was combined with the ALK technique.

LASIK was introduced, designed, and developed at the University of Crete and the Vardinoyannion Eye Institute of Crete (VEIC).<sup>1</sup> The term "laser in situ keratomileusis" or LASIK describes a combination of lamellar refractive corneal surgery and excimer laser photo-ablation of the cornea under a hinged corneal flap. LASIK is recognized as now the best choice to correct refractive errors by a first pass with a microkeratome and a second pass with an excimer laser.

#### Predictability (Residual refractive status)

##### Myopic LASIK



##### Toric LASIK

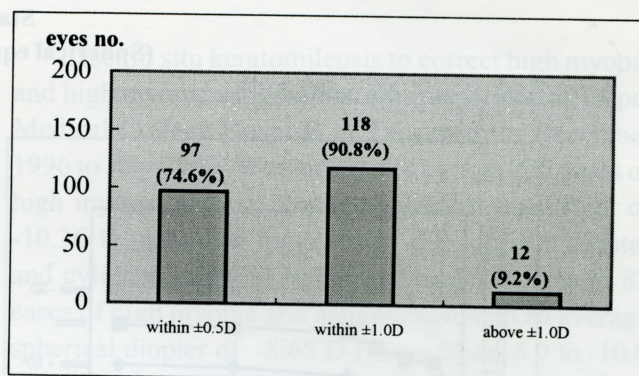


Fig. 1. Residual refractive status after LASIK.