AcuFocus™ Product Bulletin

LASER USE AFTER INLAY IMPLANTATION

AcuFocus is aware of reports of some cases involving use of ophthalmic laser applications in eyes containing KAMRA™ inlays. As a result of these case reports, this notice is being issued to keep you up to date on new information relative to the application of various ophthalmic procedures with a KAMRA inlay in situ.

CAUTION RECOMMEND:

Excimer Laser Use Over an Inlay: To date, a few patients have been treated with a hyperopic PRK enhancement with the inlay in place. In these cases, the inlay and surrounding tissue appear to be unaffected by the laser. At this time, more research is needed on this method for refractive enhancement of inlay patients before formal guidance can be provided.

Nd:YAG Laser: The Nd:YAG laser produces highly collimated laser energy that can be focused through the center of the KAMRA inlay and focused on the posterior capsule. Just as the Nd:YAG can create focal cracks and damage to an IOL if not properly focused, care must be taken to keep the beam well centered within the central aperture of the inlay. To date, there have been no published reports of Nd:YAG damage to the inlay when performing a posterior capsulotomy.

DO NOT RECOMMEND:

Femtosecond Laser Flap Creation Over an Inlay: A case was reported to us of a patient presenting for a LASIK enhancement months after implantation of a KAMRA intracorneal inlay. A femtosecond laser was used to create the flap above the implanted inlay. After the procedure, the inlay appeared to have been reduced in dimensions circumferentially from its original size and showed evidence of surface pitting with focal areas of discoloration. The inlay was removed and the patient’s recovery is currently being followed.

As a result of the case described above, creation of a LASIK flap using a femtosecond laser with the inlay in place in the cornea is not recommended until which time the parameters that are used to create the flap without damage to the inlay can be determined.

Retinal Laser Photocoagulation: A case of retinal laser photocoagulation in the presence of a KAMRA inlay was recently reported. Six months after inlay implantation a chronic central serous retinopathy (CSR) was diagnosed, unrelated to the inlay. Photodynamic therapy was used to treat the retinopathy. After treatment, significant thermal damage to the inlay and secondary damage to the cornea – resulting in a scar - was observed. As a result of the case, AcuFocus recommends removal of the inlay prior to any unfocused laser photocoagulation or other retina or vitreous procedures is performed.

1 Corneal heat scar caused by photodynamic therapy performed through an implanted corneal inlay. Mariko Mita, MD, PhD, Tomomi Kanamori, BS, Minoru Tomita, MD, PhD. J Cataract Refract Surg 2013; 39:1768–1773