

LRMC -Warfighter Refractive Eye Surgery Program (WRESP)

CHECKLIST

Read through the clinical guidelines paying close attention to the retention requirements and complete attached documents.

1.	<p><input type="checkbox"/> DHA FORM 237 *Note: The Commander's Authorization section must be Electronically signed by:</p> <ul style="list-style-type: none">-Squadron Commander (Air Force/Space Force/Navy)-Battalion Commander (Army/Marines) <p>If commander is unavailable, the first officer in the chain of command on G-series orders, or that has assumption of command orders is authorized to sign.</p>
2.	<p>For members who wear contact lenses:</p> <ul style="list-style-type: none"><input type="checkbox"/> No soft contact lenses wear at least 30 days prior to pre-op appointment.<input type="checkbox"/> No rigid gas permeable (hard) contact lenses wear at least 90 days prior to pre-op appointment.
3.	<p><input type="checkbox"/> Member must complete a pre-operative evaluation with base optometry for LRMC review.</p>
4.	<p><input type="checkbox"/> Email DHA FORM 237 to: Dha.landstuhl.clinic-support.mbx.lrmc-wresp@health.mil</p> <p>All correspondence must be done via government email addresses.</p> <p>Once ALL above documents have been received, you will be contacted by the WRESP office via phone or email. If you have not been notified within 30 business days, please contact the WRESP office.</p> <p>DSN: 590-6361 or CIV: 06371-9464-6361</p> <p>Packet drop off office hours:</p> <p>Monday – Thursday: 0800-1500</p> <p>Friday: 0800-1200</p> <p>Remember to keep a copy of all signed paperwork for your own records.</p>
5.	<p><input type="checkbox"/> A total of 5 appointments are MANDATORY at LRMC.</p> <ul style="list-style-type: none">• Pre-operative appointment at Landstuhl• Briefing appointment• Surgery appointment• 1 day post-operative appointment (LASIK only)• 1 week post-operative appointment-- receives profile (LASIK & PRK) <p>NOTE: You MUST have an escort/driver on the day of your surgery, 1 day, and 1 week follow-up appointments.</p> <p><i>***You can be disqualified for surgery anytime up to the day of the procedure***</i></p>



DEPARTMENT OF THE ARMY
LANDSTUHL REGIONAL MEDICAL CENTER
Unit 33100
APO AE 09180-3100

MCEU-LSS-OPH

LANDSTUHL REGIONAL MEDICAL CENTER
Warfighter Refractive Eye Surgery Program Clinical Guidelines

PLEASE NOTE: THESE ARE REFERRAL GUIDELINES. EACH SURGERY IS INDIVIDUALLY PLANNED AND THEREFORE REGARDLESS OF CRITERIA SOME PATIENTS MAY NOT BE OFFERED CERTAIN PROCEDURES. PLEASE DO NOT REFER ANY PATIENTS TO US FOR REFRACTIVE SURGERY IF THEY DO NOT MEET THE BELOW GUIDELINES.

1. ADMINISTRATIVE GUIDELINES

- **STATUS:** Active Duty and Activated Reservist currently on "active duty" orders
- **AGE LIMIT: 21**
- **RETENTION CRITERIA (TIME REMAINING ON ACTIVE DUTY AFTER SURGERY DATE):**

ARMY ACTIVE DUTY: 6 months
AIR FORCE ACTIVE DUTY: 6 months
NAVY/MARINE ACTIVE DUTY: 12 months

RESERVISTS ON ACTIVE DUTY: Service standards
- **DEPLOYMENTS/PCS:** No scheduled deployments within 3 months of surgery. Minimum of 6 months remaining at current duty station until PCS.
- **COMMANDER'S AUTHORIZATION:** Valid for 6 months
- **SMALLPOX IMMUNIZATION:** no laser treatments within 3 weeks of smallpox immunization (Ask); no immunization up to 4 months after laser treatment²
- **OPTOMETRY POST-OPERATIVE CARE:** Optometrist must be within two hours of patient's duty location.

2. PRE-OPERATIVE UNCORRECTED DISTANCE VISUAL ACUITY:

MYOPE: 20/30 OR WORSE
HYPEROPE: NO MINIMUM DISTANCE
(HOWEVER, FOR HYPEROPES, IF 20/20 THEN NEAR VISION MUST BE 20/30 OR WORSE)

3. CONTACT LENS WEARERS:

- Contact lenses must not be worn prior to the pre-operative evaluation at Landstuhl: **30 Days** prior for soft contact lenses and **90 Days** for gas permeable (aka rigid or hard) lenses. After the pre-operative exam, DO NOT RESUME WEARING CONTACT LENS AT ANY TIME PRIOR TO TREATMENT. This can greatly affect treatment accuracy!

4. REFRACTIVE LIMITS:

- Myopia: None, if too high will consider ICLs/RLE
- Hyperopia: $\geq +0.75D$ ($> +5.00$ consider RLE)

5. ALCON EX500 REFRACTIVE LIMITS:

- Myopia: $-0.75D$ to $-12.00D$ SE and cylinder $\leq 6.00D$
- Hyperopia: $+0.50D$ to $+6.00D$ SE; cylinder $\leq 5.00D$
- Mixed astigmatism: Cylinder between 1.00-6.00D when magnitude of cylinder $>$ sphere and opposite sign

6. Pentacam:

- PRK Pachs: $\geq 475\mu m$ with $\geq 300\mu m$ residual bed
- LASIK Pachs: $\geq 475\mu m$ with $\geq 300\mu m$ residual bed (assume 110 μm flap)

- $BAD_D \leq 2.2$ (if available)

7. K's:

- Post-op K's of $\geq 34D$ and $\leq 50D$ is acceptable (Steep K – MR Sphere = postop K)
- No refractive surgery for pre-op K's of $<40D$ or $>49D$

8. REFRACTIVE STABILIZATION:

- **Must have MRx over 1 year old to show stable Rx**
- **No more than 0.5D shift in sphere or cylinder over the past year**
- **No more 15 degrees axis rotation over the past year**
- **If not stable, repeat MRx and CRx in 3 months for CRx needs to be done with Cyclopentolate and is good for 6 months**

9. DISQUALIFYING SYSTEMIC CONDITIONS

- Autoimmune Diseases³
- Immunodeficiency Diseases (AIDS/HIV)
- Pregnancy- must be 6 months post-partum
- Breastfeeding- nursing discontinued for 6 months
- Diabetes
- *Keloid formers are OK

10. DISQUALIFYING OCULAR CONDITIONS

- History of Herpetic Eye Disease
- Keratoconus or Forme-fruste keratoconus
- Pellucid Marginal Degeneration
- Ocular Rosacea
- Severe Dry Eye Disease (e.g. < 10 MM Schirmers)
- Glaucoma - on meds, progression on RNFL, or signs of any field loss on HVF testing
- Visually significant Corneal Scars

11. DISQUALIFYING MEDS

- Accutane: needs to be off 6 months
- Amiodarone (antiarrhythmic med)
- TB meds (INH): needs to finish the course
- Prednisone
- Any immunosuppressive drug

12. OCCUPATIONAL CONSIDERATIONS

- AF Aviation and Aviation-related Special Duty (AASD) personnel may be treated at any DoD WRESP with the following exception:

All hyperopic Pilots and Boom Operators will be evaluated at ACS prior to being treated at JWRSC, Lackland AFB, San Antonio, TX.
- AF Security Police: PRK recommended

NOTES:

1. Make sure the Commander's Authorization is signed, stamped, and dated less than 6 months from the anticipated treatment date. **The COMMANDER'S AUTHORIZATION Form is an important medical document; please do not use white-out.** Please have patient get form resigned if necessary. Once the form is signed and a referral is created, the patient must wait to be contacted by the WRESP clerks. Patients are NOT to call to check on their status unless they are not contacted within 1 week. Patients are contacted by priority when pre-op slots are available for them.
2. **Smallpox Immunization:** Refractive surgery cannot be performed within 3 weeks of smallpox immunization. You should **not** receive this immunization as long as you are still prescribed steroid eye drops after refractive surgery. This may be as long as four months after surgery. Please reschedule or cancel, if needed.
3. **Examples of Autoimmune Disease (Listed by the Main Target Organ)**

Nervous System:

Multiple Sclerosis
Myasthenia Gravis
Autoimmune neuropathies
Guillain-Barre
Primary biliary cholangitis
Autoimmune uveitis

Blood:

Autoimmune hemolytic anemia
Autoimmune thrombocytopenia
Pernicious anemia

Blood Vessels:

Antiphospholipid syndrome
Vasculitides such as Granulomatosis with polyangitis (i.e. Wegener's dz)
Behcet's disease
Temporal arteritis

Skin:

Dermatitis herpetiformis
Pemphigus vulgaris
Psoriasis
Vitiligo

Endocrine Glands:

Type 1 or immune-mediated diabetes
Type 2 diabetes Mellitus
Autoimmune oophoritis and orchitis
Autoimmune disease of the adrenal gland
Hashimoto's thyroiditis
Grave's Disease

Gastrointestinal System:

Crohn's Disease
Ulcerative Colitis
Autoimmune hepatitis

John Kircher
MAJ MC
OIC, WRESP

Refractive Surgery Consult

Privacy Act Review

This statement serves to inform you of the purpose for collecting personal information as required in DHA Form 237.

AUTHORITIES: 5 U.S.C. 301, Department Regulation; 10 U.S.C., Chapter 55; Pub.L. 104-91, Health Insurance Portability and Accountability Act of 1996; DoD 6025.18-R, DoD Health Information Privacy Regulation; 10 U.S.C. 1071-1085, Medical and Dental Care; 42 U.S.C. Chapter 117, Sections 11131-11152, Reporting of Information; 10 U.S.C. 1097a and 1097b, TRICARE Prime and TRICARE Program; 10 U.S.C. 1079, Contracts for Medical Care for Spouses and Children; 10 U.S.C. 1079a, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); 10 U.S.C. 1086, Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; DoD Instruction 6015.23, Delivery of Healthcare at Military Treatment Facilities (MTFs); DoD 6010.8-R, CHAMPUS; 10 U.S.C. 1095, Collection from Third Party Payers Act; and E.O. 9397 (SSN).

PURPOSE: DHA Form 237 is used to collect information on active-duty service members applicants and will be used to determine medical and administrative eligibility for elective ocular surgeries. Applicants will complete the form and submit the form through email to the closest Warfighter Refractive Eye Surgery Program ("WRESP") for review and potential action.

ROUTINE USES: Information in your records may be disclosed to private physicians and Federal agencies, including the Departments of Veterans Affairs, Health and Human Services, and Homeland Security in connection with your medical care; other federal, state, and local government agencies to determine your eligibility for benefits and entitlements and for compliance with laws governing public health matters; and government and nongovernment third parties to recover the cost of healthcare provided to you by the Military Health System. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

APPLICABLE SORN: EDHA 07, "Military Health Information System" (November 18, 2013, 78 FR 69076)
<https://dpcld.defense.gov/Privacy/SORNSindex/DOD-wide-SORN-Article-View/Article/570672/edha-07/>

DISCLOSURE: Voluntary. If you choose not to provide the requested information, there may be an administrative delay in authorizing your care, but care will not be denied.

SECTION 1.

LAST NAME:		UNIT:			
FIRST NAME:		UNIT ZIP:			
GRADE:		WORK TEL:			
ON FLIGHT STATUS:		MOBILE TEL:			
UNIT DESIGNATOR:		MOS/AFSC/NEC/Job			
AGE:		CURRENT DUTY STATION AND STATE:			
DOB: (YYYYMMDD)		DEROS DATE: (YYYYMMDD)			
DOD ID:					
HOME EMAIL:		CURRENT END OF ACTIVE DUTY COMMITMENT: (YYYYMMDD)			
WORK EMAIL:					
REQUESTED TREATMENT FACILITY:					
FACILITY INFORMATION: LANDSTUHL REGIONAL MEDICAL CENTER DR. HITZELBERGER STR, LANDSTUHL, 66849 WARFIGHTER REFRACTIVE SURGERY (WRESP) WARD 11B 1ST FLOOR BLDG 3769 DSN: 314-590-6361 CIV: +49 6371-9494-6361		YOUR MILITARY BRANCH:		OTHER: <i>(please specify)</i>	
		SERVICE TYPE:			
		Have you had refractive surgery before?			
		Are you pregnant or nursing?			
		Have you or a family member been diagnosed with Keratoconus?			

SECTION 2. Command Authorization (please see instructions on page 2)

USA/USAF must have > 6 months remaining on active duty on day of surgery NAVY/USMC/USCG must have > 12 months remaining on active duty on day of surgery							
Deploying within 6 Months:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Patient's Priority Level:	1	2	3	4
Is patient on limited duty and/or subject to a physical evaluation board?			Do you approve for this SM to have refractive surgery?				
<input type="checkbox"/> Yes <input type="checkbox"/> No			Service information has been validated.				
Full Name of Commanding Officer:			RANK:				
			SIGNATURE:				
PHONE NUMBER:			EMAIL:				

LAST NAME: _____ FIRST NAME: _____

SECTION 3. Professional Recommendation: (to be completed by Optometrist/Ophthalmologist)

PROVIDER'S LAST, FIRST NAME: _____ SIGNATURE: _____

CLINIC TEL: (include area code) _____ LOCATION: _____

DATE OF EYE EXAMINATION: (YYYYMMDD) _____ PROVIDER EMAIL: _____

UCDVA		MRx:	Sphere	Cylinder		Axis	Hyperopic CRx:	Sphere	Cylinder		Axis	VA 20/
OD: 20/		OD:			X		OD:			X		
OS: 20/		OS:			X		OS:			X		

VERIFICATION: ≤ 0.50D change in sphere or cylinder in last 12 mos. Dry eyes, blepharitis managed
Check all that apply RGP wear: consider refit into soft daily wear CL Soft extended wear: must go to daily wear

COMMENTS:

Universal Warfighter Refractive Eye Surgery Program (WRESP) Application Instructions

1. To submit application, scan and email completed form to closet WRESP Center via their group mailbox in Section 1. You will receive confirmation via email within 30 days. If you do not receive a confirmation email within 30 days or need to make an update to your contact information or have questions send an email and call the WRESP center. This form covers the required NAVMED data fields and requirements. All SMs will go through a thorough medical screening by WRESP staff to validate medical eligibility.
2. Guidance to unit commanders for processing requests for corneal refractive surgery (CRS).
 - a. This is a program only intended for service members (SMs) on active duty (AD) orders and meets time-in-service (TIS) requirements set by SM's service component regulations.
 - b. CRS procedures (PRK - LASIK – SMILE - ICL) are elective ocular surgeries to reduce or eliminate the need for distance vision correction and enhance the readiness of SMs who are medically and administratively qualified.
 - c. Commander's approval; by signing the refractive surgery consult form, they give their permission and verify:
 - (1) The SM can be considered for enrollment in the WRESP, and for treatment, and meets *AD TIS requirements for this surgery.
 - (2) The SM, neither, has any adverse personnel action, nor, pending a medical evaluation board or physical evaluation board.
 - (3) SM will remain OCONUS and is NON-Deployable for up to 90 days post-surgery (PRK: 90 days; LASIK/SMILE/ICL/RLE: 30 days). In rare cases, time can be longer.
 - (4) After CRS the SM will be on CONVALESCENT LEAVE for 7 to 14 days and will have a PHYSICAL PROFILE/LIGHT DUTY condition for a minimum of 30 days, but can be longer, in < 10% of patients. More recovery time may be needed if ICL and refractive lens exchange are done. A month follow-up will needed with no deployments during that time.
 - (5) They acknowledge the SM is required to complete FOLLOW-UPS at 1, 3, and 6 months, with the possibility of 12-months or higher. If SM is deploying/ separating from service before the 6-month exam is due, they are required to complete the 1- and 3-month exams and then return to for a post-operative exam at the completion of their deployment or before separation.
 - (6) WRESP centers may conduct medical studies. If so, additional information will be provided to service members prior to participation, **if eligible.
 - d. Referring Provider's Instruction. The referring provider will complete a full ocular exam to include but not limited to: corneal thickness/ pachymetry (if possible), and corneal topography/tomography (if available). Physician will assure there is a stable Rx of more than more year to compare to MRx in section.
3. Comments pertaining to Pachs and Topos (Normal/Abnormal) will be added to the in the comments block in section 3.

(Continued on Page 3)

LAST NAME:

FIRST NAME:

4. **Treatment priorities:**

- a. **Priority 1 (High Priority).** SM's job requires them to frequently and regularly work in an extreme physical environment that precludes the safe use of spectacles or contact lenses. SM has an unusually physically demanding and dangerous job. Probability of survival would clearly be enhanced with this procedure. (Examples: aviators/EOD/Special Forces, Combat Arms Deploying within 6 Months).
- b. **Priority 2.** SM's job requires them to frequently and regularly work in a physical environment where spectacle or contact lens use is possible and would not compromise personal safety or jeopardize completion of the mission, but where their use is physically more difficult or challenging. NOT a safety or survivability issue. Procedure is likely to enhance job performance. High priority, but not absolutely imperative. (Example: Security Forces, military duties include use of NVG, or respiratory masks or Marines not in Category I)
- c. **Priority 3.** SM is not typically exposed to environmental extremes or physical activity or use of equipment precluding use of spectacles or contact lenses, but may on occasion, qualify for Category II.
- d. **Priority 4.** SM's job rarely or ever exposes them to extreme conditions, physical activity, or use of special equipment where performance would be diminished by use of glasses or contact lenses. (Example: administrative, clerical, office work in an indoor, non-extreme environment)

5. It is ultimately the Commander's responsibility to validate and confirm all regulatory requirements for AD TIS are met.

** WRESP centers may conduct medical studies. If so, full disclosure will be made to SM and commander.