



Robert L. Epstein, MD, Director of the Mercy Center for Corrective Eye Surgery, is a nationally recognized expert in procedures to reduce or eliminate dependency on eyeglasses. He was the first Midwest surgeon to

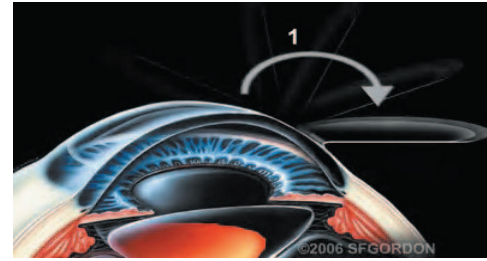
perform LASIK. He is one of the developers of multifocal lasik to correct middle-age focusing. Dr. Epstein began performing corneal lens procedures to correct vision in 1983. The CLEARs corneal lens implant procedure to correct vision beyond the reach of LASIK adds excimer laser precision to the well-established corneal lens implant process and does so with the safety of not invading the inside the eye.

Dr. Epstein earned a BS in electrical engineering from the University of Maryland, an MS from the Polytechnic Institute of New York, an MD from the New Jersey Medical School, and an MBA from the University of Chicago. He completed his internship and residency at the University of Illinois. He is board certified in ophthalmology, has written two books on surgery to free people of the need for glasses and contact lenses, and has been awarded several U.S. patents.

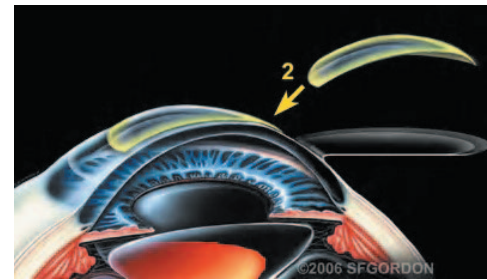
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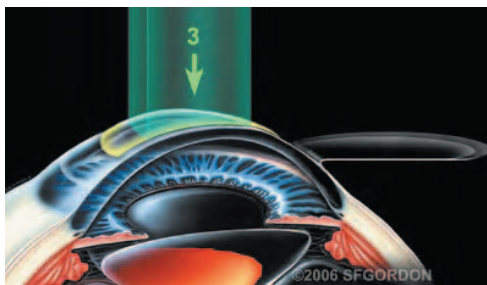
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In the first step of surgery, the flap is made at the patient's cornea just as in LASIK.



In the second step, the corneal lens implant is placed onto the corneal bed beneath the corneal flap. At this point, the patient is under the excimer laser, is fixating on the guide light, and the laser tracking system is locked onto the patient's pupil.



In the next step, the laser correction of myopia and astigmatism is applied TO THE CORNEAL LENS rather to the patient's own cornea. Then the flap is closed and sutured shut.

CLEARs Advantage

The CLEARs procedure corrects myopia beyond the range of LASIK. The CLEARs surgery achieves its effect **without invading the interior of the eye** as with lens implants. By never invading the inner eye, CLEARs avoids the risks of phakic lens implants: glaucoma, cataracts and retinal detachment.

The CLEARs procedure is **designed to correct astigmatism and higher order aberrations that are so far not correctable by phakic lens implants.**

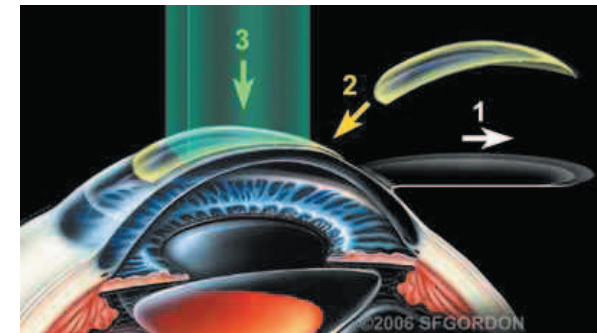
The CLEARs procedure is **reversible** by surgically lifting the corneal flap as would occur in a LASIK re-treatment rather than having to touch structures inside the eye. Up until now, when a patient had a cornea too thin for LASIK, it was typical to perform surface laser ablation.

The CLEARs procedure offers a much **more comfortable and rapid recovery than surface ablation** laser treatment and without the need for anti-inflammatory steroid eye drops.

There is a **long history of stability and safety** of the keratophakia corneal lens implant procedure dating back to Dr. Barraquer's work in the 1960s and locally, to Dr. Epstein's experience performing the procedure dating back to 1983.

Beyond LASIK ...

The CLEARs Procedure



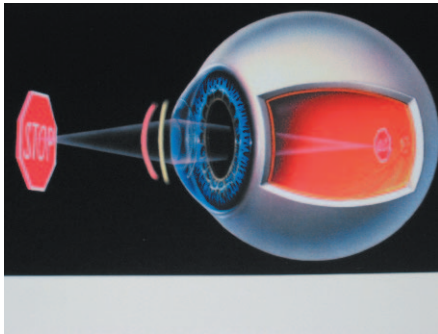
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What is CLEARs?

CLEARs stands for Corneal Laser Excimer Assisted Refractive Surgery. The CLEARs procedure is for creating freedom from glasses and contact lenses in situations beyond the range of LASIK. CLEARs applies when the patient is too nearsighted for LASIK or when the patient's cornea is too thin for LASIK. It appears to be safer and more versatile than LASIK alternatives such as the phakic lens implants Visian ICL and Verisyse that require penetration to the inside of the eye.

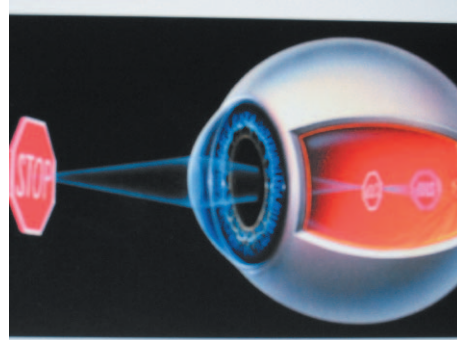
The Path of Light

In normal vision, the eye can make the rays of light from the object of regard fall into sharp focus upon the retina.



In the normal eye, the image of the object of regard is focused upon the retina.

In myopia, the rays of light from distant objects fall short of the retina as shown. People with myopia need glasses or contact lenses to bring images into sharpest focus.

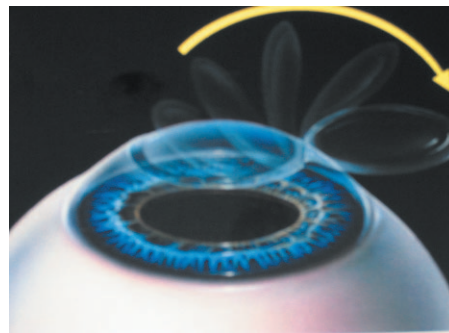


In myopia the focused image falls short of the retina. The image projected upon the retina is blurry.

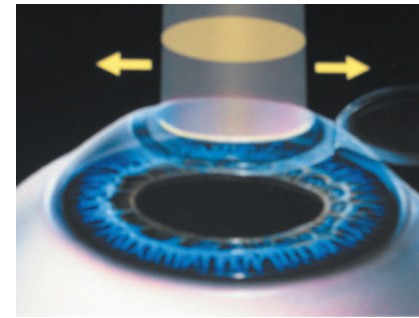
Lasik can change the shape of the front wall of the eye so that images focus properly upon the retina. Lasik also corrects astigmatism by rounding the surface of the cornea to create sharper focal points of light

LASIK

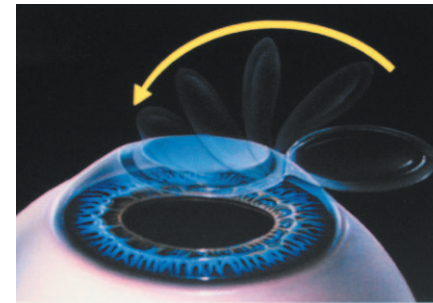
LASIK eliminates the need for glasses for far vision by changing the curvature of the front wall of the eye.



In lasik a device makes a thin, protective flap from the front portion of the cornea.



The next step in LASIK is the laser modification of the inside surface of the cornea.



After the laser treatment is completed, the flap is prepared and repositioned. With the LASIK procedure completed, the cornea heals with its new shape.

History of CLEARs

The CLEARs procedure is based on the keratophakia corneal lens implant procedure, which has a record of **long-term stability and safety**. Jose I. Barraquer, MD of Colombia is considered to be the father of refractive surgery and his work led to LASIK. Keratophakia was originated by Dr. Barraquer in the 1960s to correct large amounts of nearsightedness and to correct

vision after cataract removal. At that time the corneal lens was fashioned on a machine called a cryolathe. Dr. Robert Epstein trained under Dr. Barraquer and performed nearly one thousand cryolathe procedures in the United States including keratophakia, starting in 1983.

The CLEARs procedure, developed by Dr. Barraquer's protégé, renowned eye surgeon Luis A. Ruiz, MD, is a modification of keratophakia in which the excimer laser does the shaping of the corneal lens rather than the cryolathe thus achieving superior optics and faster healing.

The Steps of CLEARs

The CLEARs procedure at first appears to be no different from LASIK. The corneal flap of the LASIK procedure is created. The patient is positioned under the laser just as in LASIK. The patient looks at the laser guide light and the laser tracking system is locked upon the patient's pupil. The LASIK flap is lifted.

But in the CLEARs procedure, the surgeon has previously created a corneal lens from corneal transplant material. The surgeon lifts the LASIK flap and carefully positions the corneal lens onto the patient's corneal bed centered over the patient's pupil. The excimer laser treatment is applied to the corneal lens implant. Then the LASIK flap is closed. We also place micro-sutures into the cornea that remain for a few days to assure the positioning of the corneal lens. See the steps below.