Refractive Surgery for Naval Aviation Personnel:

LASIK is considered disqualifying for all naval aviation personnel. Previously, a waiver could be recommended only for Class III personnel (aviation personnel who do not fly). **Waiver may now be recommended for all active duty classes of aviation personnel, including those who do fly**, if the standards in references (a) and (b) are met.

A history of LASIK in applicants for naval aviation is considered disqualifying, but a waiver may be recommended provided the applicant meets the standards in references (a) and (b). When possible it is preferable, but not required, that the procedure be performed using a femtosecond laser for creation of the flap and a wave-front guide profile for the excimer laser ablation.

Active duty aviation personnel must receive their evaluation and procedure at a DoD refractive surgery center. Performance of the procedure by a "civilian" provider is not authorized.

REFERENCES:

(a) [NAVMED P-117, Manual of Medical Department](https://www.med.navy.mil/directives/Documents/NAVMED%20P-117%20(MANMED)/Chapter%2015,%20Medical%20Examinations%20(incorporates%20Changes%20128,%20130,%20135-140%20below).pdf) (see sections 15-31, 15-36)

(b) [NAMI Aeromedical Reference and Waiver Guide, Current Edition](https://www.med.navy.mil/sites/nmotc/nami/arwg/Documents/WaiverGuide/Waiver%20Guide%20-%20Physical%20Standards%20-%20120202.pdf) (see sections 1.4-1.18, 12.5)

**Excerpt from** [**NAMI Aeromedical Reference and Waiver Guide, Current Edition**](https://www.med.navy.mil/sites/nmotc/nami/arwg/Documents/WaiverGuide/Waiver%20Guide%20-%20Physical%20Standards%20-%20120202.pdf)**:**

**12.15 CORNEAL REFRACTIVE SURGERY (PRK/LASIK)**

**AEROMEDICAL CONCERNS:**

**Definitions:**

**Corneal Refractive Surgery (CRS):** A laser is used to reshape the anterior corneal surface reducing refractive error and reliance on spectacles or contact lenses. A “wavefront-guided” (WFG) or “custom” procedure uses wavefront analysis technology, and may improve the visual outcome of the procedure.

**Photorefractive Keratectomy (PRK) or Laser-Assisted Epithelial Keratectomy (LASEK) :** Laser energy is applied to the anterior corneal surface after the epithelium is temporarily displaced or removed. No corneal flap is created. PRK variants include LASEK (epithelium is preserved), and Epi-LASIK (epithelial flap is created). Pain can be moderate to severe, and visual recovery can take months.

**Laser in-situ keratomileusis (LASIK):** A cornea stromal flap is created with a surgical blade or infrared laser after which, an excimer laser is used to reshape the exposed corneal stroma. The corneal flap is then repositioned. Pain is minimal and vision recovery is much faster than PRK.

**All forms of refractive surgery are disqualifying for aviation duty, but waivers are readily granted if the member meets all waiver guide policy guidelines.** Designated members who undergo refractive surgery shall be grounded at the time of surgery, but a grounding physical is not required. Designated members shall not return to flight duty until a Local Board of Flight Surgeons (to include one eye provider) recommends a waiver via an Aeromedical Summary (AMS) and issues a ninety-day temporary aeromedical clearance notice.

**Both PRK and LASIK are waiverable at this time (see specific sections below).**

**All other forms of refractive surgery,** or any vision or corneal manipulation or surgery, including **RK** (radial keratotomy), **LTK** (laser thermal keratoplasty), **ICR** (intracorneal ring), **ICL** (intraocular corrective lens), and clear lens extraction, are **permanently disqualifying (CD/WNR)** for all aviation duty Class I, II and III personnel. The prior use of orthokeratology (rigid contact lens corneal reshaping) is NCD provided that it is permanently discontinued prior to obtaining flight status and all appropriate refractive standards are met with stable topography.

**PRK AND LASIK GENERAL GUIDELINES (applicants and designated personnel)**

1. Post-operatively, the member must still pass all MANMED vision standards for their class or applicant status, and must wear corrective lenses while flying, if required, to achieve the vision standard.

2. Refractive stability and a satisfactory postoperative slit lamp exam is required. Trace peripheral haze or scarring that is considered stable by the eye care provider, and not visually significant, is not a hindrance to waiver.

3. There must be no symptoms that would be cause for concern when considering the performance of the member’s usual flight duties, including, but not limited to, severe dry eye, recurrent corneal erosions and visually significant glare, haloes, or central scarring.

4. A subsequent PRK or LASIK enhancement or “touch-up” must meet the same timeframe and clinical guidelines, and requires a second waiver submission package and AMS.

5. Wavefront-guided, or “custom”, PRK or LASIK is preferred, but in no way is required for a waiver recommendation. This custom treatment may increase visual acuity and final vision outcomes significantly, but not all patients are candidates for custom treatments.

6. Copies of all pre-operative, and post-operative examination paperwork, including the laser treatment reports, are required for waiver considerations. NAMI may request additional information as deemed medically necessary to make a waiver determination.

7. For PRK and LASIK waiver renewal, submission is as stated in the member’s BUMED waiver letter. In general, those enrolled in the LASIK studies require annual submission. All others only require routine five-year submission.

**Applicants only:**

1. All applicants for Naval aviation must satisfy the above general guidelines and the following more specific guidelines:

2. Civilian applicants must obtain PRK or LASIK at their own expense at a civilian refractive surgery center. Active duty applicants may apply for waiver whether their surgery was performed at a civilian refractive surgery center prior to joining the military, or at a military RSC. The minimum wait time before submitting a waiver request for applicants is six months from the date of surgery. All paperwork and operative reports must be available and submitted for waiver consideration. **See section 12.15B for additional information and requirements for LASIK in Student Naval Aviators.**

3. SNA applicants: pre-operative refractive error must not exceed -8.00 to + 3.00 (SE) and 3.00 diopters of cylinder, with no more than 3.50D of anisometropia. They must additionally have a post-operative cycloplegic refraction using cyclopentolate performed at a military installation.

**Active duty designated aviation personnel only:**

1. Designated aviation personnel must satisfy all the above general guidelines and the following guidelines:

2. A PRK waiver request may be submitted for:

a. myopia -6.00 diopters or less spherical equivalent (SE): 3 months

b. myopia greater than -6.00 diopters SE: 6 months

c. hyperopia SE: 6 months

3. A LASIK waiver request may be submitted for:

a. myopia: 2 weeks

b. hyperopia and mixed astigmatism: 4 weeks

4. If still requiring prescription topical medication (Restasis or cyclopsporine drops excluded) then restriction of flight activities to the local area is recommended.

5. Class I aviators, specifically, must undergo PRK or LASIK treatment at one of the USN designated refractive surgery centers (includes Tripler AMC and Keesler AFB, which have Navy ophthalmology support). (See section 12.15A for additional information)

6. Class II, III, and other flight personnel (e.g. select passengers) may undergo PRK or LASIK at any DoD refractive surgery center.

7. For PRK, there are no pre-operative refractive limits for already designated personnel within their aviation class. For LASIK, waivers may be granted for myopia up to -11.5D spherical equivalent with no more than 3.5D of astigmatism, and hyperopia up to +3.75D spherical equivalent with no more than 2.75D of astigmatism.

8. Regardless of prior designated aviation class, any personnel applying for SNA status must abide by all MANMED and waiver policy guidelines and refractive limits for SNA applicants.

9. The CRS/PRK AMS template (available on the NAMI website) may serve as a Local Board of Flight Surgeons, following review and endorsement by two flight surgeons, plus an eye care provider (military optometrist or ophthalmologist), and commanding officer approval. A ninety-day aeromedical clearance notice may be issued at that time, pending BUPERS waiver approval. Submit the AMS and waiver package immediately to NAMI to avoid unnecessary delays in obtaining BUPERS final approval.

10. No deployment for at least three months following PRK and one month following LASIK surgery (per BUMED policy).

**Select Reserve designated aviators:**

1. Reservists must satisfy all the above general guidelines and the following guidelines:

2. May obtain PRK or LASIK at their expense from civilian sources of care.

3. A pre-operative evaluation is strongly encouraged to be submitted to NAMI Ophthalmology before corneal refractive surgery is performed. Contact NAMI Ophthalmology at 850-452-2933 or NOMI-EyeDept@med.navy.mil.

4. Final approval to proceed with PRK or LASIK requires written permission from the unit commander and unit flight surgeon.