



DEPARTMENT OF THE ARMY
WARFIGHTER REFRACTIVE EYE SURGERY CLINIC
BLANCHFIELD ARMY COMMUNITY HOSPITAL
FORT CAMPBELL, KENTUCKY 42223



MCXD-DOS-OPH

01 AUGUST 2011

MEMORANDUM FOR RECORD

SUBJECT: Refractive Surgery Not Performed At Duty Station

Refractive surgery requires an intensive pre-operative evaluation and multiple post-operative examinations to ensure a successful surgery. All pre-operative evaluations will be conducted at the Warfighter Refractive Eye Surgery Clinic (WRESC) at Ft. Campbell. Post-operative examinations may be completed at the Soldier's home duty station only if an agreement exists between the WRESC and an Optometrist or Ophthalmologist at the service member's home duty station. This must be a pre-existing arrangement to see all post-operative refractive patients and is not arranged on a case by case basis. The length of these agreements is variable and an up to date list is maintained at the WRESC front desk. If this relationship does not exist for a particular duty station, then all follow-up examinations must be performed at the WRESC on Ft. Campbell. The Soldier should understand the following:

- 1) LASIK will not be offered to Soldiers having refractive surgery performed outside their home duty station unless there is a pre-existing arrangement to follow these patients by an Optometrist or Ophthalmologist at their home duty station.
- 2) Soldiers will be required to return to Ft. Campbell for multiple post-operative examinations. At a minimum, this includes 4-5 day, 1-month and 3-month visits for all PRK patients.
- 3) If a complication occurs, the service member may be required to return for multiple visits over a short span of time.
- 4) If the service member is traveling PTDY the expense of all future visits, whether related to a complication or not, will also be at his/her own expense.
- 5) If the service member is using personal leave the expense of all future visits, whether related to a complication or not, will also be at his/her own expense. He/she may also be required to take additional personal leave for all additional required visits.

The POC for this memorandum is the bach.wresp@amedd.army.mil or (270) 798-8900.

Chief, Warfighter Refractive Eye Surgery Center



Blanchfield Army Community Hospital
Warfighter Refractive Eye Surgery Center
(270) 956-0775 Fax (270) 956-0770
bach.wresp@amedd.army.mil

Procedures for screening and selection for the refractive surgery program:

Qualifications:

*****Currently the ONLY ones authorized to have this done at Fort Campbell are those active duty stationed at Fort Campbell, 18 years of age, with 18 months left on active duty at the time of the surgery appointment and 12 months left at Fort Campbell. No National Guard, Reserve or dependents*****

1. The Soldier will have the Commander's Endorsement and section #1 (Unit Approval and Verification), #2 (Medical History) of the Refractive Surgery Checklist (RSC), #3 (Ocular History) and #4 (Refraction) completed before any other steps can be taken by the WRESC. The exact method and order in which these are filled out may vary from unit to unit – details for this are left up to each command. If all sections are a "GO" then the Soldier proceeds to the next step.
2. Once the entire packet is completed please fax the packet and all supporting documents as listed below to (270) 956-0770, **Attn: Warfighter Refractive Eye Surgery Center**. The Service Member will then contact the Warfighter Refractive Eye Surgery Center at Blanchfield Army Community Hospital (BACH) to ensure receipt and schedule an appointment.

Only original packets will be accepted, retyped packets will be returned

- The RSC with items #1 through #4 completed.
- Commander's Endorsement **MUST** be signed by current company and battalion level or higher commander and less than 90 days old. If signed by acting Company/BN CDR, provide a copy of the assumption of command orders
- Proof of ETS or separation date (**Enlisted and Officer—ERB/ORB, RE-UP, EXTENSION**) ****AGR Soldiers must also provide a copy of AGR orders****
- **Bring your current glasses or be able to provide an eyeglass prescription older than one year to your 1st Preop appointment**
- **CONTACT LENSES NEED TO BE OUT FOR 14 DAYS PRIOR TO SCHEDULING THE FIRST APPT AND DO NOT WEAR ANY CONTACT LENSES UNTIL AFTER YOUR SURGERY ELIGIBILITY HAS BEEN DETERMINED**

3. Once items #1 through #4 have been completed, the RSC and commander's approval memorandum will be returned to the Soldier. The Soldier then returns these papers back to the Warfighter Refractive Eye Surgery Center at Blanchfield Army Community Hospital. If all items are a "GO" then the Soldier is scheduled for his/her pre-op appointments.

4. Refer all questions to the Warfighter Refractive Eye Surgery Center at (270) 956-0775 or to our email address bach.wresp@amedd.army.mil

Refractive Surgery Checklist (RSC)

Flight Status Non-flight Status

1. Unit Approval and Verification (*check answers*) GO NO GO

Patient is at least 18 years old

Yes No

Has at least 18 months left on AD

Yes No

Has at least 12 months left stationed at Fort Campbell

Yes No

Has BN level Commander's approval memorandum

Yes No

Does the Soldier have any pending personnel actions/UCMJ actions?

Yes No

Do you have projected deployment dates/time frame

Yes No *If Yes, give dates/time frame* _____

Do you have projected JRTC/NTC dates/time frame

Yes No *If Yes, give dates/time frame* _____

Do you have projected school dates/time frame

Yes No *If Yes, give dates/time frame* _____

Printed name, signature, date & phone number of First Sergeant

2. Medical History (*Any item checked is a "NO GO".*) GO NO GO

uncontrolled vascular disease

autoimmune disease

immunosuppressed/compromised

pregnant, breastfeeding, less than 6 months post partum or less than 6 months since last breastfeeding

history of keloid formation

diabetes

use of isotretinoin (Accutane) or amiodorone (Cordarone)

Pending medical board, or currently assigned to WTU

**Printed name, signature, date & phone number of Medical Reviewer
(E-6 or above at Battalion Aid Station or MTF)**

NAME (last, first): _____

RANK: _____

SSN : _____

Refractive Surgery Checklist (RSC), continue

3. Ocular History (*Any item checked is a "NO GO".*) GO NO GO

- keratoconus
- herpetic keratitis
- progressive myopia
- corneal disease
- glaucoma
- cataract
- amblyopia

4. Refraction (*less than 1 year old*) date _____ GO NO GO

(*subjective refraction, subject, manifest refraction, manifest, refraction, or MR*)

[*retinoscopy or auto-refraction and "refractions" from physicals are not acceptable*]

OD (sphere) _____ (cylinder) _____ (axis) _____ (unaided VA) _____

OS (sphere) _____ (cylinder) _____ (axis) _____ (unaided VA) _____

Wears corrective lenses full time Yes No Bifocal/Near Add _____

Wears contact lenses Yes No (if yes are they _____ soft or _____ rigid)

Myopia

Sphere is between -1.00 and -10.00 Yes No

Cylinder is -4.00 or less Yes No

Hyperopia

Sphere is between "plano" (zero) and +3.00 Yes No

Cylinder is -6.00 or less Yes No

Printed name, signature, date & of optometrist

NAME (last, first): _____

RANK: _____

SSN : _____

BACH Warfighter Refractive Eye Surgery Program Managed Care Agreement

(FOR POST-OPERATIVE CARE AT A FACILITY OTHER THAN BLANCHFIELD ARMY COMMUNITY HOSPITAL)

Patient Name (Print)

Rank

SSN

Military Installation

Phone

E-mail (One you use frequently)

In the next 6 months are you:

Deploying (Yes/No)

If Yes, when? (mmyy)

PSC'ing (Yes/No)

If Yes when? (mmyy)

Patient Agreement (initial each statement)

_____ I request to be returned to my Optometry Clinic at _____
for post-operative care following refractive surgery at Blanchfield Army Community Hospital. The Refractive Surgery Center staff will be available for additional consultation as needed.

_____ I will contact this Optometry Clinic to schedule my first follow-up appointment as soon as I am notified of my surgery date.

_____ I understand that post-operative follow-up appointments are required at 4/5-days, 1-, 3- and 6-months. If I am deploying before the 6-month exam is due I will complete the 4/5-day, 1- and 3-month exams and then return to the Optometry Clinic for a post-operative exam at the completion of my deployment. I understand that the **4/5-day and 1-month** follow-up appointments **MUST** be completed at Fort Campbell.

Patient Signature

Date

Co-Managing Provider's Agreement (initial each statement)

_____ I agree that I will manage this patient and accept responsibility for his/her post-operative care. Postoperative appointments will be scheduled at 3- and 6-months. If the soldier is deploying before the 6-month exam is due then they will complete the 3-month exam and then return for a post-operative exam at the completion of their deployment.

_____ I will email or fax the results of each follow-up exam to the Center for Refractive Surgery at BACH.

Optometrist Stamp/Signature

Optometrist's Name (Print)

Rank

Date

Military Installation

Phone

Fax

Email

**FAX THIS COMPLETED FORM TO THE CENTER FOR REFRACTIVE SURGERY AT 270-956-0770
KEEP A COPY FOR YOUR RECORDS AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT**

13 April 2012 version

Appendix 1: Aviation Commander's Authorization

Memorandum to: Unit

Flight Surgeon CC:

Ophthalmology, Refractive

Surgeon

Subject: Authorization for Aircrew members to receive refractive surgery under the Aeromedical Policy Letter for Refractive Surgery and the Corneal Refractive Surgery Surveillance Program.

1. _____, SSN _____ is authorized to receive refractive surgery per the guidance outlined in the Aeromedical Policy Letter: Corneal Refractive Surgery.

2. This authorization is based on the following understandings:

a. This authorization does not constitute a medical waiver; it only authorizes the individual to have refractive surgery. The individual will be DNIF for at least 6 weeks, up to a maximum 12 weeks. The medical waiver request will be submitted to USAAMA upon receipt of information from the flight surgeon as to the successful outcome of the individual's surgical procedure. USAAMA will determine if the individual meets the medical waiver requirements when the applicant's eyes and vision meet and retain FDME standards and all requirements for waiver have been met.

b. In approximately 2-3 of every 1,000 refractive surgery procedures (0.2 to 0.3%), the individual will not recover 20/20 best-corrected vision after surgery. Individuals who fall in this category will be evaluated by USAAMA to determine whether a waiver to continue on flight status may be issued. Although slight, there is a possibility the individual may lose his/her flight status in the event of significant visual loss that cannot be resolved.

c. Questions about the updated policy may be directed to USAAMA at 334-255-7430; questions about refractive surgery to the local eye care provider.

d. A copy of this correspondence will be kept on file in the local flight surgeon's office.

3. POC is the undersigned at _____.

Commander's Signature Block