BLUE FIN VISION®

PATIENT INFORMATION

Vision Enhancement

Treatment of residual prescription after refractive or lens surgery

Laser eye surgery or supplementary lens treatment

To achieve the immeasurable, you must measure everything.

Mr Mfazo Hove MBChB MD FRCOphth CertLRS

Consultant Ophthalmic Surgeon and Medical Director

Version 1.0 | August 2026

Contents

> **How to use this leaflet**
>
> This leaflet explains the principle behind enhancement: when further treatment is worthwhile, when it is not, and why Blue Fin Vision® applies a minimum threshold below which we will not operate again.
>
> It is read alongside the Blue Fin Vision® Enhancement Policy, which sets out the administrative terms, and the consent information for whichever enhancement procedure is recommended. No document replaces the discussion with your surgeon.

About This Leaflet

This leaflet is for Blue Fin Vision® patients who have a residual glasses prescription after cataract surgery, refractive lens exchange, Implantable Collamer Lens surgery or laser eye surgery, and are considering whether further treatment is appropriate.

No refractive procedure can guarantee exactly zero prescription in every eye. A small residual prescription after otherwise successful surgery does not necessarily represent a complication or an unsuccessful operation.

> **The principle behind the whole pathway**
>
> Enhancement is not a complication pathway and it is not simply free retreatment. It is a second elective intervention in an eye that is usually otherwise healthy, and it therefore has its own benefit and risk threshold rather than inheriting the one that justified your first operation.
>
> At Blue Fin Vision®, enhancement is not performed simply because a measurable prescription exists.

It is performed when there is sufficient residual prescription, when that prescription is responsible for a meaningful visual problem, when the measurement is stable, when the eye is suitable for further treatment, and when the expected benefit justifies the additional intervention. The Royal College of Ophthalmologists requires that the same standards of assessment and consent apply to a second refractive procedure as to the first.[2]

What Is Residual Prescription?

Ametropia is the clinical term for an eye that retains a refractive error. It may be myopia, meaning short-sightedness, hyperopia, meaning long-sightedness, astigmatism, or a combination of these.

After refractive or lens surgery, a small amount can remain even when the operation itself has been technically successful. This occurs because biological eyes are not manufactured objects: measurements, lens calculations, corneal healing and individual biological response all have limits of predictability.

The existence of a residual prescription therefore does not, by itself, tell us whether further treatment is appropriate.

Does It Mean Something Went Wrong?

Not necessarily. Refractive surgery aims at a target, but biological variation means the final result cannot be predicted with absolute precision.

A patient can have an uncomplicated operation, an appropriately selected lens or laser treatment, and excellent ocular health, and still retain some residual refractive error.

> **The question that governs everything**
>
> The question is not whether there is any prescription left. It is whether there is enough residual prescription, causing enough visual disadvantage, to justify exposing this eye to another procedure.

Do I Need an Enhancement?

Not every residual refractive error needs treating. Some patients with measurable ametropia have excellent unaided vision and are entirely satisfied. Others notice blur, an imbalance between the two eyes, or a failure to achieve the intended level of spectacle independence.

Enhancement may be considered when

- The residual prescription is at or above our treatment threshold.
- It is responsible for a meaningful visual limitation.
- The prescription is stable.
- The ocular surface and the eye are suitable for further treatment.
- Further treatment has a reasonable prospect of improving the problem.
- The expected benefit outweighs the risks.

Meeting the numerical threshold does not automatically mean that treatment should be performed.

The 1.00 D Minimum Treatment Threshold

Blue Fin Vision® applies a hard minimum threshold for enhancement.

> **We will not enhance below 1.00 dioptre**
>
> We do not perform enhancement for residual sphere or cylinder of less than 1.00 dioptre. This applies even where a smaller prescription can be measured accurately, and even where you would prefer it to be treated.
>
> The reason is straightforward. Below this level we do not believe the likely additional visual benefit consistently justifies exposing an otherwise healthy eye to the risks of another surgical or laser procedure.

1.00 D makes you eligible for consideration, not for treatment

A residual 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 have 1.00 dioptre or more but function extremely well, are satisfied with your vision, or your surgeon believes treatment would produce little meaningful benefit, enhancement may still not be recommended.

Residual sphere or cylinder	What happens
Below 1.00 D	We will not treat. This is a fixed limit, not a starting point for negotiation.
1.00 D or above	Enhancement may be offered if your symptoms, stability, eye health and expected benefit justify it.

The threshold therefore works in one direction only. It rules treatment out below 1.00 dioptre. It never rules treatment in.

Which Pathways Include Enhancement?

Enhancement is included without an additional surgical fee within the Blue Fin Vision® pathways whose intended outcome includes spectacle independence or a defined refractive target.

- Laser eye surgery.
- Implantable Collamer Lens surgery.
- Refractive lens exchange.
- Cataract surgery with premium lenses, where spectacle independence forms part of the intended refractive outcome.

Standard monofocal cataract surgery is different

Cataract surgery with a monofocal lens does not have spectacle independence as its treatment objective. A patient may therefore require glasses for some or all distances despite an entirely successful monofocal cataract operation, and that is the expected outcome of that pathway rather than a shortfall in it.

For that reason, refractive enhancement is not included within the monofocal cataract surgery pathway. If further refractive treatment is subsequently desired, it is assessed and priced as a separate procedure.

When Is Enhancement Performed?

Enhancement is typically completed within 12 months of the original procedure.

That does not mean an eye should be treated simply because the clock is approaching 12 months. The refractive result must first be sufficiently stable, and the cause of any visual symptoms must be understood.

Why the pathway can extend to 24 months

Where a genuine need for enhancement has been identified within the pathway but additional time is clinically appropriate, eligibility can be extended to a maximum of 24 months from the original procedure, so that treatment can reach a timely and safe conclusion.

The extension exists so that a calendar deadline does not force premature treatment. It is not an indefinite entitlement to refractive treatment for prescriptions developing years later.

Why We Sometimes Wait

Blur after surgery is not automatically residual prescription. Before performing an enhancement, your surgeon may need to establish whether your symptoms are being caused by something else.

- An unstable prescription that has not yet settled.
- Ocular surface disease or dry eye, which is a common and frequently overlooked cause.
- Posterior capsule opacification after lens surgery.
- The position of an implanted lens.
- Retinal or macular pathology.
- Neuroadaptation, where the brain is still adjusting to a new optical system.

> **Measurement comes before intervention**
> Treating a prescription before establishing what is actually limiting the vision can produce a technically successful enhancement that does not solve the patient's problem. This is the single most common way a second procedure disappoints, and it is avoidable.

Your Enhancement Options

Where enhancement is appropriate, the two principal options at Blue Fin Vision® are laser eye surgery, or a supplementary intraocular lens, sometimes called a piggyback lens. These are not interchangeable procedures.

Laser eye surgery

Laser enhancement changes the focusing power of the cornea. Depending on your previous surgery, corneal measurements, residual prescription and anatomy, it may provide the most appropriate way of correcting the remaining error.

Before recommending it, your surgeon must establish that the cornea and the ocular surface are suitable for further treatment. The fact that laser is technically possible does not automatically make it the preferred option.

Supplementary or piggyback lens

A supplementary intraocular lens is an additional lens implanted into the eye to refine the refractive result. It may be preferable where the residual error is better corrected at lens level, or where corneal laser treatment is unsuitable or less attractive.

This is an intraocular procedure and therefore carries the risks associated with entering the eye. It is not selected simply because a patient would prefer to avoid laser.

How We Decide Between Them

The decision is made with your surgeon and may take account of the following.

- The amount and type of residual prescription, and your original procedure.
- Corneal thickness and shape, and the health of the ocular surface.
- Anterior segment anatomy, and the position of the implanted lens or ICL where applicable.
- The stability of the refractive result.
- Your visual requirements.
- The relative risks of corneal treatment compared with intraocular treatment.

The aim is not to fit every enhancement into the same procedure. It is to choose the appropriate procedure for the eye.

Your Assessment

An enhancement assessment may include unaided and corrected visual acuity, manifest refraction, confirmation of refractive stability, corneal topography or tomography, corneal thickness, ocular surface assessment, the position of the lens or ICL where applicable, OCT or retinal assessment where clinically indicated, and a review of your original surgical target and outcome.

Your surgeon then asks three separate questions.

- Is there enough residual prescription to meet the Blue Fin Vision® threshold?
- Is it actually responsible for the visual problem you are experiencing?
- Will the likely benefit of correcting it outweigh the risks of another procedure?

Only when all three are satisfactorily answered does enhancement proceed. A yes to the first alone is not sufficient.

What Enhancement Can and Cannot Achieve

The purpose of enhancement is to reduce clinically meaningful residual prescription and move the eye closer to its intended refractive target.

What cannot be guaranteed

Enhancement cannot guarantee precisely zero prescription, vision beyond the biological potential of your eye, elimination of symptoms caused by dry eye, retinal disease or other pathology, elimination of halos or other visual phenomena, or permanent freedom from future refractive change.

It is another attempt to improve the refractive result, not a guarantee of mathematical perfection.

Risks and Trade-Offs

Enhancement means intervening again in an eye that may otherwise be healthy and comfortable. That is the whole reason a threshold exists.

The specific risks depend on whether laser or supplementary lens treatment is selected, and are explained in the procedure-specific information and consent process for whichever is recommended. You will consent to that procedure separately, on its own merits.

The fundamental trade-off is common to both: how much meaningful visual benefit are we likely to gain, and is that benefit sufficient to justify another intervention? That is precisely why Blue Fin Vision® does not treat residual sphere or cylinder below 1.00 dioptre.

If You Decide Against Enhancement

Nothing obliges you to have further treatment simply because you qualify for it. Depending on your residual prescription you may choose no treatment at all, occasional spectacles, contact lenses where appropriate, or simply to accept your existing vision.

> **Declining changes nothing about your care**
> Deciding against an enhancement does not affect your ongoing relationship with Blue Fin Vision® or the care of your eyes, and it does not require an explanation. For many patients with a small residual prescription, doing nothing is the option with the better balance of benefit and risk.

The 12 and 24 Month Pathway

The normal enhancement pathway is intended to conclude within 12 months of the original procedure. Where the need for enhancement has been established but clinical circumstances justify waiting, the pathway may be extended to a maximum of 24 months.

The extension is designed to allow the safe completion of an enhancement pathway that has already been identified. It does not create an open-ended entitlement to refractive treatment for a prescription that develops later in life, which would be a new episode of care rather than the completion of this one.

The administrative terms are published in full: **Blue Fin Vision® Enhancement Policy**. Provider policies on enhancement vary widely, so if you are comparing providers it is worth asking each of them for their terms in writing.

A Different Policy for Conjunctival Naevus Laser

The refractive enhancement policy described in this leaflet is separate from the Blue Fin Vision® policy for argon laser treatment of a conjunctival naevus, and the two should not be confused.

	Refractive enhancement	Conjunctival naevus laser
Applies to	Laser, ICL, lens replacement and premium lens cataract pathways	Argon laser treatment of a pigmented conjunctival lesion
What is included	Further refractive treatment where the threshold and clinical criteria are met	Up to three treatment sessions where further treatment is clinically appropriate
Time limit	12 months, extendable to 24 months where clinically justified	12 months, with no extension

The naevus pathway has a hard 12 month end point and does not receive the extension to 24 months, because it is a staged cosmetic treatment rather than the completion of a refractive target.

Costs

For eligible patients, enhancement carries no additional surgical treatment fee following laser eye surgery, ICL surgery, refractive lens exchange, or cataract surgery with premium lenses where spectacle independence formed part of the treatment aim.

Refractive enhancement is not included following standard monofocal cataract surgery, because spectacle independence was not the intended treatment outcome of that pathway. Where further refractive treatment is wanted, it is assessed and quoted as a separate procedure.

> **What is discussed before anything proceeds**
> Any separate investigations, treatments or circumstances falling outside the applicable enhancement policy are discussed with you, and quoted, before proceeding. You will not receive an invoice for something that was not agreed in advance.

Questions Worth Asking

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

- What residual prescription do I actually have, and is it stable?
- Is it responsible for the visual problem I notice, or could something else be?
- Do I meet the 1.00 dioptre minimum threshold, and if so, is the benefit large enough to justify treatment?
- Would you recommend laser or a supplementary lens, and why that one for my eye?
- What are the specific risks of that particular enhancement?
- What happens if I decide to leave the prescription alone?
- Is my enhancement included within my original pathway, and when does eligibility end?
- If treatment needs to be delayed, does the 24 month extension apply to me?

Taking your time

An enhancement is elective and there is no clinical urgency. If you are within the eligibility window, the pathway can be extended where waiting is the clinically better course, so there is no reason to be hurried into a second procedure by a date. Blue Fin Vision® does not use time-limited pricing or pressure of any kind.

Further Reading

This leaflet explains the principle. The policy defines the administrative terms, and your procedure checklist explains the pathway relevant to your original surgery.

- The Blue Fin Vision® Advantage, what our structure of care commits us to: **bluefinvision.com/advantage**
- The enhancement terms in full: **Blue Fin Vision® Enhancement Policy**
- Laser eye surgery pathway: **Laser Eye Surgery Checklist**
- ICL pathway: **ICL Surgery Checklist**
- Lens replacement pathway: **Lens Replacement Surgery Checklist**
- Cataract pathway: **Private Cataract Surgery Checklist**

Your Surgical Team

Blue Fin Vision® is a consultant-led practice. Your enhancement assessment, your treatment and your follow-up are performed by a named Blue Fin Vision® consultant ophthalmic surgeon, who obtains your consent for the enhancement procedure separately and remains responsible for your care. Enhancements are never outsourced. This document is authored and clinically governed by our Medical Director.

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 has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate in cataract and lens surgery of approximately 0.2 per cent.

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 guidance of the General Medical Council and the professional standards of The Royal College of Ophthalmologists. The text of this document is original to Blue Fin Vision®.

References

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

1. General Medical Council. Decision making and consent. Manchester: General Medical Council; 2020.
2. The Royal College of Ophthalmologists. Professional Standards for Refractive Surgery. London: The Royal College of Ophthalmologists; December 2024.
3. General Medical Council. Guidance for doctors who offer cosmetic interventions. Manchester: General Medical Council; 2016, updated December 2024.

Contact Blue Fin Vision®

Telephone 07704 225640, Monday to Friday, 10am to 6pm. bluefinvision.com

Blue Fin Vision® Ltd, registered company number 13845195.