



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
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IN REPLY REFER TO
BUMEDINST 6490.1
BUMED-M3
8 Jun 2018

BUMED INSTRUCTION 6490.1

From: Chief, Bureau of Medicine and Surgery

Subj: WARFIGHTER REFRACTIVE SURGERY PROGRAM

Ref: (a) NAVMED P-117
(b) SECNAVINST 1850.4E
(c) NAMI Aeromedical Reference and Waiver Guide
(d) SECNAV Memo of 4 Dec 2014, Non-Emergency Self-Referred Civilian Medical Procedures (NOTAL)

1. Purpose. This instruction establishes Navy Medicine guidance regarding refractive surgery for photorefractive keratectomy (PRK), laser-assisted in situ keratomileusis (LASIK), and implantable collamer lenses (ICL).
2. Cancellation. BUMED memo of 18 December 2008 (NAVMED Policy 08-022) and BUMED memo of 10 June 2008 (NAVMED Policy 08-008).
3. Applicability and Scope. This policy applies to Navy and Marine Corps Active Component and Reserve Component personnel.
4. Background. This instruction incorporates the policies of NAVMED Policy Memo 08-022 and NAVMED Policy Memo 08-008 with current updates.
5. Policy. PRK, LASIK, and ICL surgery are acceptable options for eligible Navy and Marine Corps personnel. Navy Medicine policy on refractive surgery for new accessions and disqualifying procedures are described in reference (a), the Manual of the Medical Department, chapter 15, article 15-34.
6. Refractive Surgery and Service Members. The Navy's Refractive Surgery Program has been shown to increase readiness, enhance performance, and improve safety. Refractive surgery includes a variety of vision correcting procedures, including PRK, LASIK, and ICL surgery. All three procedures are available to active duty personnel through the Warfighter Refractive Surgery Program. LASIK has the advantage of significantly faster visual recovery and more rapid return to duty as compared to PRK. Based on extensive clinical trials, LASIK flap creation with a femtosecond laser is safer and more effective than LASIK flap creation with a mechanical microkeratome. Refractive lenticule extraction small incision lenticule extraction (ReLEx SmILE) is considered as a LASIK variant for purposes of policy and waiver recommendations. ICLs are typically reserved for cases of high refractive error, or otherwise unfavorable corneal

architecture, and may be an intraocular surgical option for selected personnel who are not medical candidates for PRK or LASIK, and is therefore not considered the “first line” procedure for Navy and Marine Corps personnel.

7. Eligible personnel. All active duty personnel are eligible for PRK, LASIK, and ICL surgery unless specifically excluded. To be considered for surgery, the Service member must:

- a. Have at least 12 months of remaining active duty after surgery.
- b. Not be on a temporary limited duty board or awaiting adjudication of a medical evaluation board per reference (b).
- c. Not be in a limited duty status or awaiting adjudication of a medical evaluation board per reference (b).
- d. Seek consultation with a medical treatment facility (MTF) ophthalmologist or optometrist.
- e. Obtain written command approval via the NAVMED 6490/1 Navy Warfighter Refractive Surgery Consul. The form is available at all MTF optometry departments or refractive surgery centers.

8. Excluded Personnel. Certain Navy and Marine Corps Active Component and Reserve Component personnel are not eligible for PRK, LASIK, and ICL surgery:

- a. Aviation personnel. See reference (c) for eligibility and waiver requirements for aviation personnel and accessions undergoing refractive surgery, including ICLs. Reference (c) is available at <https://www.med.navy.mil/sites/nmotc/nami/arwg/Pages/AeromedicalReferenceandWaiverGuide.aspx>.

- b. Navy and Marine Corps Active Component and Reserve Component personnel may be disqualified from refractive surgery based upon, but not limited to, one or more of the following medical conditions:

- (1) Concurrent topical or systemic medications that may impair healing, such as corticosteroids, antimetabolites, immune modulators, isotretinoin, and amiodarone.

- (2) Medical conditions that may impair healing including, but not limited to, collagen vascular disease, autoimmune disease, and immunodeficiency diseases.

- (3) Active ophthalmic disease or significant crystalline lens opacity.

(4) In order to ensure the corneal refractive changes associated with pregnancy and breastfeeding have stabilized or resolved, females should be deferred from evaluation for surgery if they are within 6 months of pregnancy or breastfeeding.

9. Return to Duty after Refractive Surgery. A Service member who has had refractive surgery must have a satisfactory period for post-surgical recovery before returning to duty. As with any surgery, there is a large degree of individual variability in patient recovery which prevents establishing a rigid time frame for full recovery. LASIK and ICL patients may be able to return to duty as soon as 2 to 7 days following surgery. PRK patients may be able to return to duty within 1 to 2 weeks following surgery, but there may be restrictions on certain activities such as swimming, contact sports, vigorous exercise, and Chemical, Biological, Radiological and Nuclear gas chamber training for several weeks following either surgery. The ophthalmologist or optometrist providing continued post-surgical care will determine when the Service member is medically cleared and meets vision standards to return to duty. In addition:

- a. Return to aviation special duty will be per reference (c).
- b. Return to undersea warfare special duty will be per reference (a), Manual of the Medical Department, chapter 15, articles 15-102, 15-105, and 15-106.

10. Deployment after Refractive Surgery

a. Because Service members are unlikely to have ready access to an ophthalmologist or optometrist during a deployment, they must be fully recovered from surgery prior to clearance for deployment. Commanders who authorize refractive surgery are acknowledging the Service member is not scheduled for deployment within the following time period after surgery:

- (1) LASIK - Non-deployable for at least 1 month after surgery.
- (2) PRK - Non-deployable for at least 3 months after surgery.
- (3) ICL - Non-deployable for at least 1 month after surgery.

b. These time frames are estimates, and the managing eye care provider may clear a Sailor or Marine earlier or later depending on the individual's own recovery.

11. Key Provisions of the Warfighter Refractive Surgery Program

- a. Service members seeking refractive surgery must use the NAVMED 6490/1 to request surgery and obtain command approval and prioritization.
- b. Per NAVMED 6490/1, prioritization of war fighters for surgery is the responsibility of line commanders.

- c. With rare exception for research at specified sites, all patients treated must be Active Component or Reserve Component personnel.
- d. Because the primary purposes of the program are to enhance operational readiness and performance, refractive surgery will not be offered to Service members who anticipate separation or retirement within the 12 months following surgery.
- e. Reservists who are mobilized for extended periods of active duty may be eligible for refractive surgery, but must comply with all policies and procedures, including applicable wait times, prioritization, and the requirement to perform at least 12 months of active duty following surgery.
- f. Per reference (d), Service members are not authorized to seek refractive surgery at a civilian center without command approval. Service members are not authorized to undergo free surgery by civilian surgeons. Such surgery would constitute a gift and violates Department of Defense regulations that restrict government employees from accepting gifts related to their service. Exceptions to this restriction may be possible only with proper vetting through the appropriate chain of command.

12. Records Management. Records created as a result of this instruction, regardless of media and format, must be managed per Secretary of the Navy Manual 5210.1 of January 2012.

13. Review and Effective Date. Per OPNAVINST 5215.17A, this instruction will be reviewed by Healthcare Operations (BUMED-M3) annually on the anniversary of its effective date to ensure applicability, currency, and consistency with Federal, Department of Defense, Secretary of the Navy, and Navy policy and statutory authority using OPNAV 5215/40 Review of Instruction.

14. Forms. NAVMED 6490/1 Navy Warfighter Refractive Surgery Consult is available at: <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.


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Releasability and distribution:

This instruction is cleared for public release and is available electronically only via the navy Medicine Web site, <http://www.med.navy.mil/directives/Pages/BUMEDInstructions.aspx>.