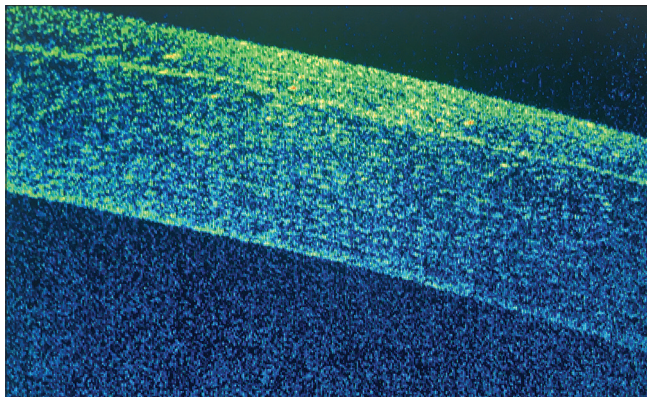


## Unique complication of femtolasik - A slit buttonhole flap tear

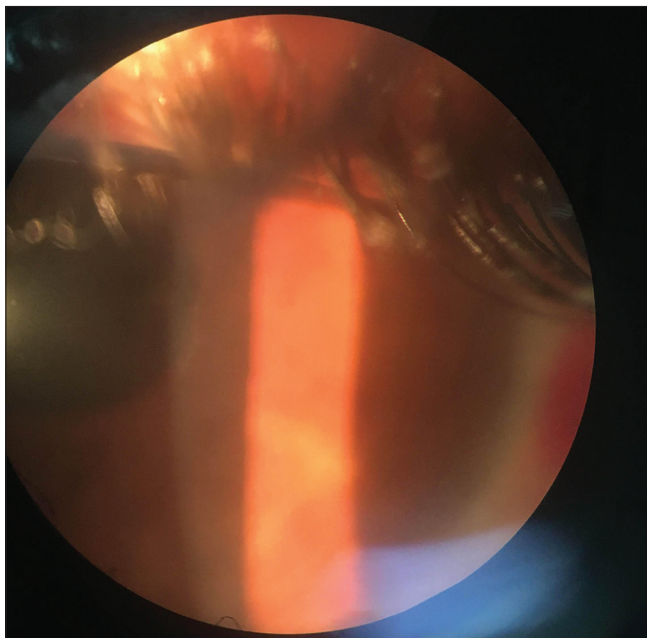
Dear Editor,

I read with interest the review article by Pranita Sahay *et al.*<sup>[1]</sup> on complications of laser-assisted *in situ* keratomileusis.

We encountered an unusual peculiar flap-related complication in femtosecond laser-assisted LASIK. It occurred while lifting the flap with an Intralase double-ended flap lifter (Katena instruments). After more than half the flap was elevated, there were areas of tight flap attachments to the bed in the paracentral temporal cornea. While applying excessive force to separate the adhesions, the flap got perforated with the pointed tip of the instrument and a 4-mm slit tear was created outside the pupillary region. The flap lifter was immediately withdrawn and redissection was initiated back from the hinge in the correct plane elevating the remaining flap.



**Figure 1:** OCT image of the cornea through the slit buttonhole flap tear



**Figure 2:** Healed hairline scar of flap tear during dissection

The excimer laser ablation was completed as usual and the flap was carefully repositioned, which draped very well as it was a femtosecond laser clean cut and fitted snugly in the gutter of side cut. A wet cellulose sponge was used to iron out any striae. After the flap was dried and well adhered, a bandage contact lens was placed for a day.

On postoperative follow-up, the flap was well aligned [Fig. 1], with a hairline faint scar [Fig. 2] of the telltale flap tear visible well outside the pupil, and the vision was 6/6.

Prophylaxis for such mishaps is to have hawk-like eyes and full concentration during careful separation of the flap in regions of tight adhesions. By following the curvature of the cornea and separating gingerly small areas with the sharp-tipped dissector.

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### Conflicts of interest

There are no conflicts of interest.

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