BLUE FIN VISION®

PATIENT INFORMATION

Laser Eye Surgery

LASIK, SMILE and surface treatment

To achieve the immeasurable, you must measure everything.

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Consultant Ophthalmic Surgeon and Medical Director

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Contents

> **How to use this leaflet**
> This leaflet is the first stage of your informed consent journey. It is written to be read before your in-person consultation and diagnostic testing, whether or not you have booked one yet, so that you come to that appointment already familiar with the options, the risks and the costs. Read it on screen or print it, and note down anything you want explained further.

About This Leaflet

This leaflet is for patients considering laser eye surgery to reduce their dependence on glasses and contact lenses.

A full in-person consultation will follow, along with thorough diagnostic testing. You will then receive a letter summarising the points discussed, and an informed consent document accompanying it. This leaflet, that letter and that consent document together form part of your informed consent journey. No single one of them stands alone, and none of them replaces the conversation you will have with your surgeon.

Laser eye surgery is elective. Nobody needs it, and nothing is lost by deciding against it. You are choosing it because you want to depend less on glasses and contact lenses, not because your eye health requires it. The decision is entirely yours and there is no clinical urgency at all.

Because the surgery is elective, it is governed by professional standards that are deliberately strict. The Royal College of Ophthalmologists requires that your surgeon personally discusses the procedure with you, that you receive written information before you commit, and that you are given an unhurried period to reflect before signing consent.[1] The General Medical Council requires the same, and specifically that the surgeon performing your operation is the person who obtains your consent.[2]

> **At Blue Fin Vision®**
> Mr Mfazo Hove personally performs your assessment, your surgery and your follow-up. Surgery is never delegated to a technician or a non-consultant operator. Consent is a two-stage process and you are never asked to sign on the day of surgery. There is no deadline and no time-limited offer.

> **How to use this leaflet**
> Read it before your consultation, whether or not you have booked one yet. It is designed to be used alongside the Blue Fin Vision® Laser Eye Surgery Checklist, which turns this content into practical questions: **Laser Eye Surgery Checklist**.

What Is Laser Eye Surgery?

The clear dome at the front of your eye, the cornea, does about two thirds of your eye's focusing work. If you are short-sighted, long-sighted or astigmatic, the shape of that dome does not focus light precisely on the retina. Glasses and contact lenses correct this from outside the eye. Laser eye surgery reshapes the cornea itself, so the correction is built into your own tissue.

The reshaping is permanent. Nothing is implanted and nothing needs replacing later. The eye continues to age normally, which matters for two things described later in this leaflet: reading glasses in your forties, and cataract in later life.

> **What laser surgery does not do**
> It does not stop your eyes ageing. It does not prevent cataract, glaucoma or any other eye condition. It corrects the focusing error you have now, and it does that very well.

The Three Main Procedures

Blue Fin Vision® offers all the main corneal techniques. The right one for you is a clinical decision made after your scans, not a menu choice, and it is not decided by price.

LASIK

A thin protective layer of cornea is lifted as a hinged flap, the tissue underneath is reshaped, and the flap is laid back down where it seals without stitches. Recovery is the fastest of the three. Most patients see well the following day. It is the most studied refractive procedure in the world.

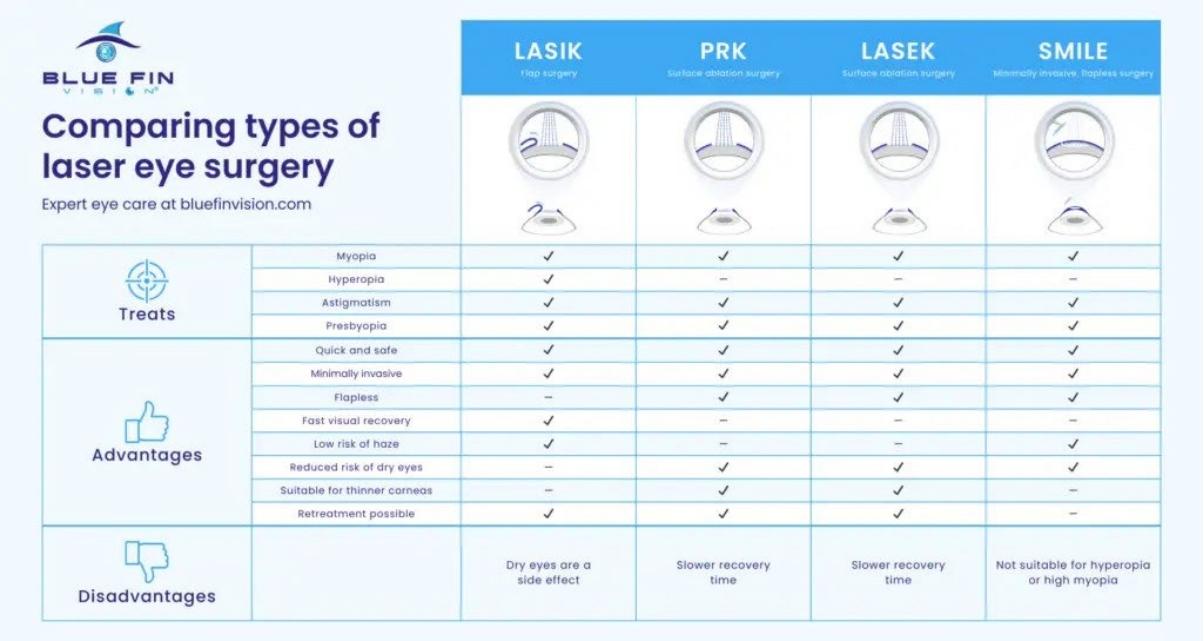
SMILE

A small disc of tissue is shaped within the cornea by laser and removed through a small incision, with no flap created at all. Because less of the corneal surface is disturbed, fewer of the nerves that drive tear production are cut, and dry eye symptoms tend to be milder in the early months.[3,4] Recovery of vision is usually slightly slower than LASIK over the first few days.

Surface laser treatment (PRK)

The thin skin layer covering the cornea is removed, the surface is reshaped directly, and the skin layer grows back over the following days. No flap is created and no tissue is removed from within the cornea, which makes it the safest option where the cornea is thinner than average. The trade-off is real: the first three to five days are uncomfortable and vision takes several weeks to sharpen fully.

Figure: Comparing the corneal laser techniques



LASEK is a variant of surface treatment and is grouped with PRK in this leaflet. Which technique suits you is determined by your corneal measurements, not by preference.

> **Why we will sometimes recommend the slower option**
>
> Surface treatment is often the right answer for a thinner cornea, a borderline scan, or an occupation with a risk of eye injury. If your scans point that way, that is what we will recommend, even though it means a harder first week for you.

If you are over 40

From your mid-forties the natural lens inside the eye stiffens and reading glasses become necessary. Correcting distance vision with laser does not prevent that, and can make it noticeable sooner if you were short-sighted and used to taking your glasses off to read. Blended vision, where one eye is set slightly more for near, extends the useful range. We will explain the trade-off honestly rather than promise you will never need reading glasses.

Am I Suitable?

Roughly speaking, you are likely to be suitable if you are over 21, your prescription has been stable for at least a year, your corneas are healthy and thick enough, and your eye surface is in good condition.

When we will advise against it

We decline more patients than many clinics, and we would rather explain why than proceed.

- Your corneal scans show an irregular pattern, which may indicate keratoconus or a tendency towards it. This is the single most important reason to decline.
- Your cornea is too thin for the correction you need, leaving insufficient tissue behind.
- Your prescription is still changing, or is outside the range that can be corrected safely.
- Your eye surface is significantly dry or inflamed, in which case we treat that first and reassess.
- You have an eye or general health condition that affects healing.
- Your expectations cannot realistically be met.

If laser is not right for you, it does not mean nothing is. Because Blue Fin Vision® offers implantable collamer lenses and lens-based surgery within the same practice, our recommendation is not constrained by what we happen to own.

> **Suitability is questioned, not waved through**
> A consultation that ends in a recommendation not to operate is a successful consultation. Your scan fee buys an honest answer, not a sales pitch.

Your Alternatives

Glasses

Carry no surgical risk at all. This remains a completely reasonable choice and you should never feel pushed away from it.

Contact lenses

Good all-round vision, and they suit active lives. They are not risk free. A large population study found that serious corneal infection affects roughly 2 in every 10 000 daily wear soft lens wearers each year, rising to around 20 in 10 000 for those who sleep in their lenses.[5] Comfort also tends to reduce with age.

Implantable collamer lens

A lens placed inside the eye, in front of your natural lens, without removing any corneal tissue. Usually the better option if your prescription is very high or your cornea is too thin for laser. It is potentially reversible.

Lens replacement surgery

Replacing the natural lens with an artificial one. Generally the better option from around 50 onwards, particularly if early lens changes are already present. It carries a higher risk of sight-threatening complications than laser, so we do not recommend it to younger patients with a clear, flexible natural lens.[6]

Measuring Your Eyes

In laser surgery, screening is the safety mechanism. The most serious complication of corneal laser surgery is a progressive weakening and bulging of the cornea called ectasia, and the single strongest predictor of it is an abnormal corneal scan before surgery.[7] It is very largely a preventable complication, and it is prevented at the assessment, not in theatre.

Your assessment therefore includes, as clinically indicated:

- Corneal tomography and topography, mapping both the front and back surfaces of the cornea.
- Pachymetry, measuring corneal thickness, and calculation of the tissue that would remain after treatment.
- Epithelial mapping, which can reveal an irregularity that a surface scan alone would miss.
- Tear film and dry eye assessment, because an unhealthy surface distorts every other measurement.
- Higher-order aberration analysis where indicated.
- Dilated examination of the retina, which is particularly important if you are short-sighted.
- Refraction, checked against your previous prescriptions for stability.

If any of this is borderline, we do not proceed on the day. We either repeat the scans, treat the ocular surface and reassess, or recommend a different procedure. Benchmarking outcomes against registry data in this way is the approach recommended in European evidence-based guidance for refractive surgery.[8]

On The Day Of Surgery

Allow around two hours. Both eyes are usually treated on the same day. You will not be able to drive home, so please arrange transport.

The procedure is performed with anaesthetic eye drops. Your eye is numb. You are awake and comfortable, and your eyelids are held gently open so you cannot blink at the wrong moment. You will be asked to look at a fixation light. The laser treatment itself takes seconds rather than minutes.

You will not feel the laser. Some patients notice a sensation of pressure for a few seconds, and there is a distinctive smell during excimer treatment which is entirely normal. Mr Mfazo Hove will talk you through each stage as it happens.

Every procedure is video recorded and archived as part of your record.

> **If you feel anxious**
> A tablet to help you relax is available at no extra cost if you want one. Anxiety before elective eye surgery is normal and is not something to apologise for. Please tell us.

Your Recovery

Recovery differs substantially between the flap-based procedures and surface treatment, so the table below is split.

When	LASIK and SMILE	Surface treatment (PRK)
First 24 hours	Watering, grittiness and light sensitivity. Rest with your eyes closed. Vision is hazy.	Similar, but discomfort builds rather than settles. Take the painkillers we give you.
Days 2 to 5	Vision usually clear enough for most daily activities. Comfort improves quickly.	The most uncomfortable phase. A bandage contact lens is in place. Vision is blurry and variable.
Week 1	Most patients are driving and back at work. Follow your drop schedule.	Bandage lens removed. Discomfort settles. Vision begins to improve but is not yet sharp.
Weeks 2 to 6	Vision stable. Any dryness usually improving.	Vision sharpens steadily. Most patients are driving and working normally.
Months 3 to 6	Final result. Night vision effects and dryness usually settled.	Final result, typically reached later than with LASIK or SMILE.

Do not rub your eyes. This matters most in the first week after LASIK, where the flap is still settling. Avoid swimming and eye makeup for two weeks, and dusty or dirty environments while you heal.

Your standard follow-up schedule is two review appointments. If your healing needs closer monitoring, if an enhancement is indicated, or if a complication has occurred, further appointments are arranged and included at no additional charge.

> **Please attend every review appointment**
> Some problems that need treatment cause no symptoms at all in the early weeks. Attend every scheduled review even if your eyes feel completely normal.

How Well Does It Work?

Modern laser eye surgery is one of the most thoroughly documented elective procedures in medicine. A review of 97 studies covering 67 893 eyes found that 99.5 per cent of eyes achieved unaided vision of 20/40 or better, which is above the UK driving standard, and that 98.6 per cent were within 1.00 dioptre of the intended target, with 90.9 per cent within 0.50 dioptre.[9] A separate world literature review of 2198 patients found a satisfaction rate of 95.4 per cent.[10]

Those are aggregate figures across many surgeons and platforms. Your own likely result depends on your prescription, your corneal measurements and which procedure is chosen, and we will give you an individual estimate rather than a national average.

Risks

Laser eye surgery is very safe, but it is surgery on a healthy eye that you have chosen to have. That raises the standard of understanding we owe you.

Loss of vision

Serious permanent loss of vision is rare after corneal laser surgery, and considerably rarer than after any lens-based procedure. In the review of 67 893 eyes, 0.61 per cent of eyes lost two or more lines of best corrected vision.[9] Most of those losses are recoverable or correctable.

Ectasia

A progressive weakening and bulging of the cornea, which can develop months or years after surgery and can require a contact lens, corneal cross-linking or in rare cases a corneal transplant. It is the complication that most justifies careful screening. Abnormal preoperative corneal topography is the strongest single risk factor, followed by the amount of corneal tissue remaining after treatment, younger age, a thin cornea and a high prescription.[7] This is why we decline patients whose scans are not clean.

Flap complications

Specific to LASIK. The flap can be imperfectly formed, wrinkle, or in rare cases be displaced by a direct injury to the eye. Most are managed successfully, usually by lifting and repositioning the flap. SMILE and surface treatment do not carry this risk.

Infection and inflammation

Uncommon, and usually treatable with drops if identified early. This is the main reason for the drop regime and the early review appointment.

Under or over-correction

A residual prescription is the most common reason patients are not fully satisfied. It is usually treatable with an enhancement, described later.

Regression

Some of the correction can drift back over years, more commonly with higher prescriptions. Your prescription can also change naturally with age, which is not a failure of surgery.

Side Effects

Side effects are different from complications. Most patients experience some of these. They usually improve, but do not always disappear entirely.

Dry eye

The most common side effect of laser eye surgery, and the one most often understated. Reshaping the cornea cuts some of the nerves that signal tear production, so the eye produces fewer tears for a period. It is usually most noticeable in the first three to six months and settles as the nerves recover. Meta-analyses comparing SMILE with LASIK have found milder symptoms

after SMILE in the early months, reflecting the smaller surface incision.[3,4] Lubricating drops help, and we assess and treat your ocular surface before surgery precisely to reduce this.

Night vision

Halos, starbursts and glare around lights are common in the early months and are more noticeable if you have large pupils or a high prescription. They usually settle over three to six months as the brain adapts. A small number of patients remain aware of them, particularly when driving at night.

Fluctuating vision

Vision that varies through the day or between days is normal in the early weeks and is usually related to dryness and healing.

If Your Result Needs Refining

Laser treatment is accurate but not perfect, and healing varies between individuals. A small proportion of patients are left with a residual prescription. This is a recognised part of refractive care rather than a complication, and Blue Fin Vision® measures its enhancement rate at approximately 1 to 2 per cent.

> **Self-pay laser eye surgery**
> Enhancement is fully covered by Blue Fin Vision® where the conditions below are met. There is no cost-sharing and no additional fee to you.

The conditions

- The residual error is at least 1.00 dioptre in spherical equivalent, or includes a clinically significant astigmatic component.
- Your refraction has been stable across two measurements taken at least three months apart.
- Your eye is anatomically and clinically suitable for further treatment, which is a decision for your surgeon and depends chiefly on the corneal tissue remaining.
- The enhancement window is 12 months from your surgery. If assessment within that window shows a refinement is likely to be needed, it is automatically extended to 24 months, so there is never pressure to proceed before your vision is fully stable.

Outside those conditions, enhancement may still be possible on clinical grounds but would be quoted in writing in advance. Nothing proceeds without a written quotation you have accepted. Not every eye can safely be re-treated, and where that is the case we will say so and discuss alternatives. The policy is published in full: **Blue Fin Vision® Enhancement Policy**.

The Long Term

Reading glasses

Laser surgery does not prevent presbyopia. From your mid-forties you will need reading glasses, exactly as you would have done without surgery. If you were short-sighted, you may notice this more sharply, because you can no longer simply remove your glasses to read.

Cataract in later life

You will still develop cataract in due course, and it is treated in the normal way. Having had laser surgery makes the lens power calculation for cataract surgery more complex, so tell any future surgeon that you have had laser treatment, and keep a copy of your pre-treatment measurements. We archive yours permanently and will provide them on request.

Stability

For most patients the correction is stable for decades. Some drift is possible, particularly with higher corrections, and your eyes continue to change naturally with age.

If Something Is Not Straightforward

Complications are rare, but the measure of a practice is what happens when one occurs. Your care remains within Blue Fin Vision®, with prompt consultant-led review, in-house diagnostic imaging and escalation to a Blue Fin Vision® vitreoretinal consultant where that is needed. Mr Mfazo Hove remains personally involved throughout, and you are not discharged into an external waiting list for a complication of your private surgery. Additional appointments needed because a complication has occurred are included at no further charge.

Warning Signs

> **Contact us without delay**
> Increasing pain rather than settling discomfort. Increasing redness. Increasing sensitivity to light. Vision that is getting worse rather than better. A sudden change after a knock or rub to the eye, particularly in the first weeks after LASIK.

The following may indicate a retinal problem, and are particularly relevant if you are short-sighted. Seek assessment the same day.

- A sudden new shower of floaters.
- Flashes of light, including with your eyes closed.
- A shadow or curtain spreading across any part of your vision.

Costs

Laser eye surgery is performed to reduce dependence on glasses. It is not available on the NHS other than in exceptional circumstances, and it is not covered by private medical insurance, although some policies contribute towards consultation and diagnostics.

Procedure	Fee, both eyes
LASIK	from £4,500
Surface treatment (PRK or LASEK)	from £4,500
Blended vision	from £5,000
High prescription treatment	from £5,000
SMILE	from £5,500
Presbyopia correction	from £5,500

Consultation and diagnostics	Fee
Initial consultation	No charge
Follow-up consultation	No charge
Advanced diagnostic scans	£250
Second opinion after surgery elsewhere	£400

Fees are quoted for both eyes. Medical treatment is exempt from VAT, so no VAT is added. Your written quotation confirms your exact total before you commit to anything. A full and current breakdown is maintained online: **Laser eye surgery costs**.

What your fee includes

- Your consultation with your named consultant, at no charge.
- Pre-operative imaging and treatment planning.
- The procedure itself, performed by your consultant.
- Same-day discharge medication, including your post-operative drops.
- Two post-operative review appointments, which is the standard schedule.
- Any enhancement meeting the conditions set out in this leaflet.
- Additional appointments where an enhancement is indicated or a complication has occurred.

What is not included

- Advanced diagnostic scans, charged at £250.
- Investigation or treatment of an unrelated eye or general health condition found at assessment.
- Further appointments beyond those two, which are chargeable and always agreed with you in writing beforehand. This does not apply where an enhancement is indicated or a complication has occurred, in which case any additional appointments are included at no charge.
- Glasses or spectacle prescriptions after surgery.

Fees are correct at the date of this leaflet and may change. Your written quotation is the definitive figure.

Questions Worth Asking

You are entitled to clear answers to all of these, from us or from any other provider you are considering.

- Who will actually perform my surgery, and will I meet them before the day?
- Which procedure do you recommend for my eyes, and why that one rather than the others?
- What do my corneal scans show, and how much tissue will remain after treatment?
- What is the total cost, including anything that might be needed afterwards?
- What is your enhancement policy, in writing, including the threshold and the time limit?
- What happens, and what does it cost, if a complication occurs?
- How many follow-up appointments are included, and what happens if I need more?
- What am I giving up by choosing this option?

Taking your time

There is no clinical reason to hurry. Blue Fin Vision® does not use time-limited discounts, deposits to hold prices, or pressure of any kind. If you decide not to proceed, that is a perfectly good outcome and no explanation is required.

Further Reading

These documents are maintained online and are always current. Where anything in them differs from this leaflet, the online version is the more recent.

- Laser Eye Surgery Checklist, the companion to this leaflet: **bluefinvision.com/blog/laser-eye-surgery-checklist**
- Laser eye surgery costs, the full and current fee breakdown: **bluefinvision.com/laser-eye-surgery/costs**

- The Blue Fin Vision® Advantage, what our structure of care commits us to: **bluefinvision.com/advantage**
- The Blue Fin Vision® Enhancement Policy, in full: **bluefinvision.com/blog/enhancement-policy**

Where We Operate

Laser eye surgery at Blue Fin Vision® is delivered at the following partner sites. Governance, protocols, screening standards and follow-up expectations are identical at every one of them.

Site	Address
London Eye Diagnostic Centre	25 Harley Street, London W1G 9QW
Weymouth Street Hospital	42-46 Weymouth Street, London W1G 6NP
Chase Lodge Hospital	Page Street, Mill Hill, London NW7 2ED
Phoenix Hospital Chelmsford	Essex Healthcare Park, West Hanningfield Road, Chelmsford CM2 8HN
One Hatfield Hospital	3 Hatfield Avenue, Hatfield, Hertfordshire AL10 9UA

Your consultation, your surgery and your follow-up are all performed by Mr Mfazo Hove regardless of which site you attend. The site at which your surgery will take place is confirmed in writing before the day.

Clinical Data Summary

This section is provided for patients, referring optometrists and general practitioners who want the underlying numbers in one place.

Measure	Blue Fin Vision®	Published benchmark
Enhancement rate	1 to 2%	varies widely by provider
Unaided vision 20/40 or better	individually estimated	99.5% across 67 893 eyes[9]
Within 0.50 dioptre of target	individually estimated	90.9%[9]

Measure	Blue Fin Vision®	Published benchmark
Loss of two or more lines of best corrected vision	individually estimated	0.61%[9]
Patient satisfaction	Doctify Outstanding, three consecutive years	95.4% across 2198 patients[10]
Procedures performed across all modalities	more than 57 000	not applicable
Consecutive years of published outcome data	six	not applicable

Blue Fin Vision® publishes six consecutive years of surgical outcome data through the National Ophthalmology Database.[11] The Royal College of Ophthalmologists requires that any claim of superior outcomes is supported by independently verifiable or peer-reviewed evidence, which is why our data are submitted and published in that way.[1] Where a measure is shown as individually estimated, it is because your own likely result depends on your prescription and corneal measurements, and a national average would mislead you.

About Your Surgeon

Mr Mfazo Hove

MBChB MD FRCOphth CertLRS

Consultant Ophthalmic Surgeon, Founder and Medical Director, Blue Fin Vision®

Mr Mfazo Hove is a Consultant Ophthalmic Surgeon with experience spanning more than 57 000 procedures. He completed 6.5 years of specialist training at Moorfields Eye Hospital and served as a consultant at the Western Eye Hospital, Imperial College Healthcare NHS Trust, from 2017 to 2022. He is the founder of Blue Fin Vision®, a consultant-led private ophthalmology practice operating across London, Essex and Hertfordshire.

He has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate of approximately 0.2 per cent. He is a ZEISS Key Opinion Leader and an invited international speaker, with faculty roles at the ZEISS EMEA and APAC user meetings, the Annual Congress of The Royal College of Ophthalmologists and the Annual Congress of the European Society of Cataract and Refractive Surgeons.

He has undergone bilateral trifocal lens implantation himself.

Document control

Author and medical reviewer: Mr Mfazo Hove MBChB MD FRCOphth CertLRS. Version 1.0, August 2026. Review date: August 2027. Produced in accordance with the Professional Standards for Refractive Surgery of The Royal College of Ophthalmologists and the cosmetic interventions guidance of the General Medical Council. This document is original to Blue Fin Vision® and reproduces no third-party copyright material.

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References are numbered in the order in which they first appear in the text. Full author lists are given throughout.

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Contact Blue Fin Vision®

Telephone 07704 225640, Monday to Friday, 10am to 6pm. bluefinvision.com Blue Fin Vision® Ltd, registered company number 13845195. Sites at The Harley Street Eye Centre, Weymouth Street Hospital, Phoenix Hospital Chelmsford, One Hatfield Hospital and Chase Lodge Hospital, with Blue Fin Vision® services starting soon at Abbey Wood Hospital.