SMILE: LATEST AND LIMITS

SMILE has continued to evolve over the past decade. It is now a well-established corneal refractive procedure, as evidenced by the numbers: More than 3.5 million SMILE procedures have been performed globally and more than 2,000 surgeons are offering it in 70 countries. SMILE has become the dominant laser vision correction procedure in Korea and may soon become the dominant procedure in China. Further, SMILE has been studied extensively, with more than 600 published peer-reviewed articles.

In the United States, the volume of SMILE procedures increased significantly this past year despite a negative trend in laser vision correction. This article discusses the current status of SMILE and what to expect in the future.

POTENTIAL ADVANTAGES

The top six current advantages of the SMILE procedure are outlined herein.

- **No. 1:** Like other laser vision correction procedures, SMILE offers excellent safety, efficacy, and long-term stability. The procedure also often improves low-contrast vision. A 2019 review of clinical outcomes from premarket approval FDA studies found that SMILE, wavefront-guided LASIK, and topography-guided LASIK all were predictable and safe and produced similar postoperative outcomes. Astigmatic corrections as produced by these three procedure types also had similar outcomes in premarket approval FDA studies (Table).

- **No. 2:** As a single-laser procedure that does not require a flap, SMILE avoids intra- and postoperative flap-related concerns. Additionally, many patients are attracted to the small-incision procedure in an era when medical professionals in general are migrating to small-incision surgical technology. It is also possible that SMILE better maintains corneal biomechanical strength compared with LASIK.

- **No. 3:** There is less impact on perioperative dry eye metrics. Less dry eye in the postoperative period and a faster return of corneal sensitivity have

<table>
<thead>
<tr>
<th>Cylinder</th>
<th>SMILE</th>
<th>Topography-Guided LASIK</th>
<th>Wavefront-Guided LASIK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean preoperative</td>
<td>-1.53 D</td>
<td>-1.19 D</td>
<td>-1.77 D</td>
</tr>
<tr>
<td>Mean postoperative</td>
<td>-0.22 D</td>
<td>-0.19 D</td>
<td>-0.33 D</td>
</tr>
<tr>
<td>Within ±0.50 D</td>
<td>88%</td>
<td>90%</td>
<td>85%</td>
</tr>
<tr>
<td>Within ±1.00 D</td>
<td>97%</td>
<td>97%</td>
<td>94%</td>
</tr>
</tbody>
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*Data from FDA Premarket Approval Studies*
been reported with SMILE compared with LASIK (Figure). According to Liu et al, although refractive surgery can affect corneal nerve status long-term, the preservation and regeneration of the corneal nerves were better in eyes that underwent SMILE versus LASIK.

- **No. 4:** SMILE cannot correct higher-order aberrations. The predictability, however, of astigmatic correction with SMILE is similar to that of the latest LASIK procedures that use automatic cyclotorsional alignment (Table).

- **No. 3:** SMILE is not yet approved for the treatment of hyperopia in the United States or Europe. Researchers, however, are studying this indication. Evaluating eyes treated with vertex-centered hyperopic SMILE, Pradhan et al stated that uncorrected distance visual acuity was 20/40 or better in 96.3% of SMILE-treated eyes and 83.8% of LASIK-treated eyes had a manifest refraction spherical equivalent within ±0.50 D of target.

**CURRENT LIMITATIONS**

There are four current limitations of the SMILE procedure.

- **No. 1:** The currently approved laser (VisuMax, Carl Zeiss Meditec) does not provide automated centration. Therefore, proper centration depends on the positioning of the suction ring. This limitation is mitigated by a combination of surgical training and application support, excellent optics, surgical visibility, and curved applanation—the last of which results in less overall suction and greater patient comfort and enables the patient to maintain fixation throughout the procedure.

- **No. 2:** The laser does not provide automated cyclotorsional alignment. The predictability, however, of astigmatic correction with SMILE is similar to that of the latest LASIK procedures that use automatic cyclotorsional alignment (Table).

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**DIGITAL EXCLUSIVE!**

**Hyperopic Correction With a SMILE**

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FUTURE DIRECTIONS

Two future directions of the SMILE procedure are promising.

► No. 1: Lenticule transplantation.

Investigators around the world are studying potential applications of lenticule transplantation to treat hyperopia and astigmatism as well as its therapeutic indications. Li et al transplanted lenticules from SMILE donors to eight eyes with post-LASIK ectasia, and recipients’ keratocytes appeared to repopulate the lenticules.18 This finding suggests that keratocytes may recover gradually, with the regrowth of subbasal nerves, but additional research is needed.

► No. 2: Technological advances.

Research has shown that SMILE can help patients achieve optimal visual outcomes to reduce their dependence on glasses. A new generation of the VisuMax laser is being developed, which should increase the speed of the procedure and improve docking, centration, and cyclotorsion compensation.


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