Vision Enhancement

Key Facts | Treatment of a Residual Prescription

A five-minute summary | Mr Mfazo Hove MBChB MD FRCOphth CertLRS | Version 1.0, August 2026

What is an enhancement?

Further treatment for a residual prescription, meaning remaining short-sightedness, long-sightedness or astigmatism, after cataract, lens, ICL or laser eye surgery. A residual prescription does not necessarily mean the original operation went wrong: biological eyes cannot be predicted with mathematical precision.

It is a second elective operation

Enhancement is not a complication pathway and not simply free retreatment. It means intervening again in an eye that is usually otherwise healthy, so it carries its own benefit and risk threshold rather than inheriting the one that justified your first procedure.

The 1.00 D rule

Blue Fin Vision® applies a hard minimum threshold: we will not enhance residual sphere or cylinder below 1.00 dioptre. This applies even if a smaller prescription can be measured accurately and even if you would prefer it treated. Below that level we do not believe the likely benefit justifies another laser or surgical procedure.

1.00 D means eligible, not automatic

A prescription of 1.00 dioptre or more is the minimum at which enhancement can be considered. It is not an instruction to treat. If you function well, are satisfied, or your surgeon believes treatment would produce little meaningful benefit, enhancement may still not be recommended. The threshold rules treatment out below 1.00 D; it never rules treatment in.

First establish what is causing the blur

Blur after surgery is not automatically residual prescription. Dry eye, an unstable measurement, posterior capsule opacification, lens position, retinal problems or neuroadaptation may be responsible. Treating a prescription that is not causing the problem produces a technically successful enhancement that does not solve it.

How enhancement is performed

Either laser eye surgery, which changes the focusing power of the cornea, or a supplementary intraocular lens, sometimes called a piggyback lens. These are not interchangeable. Your surgeon chooses according to your residual prescription, previous procedure, corneal measurements, ocular surface, anatomy and the relative risks of corneal versus intraocular treatment.

Which pathways include it

- Laser eye surgery.
- ICL surgery.
- Refractive lens exchange.
- Cataract surgery with premium lenses, where spectacle independence formed part of the treatment aim.

Monofocal cataract surgery is different

Standard cataract surgery with a monofocal lens does not have spectacle independence as its objective, so needing glasses afterwards is the expected outcome rather than a shortfall. Refractive enhancement is therefore not included in that pathway, and any further refractive treatment is assessed and priced separately.

When it is performed

Typically within 12 months of the original procedure. Where the need has been established but additional time is clinically appropriate, the pathway can be extended to a maximum of 24 months so treatment can be concluded safely. The extension prevents a calendar deadline forcing premature treatment; it is not an open-ended entitlement for prescriptions developing years later.

What enhancement cannot promise

It cannot guarantee exactly zero prescription, vision beyond the biological potential of your eye, improvement in symptoms caused by something other than refractive error, elimination of halos, or permanent freedom from future refractive change.

You do not have to proceed

Qualifying does not oblige you to have treatment. You may choose no treatment, occasional spectacles or contact lenses. If you function well with the remaining prescription, doing nothing often has the better balance of benefit and risk, and declining changes nothing about your care with us.

Conjunctival naevus laser is a separate policy

Argon laser treatment of a conjunctival naevus is not part of this refractive policy. Its initial treatment fee can include up to three sessions where clinically appropriate, and eligibility ends at a hard 12 months with no extension to 24.

Costs

There is no additional surgical treatment fee for enhancement in the eligible laser, ICL, lens replacement and premium lens cataract pathways. Enhancement following standard monofocal cataract surgery is not included. Anything falling outside the applicable policy is discussed and quoted before proceeding.

Read alongside

The full terms are in the **Blue Fin Vision® Enhancement Policy**, and your procedure checklist explains the pathway for your original surgery. Provider policies vary widely, so always ask any provider for enhancement terms in writing.

This page is a summary, not a consent document

It does not replace the full Vision Enhancement patient information booklet, or the consent information for the specific enhancement procedure. If enhancement is recommended, the risks and alternatives of laser eye surgery or supplementary lens implantation are discussed separately before you decide. That information forms part of your informed consent alongside your discussion with your surgeon and your consent form. Please read the full booklet before your appointment. In full: **The Blue Fin Vision® Advantage**