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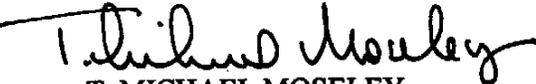
**AUG 20 2003**

**MEMORANDUM FOR SEE DISTRIBUTION**

**FROM: HQ USAF/CV**  
**1670 Air Force Pentagon**  
**Washington DC 20330-1670**

**SUBJECT: Corneal Refractive Surgery For Military Personnel**

Effective on the date of signature of this memo, Laser-In -Situ-Keratomileusis (LASIK) is authorized for eligible military personnel who request such surgery as part of the USAF "Warfighter" Corneal Refractive Surgery Program (includes both Photorefractive Keratectomy (PRK) and LASIK). Implementation of this program is as described in the attached AF/SG Policy Letter #03-002. Effective on the date of signature of this memo, Permissive Temporary Duty is authorized for this procedure contingent upon squadron commander authorization and military medical treatment facility eye care provider recommendation.

  
**T. MICHAEL MOSELEY**  
**General, USAF**  
**Vice Chief of Staff**

**Attachment:**  
**AF/SG Policy Ltr #03-002**

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**DEPARTMENT OF THE AIR FORCE**  
**HEADQUARTERS UNITED STATES AIR FORCE**  
**WASHINGTON DC**

August 20, 2003

MEMORANDUM FOR SEE DISTRIBUTION

FROM: HQ USAF/SG  
110 Luke Avenue, Room 400  
Bolling AFB, DC 20032-7050

SUBJECT: The USAF "Warfighter" Corneal Refractive Surgery (CRS) Program (Includes Both Photorefractive Keratectomy (PRK) and Laser-In-Situ-Keratomileusis (LASIK) (SG Policy Letter #03-002)

This policy letter supersedes SG Policy Letter #01-004, The USAF "Warfighter" Photorefractive Keratectomy (PRK) Program. The Vice Chief of Staff of the Air Force has established a new policy for LASIK at Warfighter Refractive Surgery Centers to complement the existing policy for PRK. LASIK will now be offered at Warfighter Refractive Surgery Centers for Air Force personnel other than aviation and special duty personnel. Aviation and special duty personnel will continue to be covered under a separate SG policy letter #00-005, USAF Aviation and Special Duty PRK Waiver and Surveillance Program Policy Letter, dated 2 August 2000, and the supplemental policy letter dated 1 July 2002, Clarification of Qualifying Aviators Under the USAF Aviation and Special Duty PRK Waiver and Surveillance Program.

Selected special duty personnel whose duties are not performed while flying will be eligible for LASIK. Eligibility is defined at Attachment 1. CRS is not considered a medical benefit. Though CRS may be operationally beneficial in some personnel, it is considered an elective procedure. There is no requirement for any member to obtain either LASIK or PRK. Medical aspects of CRS are outlined in Attachment 2. Any individual requesting CRS should read and understand these medical aspects prior to undergoing the procedure.

Eligible personnel will now be permitted to obtain either PRK or LASIK at any operational Warfighter Refractive Surgery Center. The current Warfighter Refractive Surgery Centers are listed at Attachment 3. Wilford Hall Medical Center and the US Air Force Academy Center are currently resourced to do LASIK and the other three centers will offer LASIK as soon as resources permit. Requirements to apply for treatment at these centers and required follow-up are at Attachment 4. Failure to comply with required follow-up and submission of required documentation at any time will result in duty restrictions.

Squadron commander permission is required for PRK or LASIK at Warfighter Refractive Surgery Centers due to the potential operational restraints imposed by the recovery times. While there is no charge for the actual medical treatment, the trip to the laser center for eligible personnel other than aviation and defined special duty personnel is authorized via permissive TDY (PTDY) as "refractive surgery for operational enhancement." Due to the expected high demand for this procedure, the procedure will only be offered on a space available basis and will be allocated according to the previous operational prioritization included at Attachment 5. The individual's squadron commander must certify

the prioritization category. A sample form for this certification is included at Attachment 6. Commanders should consider mission impact when granting PTDY for this surgical procedure.

Responsibilities of the member, squadron commander, local military treatment facility eye-care provider, MAJCOMs, Warfighter Refractive Surgery Centers and AFMOA/SGZA are listed at Attachment 7.

My point of contact for this policy is Col David Rhodes, Chief Physical Standards, AFMOA/SGZA, 110 Luke Avenue, Room 405, Bolling AFB, DC 20032-7050, DSN 297-4200, commercial (202) 767-4200 or e-mail: [david.rhodes@pentagon.af.mil](mailto:david.rhodes@pentagon.af.mil).

A handwritten signature in blue ink, appearing to read "George Peach Taylor, Jr.", written in a cursive style.

GEORGE PEACH TAYLOR, JR.  
Lieutenant General, USAF, MC, CFS  
Surgeon General

Attachments:

1. Eligibility Requirements for LASIK
2. Medical Aspects of Corneal Refractive Surgery
3. Current Warfighter Refractive Surgery Centers
4. USAF "Warfighter" Corneal Refractive Surgery (PRK/LASIK) Program
5. Guidelines for Treatment Prioritization
6. Sample Commander Permission and Certification Form
7. Responsibilities

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## Attachment 1

### Eligibility and Exclusion Criteria for Laser In-Situ Keratomileusis (LASIK)

#### I. ELIGIBLE PERSONNEL

1. All active duty personnel are eligible for this procedure unless specifically excluded in this attachment. Air Reserve Component (ARC) may be eligible for this procedure if they are eligible for care otherwise and are not specifically excluded in this attachment.
2. In accordance with an AFMOA policy letter dated 1 July 2002, personnel who are not specifically excluded and who are eligible for LASIK will include:
  - a. Space and missile operators
  - b. Air vehicle operators (air vehicle operators must be aware that if they have LASIK performed, under current policy, they are disqualified from any future flying)
  - c. Air traffic controllers
  - d. Ground based controllers
  - e. Former aviators, who through disqualification cross training or personnel actions no longer carry an active aviation service code or an aviation/special operation service primary AFSC.

#### II. EXCLUDED PERSONNEL

1. Aviators and those special duty personnel whose duties are performed while flying are specifically **excluded** from having LASIK performed. This includes but is not limited to:
  - a. All rated individuals (pilots, navigators, flight surgeons, and air battle managers), including active duty and ARC
  - b. Flying Class III categories including but not limited to:
    - i. Flight engineers
    - ii. Loadmasters
    - iii. Airborne radar operators
    - iv. Airborne computer console operators of any type
    - v. Parachutists (including ground based personnel who parachute)

- vi. Boom operators
  - c. Operational Support Flyers
  - d. Special operations personnel (if duties performed while flying or otherwise excluded by AFSOC)
3. Any individual currently in a career field that is qualified for LASIK who plans on changing to a career specifically denied LASIK, should understand that having LASIK performed would result in disqualification for aviation career fields under current policy.
  4. ARC including both Air National Guard and Reserve personnel eligible for LASIK must meet above criteria as well as all existing administrative rules (including eligibility and entitlement rules) governing elective surgery in ARC personnel and are limited to:
    - a. Active Guard and Reserve and certain other personnel on Title 10 or Title 32 orders if they meet duration and retainability criteria.

## Attachment 2

### Medical Aspects of Corneal Refractive Surgery (CRS)

**Aviators are currently restricted from Laser In-Situ Keratomileusis (LASIK) due to concerns with the corneal flap created during this procedure. There is no corneal flap created with Photorefractive Keratectomy (PRK). There are concerns with the corneal flap in the aviation environment. There is also the concern with corneal flap related complications of LASIK, which may run as high as three percent. Any person electing to have LASIK performed should be aware of the potential for complications associated with the corneal flap that are not a concern with PRK.**

1. CRS for the purposes of this policy letter will only include LASIK, PRK, Laser In-Situ Epithelial Keratomileusis (LASEK), and eventually, those improvements produced by the wavefront enhancement of LASIK and PRK. Radial Keratotomy is specifically prohibited
2. Both PRK and LASIK are Food and Drug Administration-approved, elective procedures designed to reduce the need for corrective lenses. Since glasses and contact lenses may be an operational disadvantage, PRK or LASIK may be performed to enhance performance and safety in military duties.
3. Permission to proceed with CRS does NOT guarantee that treatment will be accomplished. The final decision for CRS is the responsibility of the operating surgeon.
4. Corrective lenses may still be required in order to meet vision standards after CRS. Contact lens fitting and wear may be difficult after these procedures.
5. LASEK is a modification of PRK and is not a form of LASIK. However, it is not currently an approved CRS procedure for the aviators or the defined special duty personnel.
6. There is a small risk of not meeting relevant vision standards after CRS. This could result in permanent disqualification from certain career fields or even disqualification for continued military service resulting in a Medical Evaluation Board. The estimated risk is under one percent.
7. The vision complication/poor quality rate increases as the degree of nearsightedness and astigmatism increases; therefore, disqualification rates may be higher for those individuals.
8. After undergoing CRS, there will be a variable time period for convalescence and duty restrictions, which are on average one-week for convalescence after PRK, and a potentially shorter time period for LASIK.

9. Normal duties may be limited for another one to two weeks depending upon the specific vision requirements of the individual's career field. Individuals with greater amounts of nearsightedness and/or astigmatism may have duty restrictions for up to one month.
10. Personnel are not deployable while on steroid eye drops after CRS. For PRK this can be as long as four months. Individuals who have had LASIK are not deployable for at least one month after surgery, even if steroid drops have been discontinued. Once steroid eye drops are discontinued and the member is at least one month post-surgery, the mobility restriction can be lifted, providing all other vision requirements are met.
11. Access to treatment at Warfighter Refractive Surgery Centers is dependent on the condition of the individual's eyes and will be prioritized based upon the operational impact of corrective lenses in the performance of military duties.
12. Technology upgrades frequently add new capability to treat refractive errors. Therefore, the operating surgeon will determine clinical eligibility for treatment within the Food and Drug Administration's approved applications of the laser used.
13. In accordance with AFI 48-123, *Medical Examinations and Standards*, Chapter 5.5.4, elective surgical procedures will not be performed within six months of retirement or separation. Preferably personnel should have one-year retainability at the time of surgery so that appropriate follow-up can occur, but they must have at least six months of retainability.

### **Attachment 3**

#### **Current “Warfighter” Refractive Surgery Centers**

1. Wilford Hall Medical Center\*
2. Wright Patterson Medical Center
3. Keesler Air Force Base
4. David Grant Medical Center, Travis Air Force Base
5. Air Force Academy Medical Center

There are other potential DoD Refractive Surgery Centers including Landstuhl Regional Medical Center (Army), which is the corneal refractive surgery referral center for all active duty Air Force personnel stationed in Europe.

\*This center is the only approved location for the performance of PRK in pilots and boom operators.

## **Attachment 4:**

### **Clinical Criteria, Process, and Requirements for Return to Duty for Corneal Refractive Surgery (CRS)**

#### **I. CURRENT ACTIVE DUTY OTHER THAN AVIATION AND SELECTED SPECIAL DUTY PERSONNEL**

##### **A. Clinical Criteria:**

1. Age 21 or older
2. Cycloplegic refraction (1% cyclopentolate):
  - 2.1. Demonstrated refractive stability (no more than 0.50 diopter shift in sphere or cylinder in the 12 months prior to the baseline referral exam)
  - 2.2. Contact lens wearers: must remove soft contact lenses at least thirty days prior to baseline referral exam. (Hard or Rigid Gas Permeable (RGP) contact lenses must be removed at least 90 days prior to the baseline referral exam)
    - 2.2.1. Central keratometry performed on two exams separated by at least one week must show less than 0.50 diopter change and refractive stability
    - 2.2.2. The mires by keratometry should be smooth and regular
3. No history or evidence of:
  - 3.1. Active ophthalmic disease, neovascularization of the cornea within 1mm of intended ablation zone, or lens opacity, severe dry eyes or excessive pupil enlargement
  - 3.2. Glaucoma or a predisposing disorder to developing glaucoma (e.g., pigment dispersion syndrome) or an intraocular pressure greater than 22 mm Hg
  - 3.3. Evidence of keratoconus, corneal irregularity or abnormal videokeratography in either eye.
  - 3.4. Concurrent topical or systemic medications, which may impair healing, including corticosteroids, antimetabolites, isotretinoin (Accutane®), amiodarone hydrochloride (Cordarone®) and/or sumatriptin (Imitrex®)
  - 3.5. Medical conditions which, in the judgment of the treating ophthalmologist, may impair healing, including but not limited to: collagen vascular disease, autoimmune disease, immunodeficiency disease, ocular herpes zoster or simplex, endocrine disorders including but not limited to thyroid disorders and diabetes
4. If corneal topography (CT) is available locally, this will be done and a color copy of the actual topography should be included in the referral package. If not available locally, the CT will be done at the laser center prior to PRK/LASIK, realizing that there may be a rare individual disqualified after arriving at the laser center for final pre-operative evaluation and treatment.

##### **B. Corneal Refractive Surgery (CRS) Referral and Treatment Process:**

1. Squadron commander permission, certification of retainability and designation of priority category.
2. Local screening by ophthalmologist or optometrist to verify member meets clinical criteria. If available, obtain CT and include a color copy of actual CT in referral package
3. Referral package sent to AF laser center
4. AF laser center contacts member regarding approval and schedules appointment for

CRS. For ARC personnel not eligible to receive elective surgery at Air Force medical treatment facility, the member must obtain the CRS and follow-up at own expense from civilian ophthalmologist

5. Travel to AF laser center
  - 5.1. Anticipate one to two-week stay at AF laser center for final pre-op evaluation, treatment and initial follow-up
  - 5.2. Subsequent follow-up exams, as required may be done locally if the local MTF eye care professional has completed an approved refractive surgery for the warfighter training course.

**C. Return to Duty Process:**

1. Clinical eligibility for return to duty after CRS:
  - 1.1. Individual may return to limited duty within a few days after surgery as recommended by the optometrist or ophthalmologist
  - 1.2. Individual must meet the applicable USAF vision standards before returning to full duty. If corrective lenses are required to meet the applicable standard, then they must be prescribed and worn; contact lens wearers must have spectacles as back up. If night vision goggles (NVG) are required for the duty position then applicable NVG vision standards must be met
  - 1.3. Individual must have no *significant* subjective complaints pertaining to glare, haze, halos, double vision, or night vision difficulty (significance determined by examiner).
  - 1.4. Monthly optometry follow-up with Intraocular Pressure (IOP) checks are required while on steroid eye drops. Members are restricted from mobility while on steroid eye drops.
2. Required follow-up evaluations and location:
  - 2.1. Individuals will have follow-up evaluations at 1, 2, 3, 4, 6, 12 and 24 months post-op.
  - 2.2. Post-op evaluations will include, at a minimum:
    - 2.2.1. Eye exam including Slit Lamp Exam (SLE), Intraocular Pressure (IOP), Uncorrected Visual Acuity (UCVA), and Best Corrected Visual Acuity (BCVA) by manifest refraction
    - 2.2.2. Documentation of any visual complaints or recommended duty restrictions

## **Attachment 5:**

### **Guidelines for Treatment Prioritization**

#### **A. Priority I**

1. Aviation and Special Duty Operations Personnel in accordance with AF/SG policy letter #00-005 "USAF Aviation and Special Duty PRK Waiver & Surveillance Program" (This is for PRK only). This does not include former aviators permanently restricted from aviation duties.

#### **B. Priority II**

1. Personnel whose routine military duties require the wear of NVGs, eye protection, or respiratory protection (does not include NBC masks worn only for deployment).

#### **C. Priority III**

1. Personnel on mobility status who do not otherwise meet the criteria of a higher priority

#### **D. Priority IV**

1. Personnel who do not meet any of the criteria above in their current military duties.

**Attachment 6**  
**Commander's Authorization**  
**"Warfighter" Corneal Refractive Surgery (CRS) Program**

\_\_\_\_\_, a member in your command, wishes to have laser vision correction surgery at a DoD "Warfighter" Corneal Refractive Surgery Center. **The policy letter "The USAF 'Warfighter' Corneal Refractive Surgery (CRS) Program (Includes Both Photorefractive Keratectomy (PRK) and Laser-In-Situ-Keratomileusis (LASIK) (SG Policy Letter #03-002) should be reviewed prior to completion of this authorization.** This policy letter outlines the purpose of this program, issues to consider before authorizing an individual to enter the program, and procedures to be followed. Your signature on this form acknowledges an understanding of the policy and willingness to ensure compliance with the requirements of the program.

Access to the DoD laser centers is prioritized according to the Attachment 5 of the policy letter. In your best judgment, indicate which prioritization category applies to this individual:

**Priority**    1        2        3        4    Member's AFSC    Duty \_\_\_\_\_ Primary \_\_\_\_\_

To ensure a return on investment for the Air Force and the appropriate follow-up, it is preferable that an individual **have one-year retainability on active duty from the date of surgery.** The individual **must have at least 6 months IAW AFI 48-123, Medical Examinations and Standards.**

Participation in this program requires a considerable investment of time by the individual resulting in absences from duty. **These are the minimum requirements:**

- Initial evaluation (local medical treatment facility (MTF)) – one half day
- Surgery – One week off work (two weeks if both eyes cannot be done at the same time)
- Postoperative evaluations (local MTF) – Six visits up to one half day each in the first year

Recovery from surgery will impact the individual's activities. Expect some limitations on routine duties for up to one month depending on vision standards applicable to individual's AFSC. The wear of sunglasses outdoors for the first year is strongly recommended to prevent complications. **The individual may be off mobility for up to four months (PRK) while on steroid eye drops (minimum one month for LASIK).** Member should not be assigned to isolated duty without access to USAF optometry during that time period.

**The member must bring this letter to the optometry clinic at the initial evaluation. Individuals will be required to re-accomplish this authorization letter if surgery is scheduled more than 3 months from the date it is signed.**

**Supervisor**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Unit Mobility Officer**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Commander**

**Name (print)** \_\_\_\_\_ **Unit** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **Attachment 7**

### **Responsibilities**

#### **A. Member:**

1. Obtain squadron commander's permission
2. Comply with all required referral and follow-up evaluations
3. Comply with all operational restrictions following corneal refractive surgery (CRS) (Photorefractive Keratectomy [PRK] or Laser In-Situ Keratomileusis [LASIK])
4. Read the required booklet for the selected surgery
  - 4.1. For example, for PRK this would require reading "Facts you need to know about photorefractive keratectomy (PRK) surgery." This booklet was written by VISX (a PRK laser manufacturer) and is required by the Food and Drug Administration (FDA) to be given to patients and will be provided by the provider.

#### **B. Squadron Commander:**

1. Grant permission for member to apply and proceed, if qualified, for CRS
2. Certify the member meets the requirements of the DoD Warfighter CRS Program for retainability and prioritization category.
3. Authorize permissive temporary duty (PTDY)
4. Comply with operational restrictions following CRS

#### **C. Local Ophthalmologist/Optometrist:**

1. Squadron educational briefings on CRS and policy
2. Initial clinical screening and referral, to include Corneal Topography, if available
3. All local follow-up of Warfighter Center post-op CRS patients
4. Determine that "return to duty" clinical criteria are satisfied
5. Report results of required follow-up exams back to treating laser center
6. Complete the approved refractive surgery for the Warfighter Training Course for eye care professionals

#### **D. MAJCOM:**

1. Ensure their local eye care providers obtain the approved Refractive Surgery for the Warfighter Training Course for eye care professionals

#### **E. AF Laser Centers:**

1. Review and provide clinical quality control of referral documentation
2. Notify individual of clinical eligibility and scheduling
3. Complete final pre-op clinical evaluation
4. Complete informed consent document
5. Perform CRS treatment and initial follow-up IAW AF/SG policies
6. Assist local eye care providers in obtaining the FDA-required CRS course for eye care providers

7. Provide quarterly reports on status of CRS in USAF personnel to AFMOA/SGZA
  - 7.1. These reports will include at a minimum:
    - 7.1.1. Numbers of PRK treatments (by quarter and total) by prioritization category
    - 7.1.2. Numbers of LASIK treatments (by quarter and total) by prioritization category
    - 7.1.3. Statistics on pre-op and post-op visual acuity
    - 7.1.4. Any significant vision complaints/trends

**F. AFMOA/SGZA:**

1. CRS waiver policy and updates as needed
2. Provide quarterly updates on status of CRS in USAF personnel to HQ USAF/SG