

Policy Category:

CBA

Who usually applies for funding?

Not applicable

## Excimer laser eye surgery

<b>Commissioning decision</b>	<b>The ICB will provide funding for Excimer laser eye surgery for patients who meet the criteria defined within this policy.</b>
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### Policy Statement:

Excimer laser treatments are only funded when all of the following criteria are met:

1) Treatment is subject to evaluation as agreed in the commissioning risk management plan  
AND  
2) The patient would otherwise require surgical treatment of their corneal disorder i.e. manual debridement, corneal graft or arcuate keratotomy.

AND

3) The patient requires one of the following procedures in (a) or (b) below, for the conditions specified:

a. Phototherapeutic keratectomy (PTK):

- I.* Superficial and stromal corneal dystrophies and degenerations (including band keratopathy, granular dystrophy, macular dystrophy, lattice dystrophy and Reis-Bückler's dystrophy); **or**
- II.* Epithelial membrane dystrophy; **or**
- III.* Irregular corneal surfaces secondary to degenerations including Salzmann's nodular degeneration, Spheroidal degeneration, or keratoconus nodules; **or**
- IV.* Corneal scars and opacities (including post-traumatic, post-infectious, post-surgical, and secondary to pathology); **or**

Recurrent corneal erosions when more conservative measures (e.g., lubricants, bandage contact lenses, course of oral Doxycycline treatment, gentle debridement of severely aberrant epithelium) have failed to halt the erosions.

b. Photorefractive Keratectomy (PRK), laser assisted epithelial keratomileusis (LASEK) and laser assisted in situ keratomileusis (LASIK) procedures following corneal transplant surgery or cataract surgery when there is both:

- I.* Post-operative regular astigmatism greater or equal to 2.00 dioptres or irregular astigmatism or anisometropia (the difference in optical power between the two eyes) greater or equal to 2.00 dioptres;  
**AND**
- II.* The patient must be intolerant of spectacles or contact lenses, as assessed by a Corneal Consultant Ophthalmologist (based upon review of symptoms and clinical examination including refraction by an optometrist and corneal topography after a period of spectacle or lens wear).

### Rationale:

Current evidence suggests that photorefractive (laser) surgery for the correction of refractive errors is safe and efficacious in appropriately selected patients. However, refractive errors are usually corrected by wearing spectacles or contact lenses, and so laser surgery is not commissioned for conditions that can be treated in this way.

**Policy Category:****CBA****Who usually applies for funding?****Not applicable****Plain English Summary:**

In recent years laser surgery, or laser refractive surgery, has become more popular as a way to correct eyesight. The surgery usually involves reshaping the cornea – the transparent layer covering the front of the eye. This is done using a type of laser known as an excimer laser.

Laser refractive surgery is generally considered non-essential, so it's not usually available on the NHS. However, if your doctor believes that you meet the criteria set out in this policy the ICB will fund your treatment.

**Evidence base:**

NICE IPG 164 - Photorefractive (laser) surgery for the correction of refractive errors.  
Similarity of neighbouring ICB policies – West Midlands

For further information please contact [GLICB.IFR@nhs.net](mailto:GLICB.IFR@nhs.net)

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**Policy sign off:**

<b>Reviewing Body</b>	<b>Date of review</b>
Effective Clinical Commissioning Policy Group	3 <sup>rd</sup> August (virtual)
Integrated Governance and Quality Committee	20 <sup>th</sup> August 2015

**Version Control:**

<b>Version No</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of Change</b>
1		01.10.2015	
2	Review date change	03.05.2018	Policy review date changed to May 2019
3	Review date change	21.06.2018	Response received from Prof Andy McNaught. Policy review date changed to March 2021
4	Review date change	10.06.2021	Policy reviewed by G Mennie, Ophthalmic Lead – no changes required. Policy date changed to June 2024