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The dark side of the moon: Complications of refractive surgery Anterior segment complications of laser surgery

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In surface ablation, haze is the most frequent complication. In LASIK, microkeratome-related complications are rare today and usually resolve without sequelae, provided no ablation was done. Postoperative flap complications such as flap slippage usually occur during the first days after surgery and should be treated as early whenever present. Interface complications are a new diagnostic entity as the interface between flap and stroma presents a space where fluid or cells can accumulate: Diffuse lamellar keratitis usually occurs within the first postoperative days and should be treated aggressively to avoid scarring. Epithelial ingrowth is another rare complication usually requiring treatment. Corneal hydrops with fluid accumulation in the interface is a very rare but important phenomenon related to steroid-induced glaucoma but presenting with falsely low tonometry readings. Corneal ectasia is extremely rare and in most cases related to thin stromal beds. However, its pathogenesis is not completely understood yet, and it may occur in “normal” eyes, too. Dry-eye syndrome is the most frequent complication after LASIK. It is usually benign but may cause significant visual impairment in rare cases.