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PRESS RELEASE

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NewView Laser Eye, Inc. Introduces EpiLase™ – A New Refractive Alternative to Lasik and PRK

Reston, VA, October 10, 2006 – By now you've heard of LASIK and PRK. These are surgical procedures utilizing the Excimer laser technology to reshape the cornea to decrease and in most cases eliminate the need for glasses. After receiving FDA approval ten years ago, these technologies have taken off and become quite popular. Since then, variations in technique have been developed to increase safety margins for those at risk for complications. This latest advancement in refractive technology is known as EpiLase™ (also referred to as Epi-Lasik, Epi-K, or Advanced Surface Treatment).

EpiLase is a laser vision correction technique that combines the advantages of PRK and LASIK and eliminates most of their disadvantages. With PRK, the surface epithelium (the thin layer of skin covering the front surface of the cornea) is removed manually or sometimes with alcohol. Then the surface of the eye is treated with the laser. After the procedure, a bandage contact lens is placed on the eye for three to four days until this layer grows back.

Lasik involves making an incision into the cornea to create a flap. This is usually done with a mechanical micro-keratome, but more recently, can also be done with a laser as well. This incision occurs in the deeper tissue of the cornea. Whether with a micro-ker-atome or with a laser, both create a hinged flap of thin corneal tissue, and your surgeon will gently fold the flap out of the way. Once this is complete, the underlying corneal tissue is reshaped with the laser and the flap is folded back into place where it will bond without the need for stitches.

The Epi-keratome Laser-assisted keratomileusis procedure, (EpiLase) uses a unique micro-keratome “separator”, to mechanically cleave the epithelium to make a sheet of surface cells. Unlike the flap of LASIK, this “sheet” is very superficial, sparing 35% of corneal tissue. No sharp blades, laser, or alcohol is required. The risk/benefit ratio is very much in favor of surface ablation over LASIK for some patients.

The epithelial “sheet” that is created by “EpiLase” is either folded back or discarded and the laser is applied to the underlying corneal tissue. Patients who have thinner corneas would be better candidates for EpiLase than traditional Lasik surgical procedures because of the tissue conservation aspect of this procedure. EpiLase also appears to be a superior option for patients with moderate to severe dry eye problems seeking laser vision correction because the corneal nerves are not severed as with traditional Lasik. In addition, it is suggested from recent studies that EpiLase can provide more predictable outcomes for wavefront guided “Custom” laser vision correction than traditional Lasik procedures because the bed upon which the laser ablates is smoother with this technique.

Advantages of EpiLase over LASIK:

- Decreased risk of flap complications (incomplete flap, irregular flap, abrasions)
- Decreased risk of surgical complications post-operative (flap striae, flap inflammation)
- Decreased incidence of post-op dry eye syndrome

- Better in treating thin corneas. Approximately 35% less tissue is affected

Advantages of EpiLase over PRK:

- Quicker healing time (less down time than PRK)
- Decreased post operative pain and discomfort
- More rapid visual recovery

So, if you have been told you are not a candidate for laser vision correction because your corneas are too thin or your eyes are too dry, call us today to schedule your free consultation or visit us at www.NewViewLaserEye.com — *You may have a second chance!*

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