



DEPARTMENT OF THE ARMY
HEADQUARTERS, USA MEDICAL DEPARTMENT ACTIVITY
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MCXP-PSC-OP

23 Dec 2020

MEMORANDUM FOR RECORD

SUBJECT: WRESP Guideline

Referrals are accepted for those SM fully vaccinated with COVID-19, please bring your card for proof. (Updated 6/22/21)

1. The purpose of this memorandum is to provide guidelines on inquiries about the Warfighter Refractive Surgery program.
 - ✓ **Active Duty, ARNG and USAR**
 - 1st priority to SM in operational unit i.e. Special Operations, Combat Arms
 - 2nd priority to SM in force sustainment, health services, operations support personnel in operational assignments
 - All other ADSM on a space available basis
 - ✓ Mobilized Soldiers ARNG/USAR: only if they have 6 months remaining on Title 10 orders (active service) after scheduled date surgery
 - ✓ ETS/PCS: 6 months or greater (after scheduled date of surgery)
 - ✓ Must be physically stationed within 50 miles of GLWACH
 - ✓ Females: no pregnancies, miscarriages, or nursing 6 months before initial screening or surgery date
 - ✓ No adverse actions or pending a medical board
 - ✓ Must be able to schedule surgery within 60 days of initial screening
 - ✓ **Must have contact lenses out, and wearing current prescription glasses, for 14 consecutive days prior to initial screening date (Note: 30 days for Rigid Gas Permeable Lenses)**
 - ✓ Participants are not deployable:
 - 30 days after LASIK or ICL, SMILE
 - 90 Days after PRK, LASEK
 - ✓ Must have proof of two (2) annual eye exams with an **optometrist** within the last **two years** (at least one year apart)
 - ✓ Must be able to make all follow-up appointments for LASIK, LASEK, PRK, ICL, SMILE: 1 day, 5-7 days, 4-6 weeks, 3 months, 6 months, 1 year
2. The point of contact for this memorandum is LTC Grace Dumayas-Booth at (573) 596-0048.

GRACE DUMAYAS-BOOTH
LTC, MS
Chief, Optometry Service



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OTSG/MEDCOM Policy Memo 20-039

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17 AUG 2020

Expires 17 August 2022

MEMORANDUM FOR COMMANDERS, MEDCOM REGIONAL HEALTH COMMANDS

SUBJECT: Warfighter Refractive Eye Surgery Program (WRESP)

1. References:

- a. U.S. Army Chief of Staff Policy Memo, Warfighter Refractive Eye Surgery Program (WRESP) Guidance, 22 May 2001.
- b. OTSG Policy Memo, Warfighter Refractive Eye Surgery Program (WRESP)-Action Memorandum, 30 April 2001.
- c. OTSG Policy Memo, Expanded Medical Waivers for Refractive Eye Surgery, 7 April 2003.
- d. OTSG Policy Memo, Expanded Medical Waivers for Refractive Eye Surgery, 8 December 2005.
- e. OTSG Policy Memo 07-045, Deployment Following Refractive Eye Surgery, 26 November 2007.
- f. DoD Instruction 6130.3, Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces, 6 May 2018.
- g. AR 40-501, Standards of Medical Fitness, 27 June 2019.
- h. AR 40-63, Ophthalmic Services, 14 April 2015.
- i. DA Pam 40-506, The Army Vision Conservation and Readiness Program, 15 July 2009.
- j. DA PAM 40-502, Medical Readiness Procedures, 27 June 2019.

2. Purpose: To update procedural guidance for the WRESP.

*This policy memo supersedes OTSG/MEDCOM Policy Memo 18-032, 29 May 2018, subject: Warfighter Refractive Eye Surgery Program.

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3. Proponent: The proponent for this policy is the Optometry Division, Healthcare Delivery, MEDCOM G-3/5/7.

4. Background:

a. This policy applies to all Army components (AD, ARNG, and USAR) as it relates to the WRESP. This policy does not apply to other military branches of Service; however, other Service Members (SMs) may utilize traditional Army WRESP centers. Those SMs must adhere to their Service-specific requirements.

b. The WRESP was implemented in 2001 as a limited medical resource available to commanders for enhancement of Soldier readiness. Refractive eye surgery has been a proven benefit for SMs whose uncorrected visual acuity is a significant factor in their confidence and effectiveness.

c. Experience to date indicates that prioritizing Soldiers according to defined operational readiness criteria effectively balances the demand for the procedure with capacity for this limited refractive surgery resource.

5. Policy:

a. This policy applies to all Soldiers on Active Duty (AD) with at least six months remaining on AD.

b. Criteria for selecting Soldiers for refractive eye surgery under the WRESP are:

(1) Assigned to an operational unit. Special operations and combat arms units should be given first priority.

(2) Force Sustainment, Health Services, and Operations Support personnel in operational assignments should be the second priority.

(3) Other ADSMs as space is available.

(4) Personnel selected should have at least 6 months remaining at their current duty station and should have no adverse personnel actions pending.

(5) SM may be removed from the WRESP waiting list if they do not maintain the entry criteria.

(6) As a condition of treatment individuals must return for specified post-operative follow-up visits.

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c. Medical waivers for individuals with a history of refractive eye surgery.

(1) This waiver guidance does not supersede current accession medical standards contained in Department of Defense Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Armed Forces or in Army Regulation (AR) 40-501, Standards of Medical Fitness. Each waiver request is considered on an individual basis and granted only on approval of the appropriate waiver authority.

(2) This policy applies to medical waivers for individuals otherwise disqualified under DODI 6130.03 medical standards (e.g., for accession waivers) or AR 40-501 medical standards because of a history of refractive eye surgery (e.g., Chapter 2 for accession waivers, Chapter 5 for special program waivers, or DA Pam 40-502 for aeromedical waivers). The enclosed guidance should be read carefully to determine which individuals are eligible for waivers depending on the waiver criteria and applicant's specific program.

(3) Waivers for a history of radial keratotomy (RK), astigmatic keratotomy, are not acceptable in most cases. Rare exceptions may be made for critical needs of the service or special circumstances providing the applicant meet the medical retention standards of Chapter 3, AR 40-501. For instance, a physician applying for a Medical Corps appointment who underwent RK over one year ago and has no current visual problems would be a viable waiver candidate.

(4) Individuals submitted for a Refractive Eye Surgery medical waiver shall be uniformly evaluated using the following criteria (Refractive Eye Surgery Waiver Request, enclosure 1):

- (a) Documentation of the pre- and post-operative refractive error.
- (b) Documentation of the best corrected visual acuity.
- (c) Post-operative ocular health assessment.

(5) Waiver authorities should determine if the pre-surgical refractive error and the current visual acuity meet AR 40-501 standards for the specific purpose or program being considered for a waiver (e.g., Chapter 2 for accession waivers, Chapter 5 for special program waivers, or DA Pam 40-502 for aeromedical waivers).

(a) Documentation that at least three months have elapsed since the date of the last laser surgery or enhancement procedure.

(b) Documentation that there has been no significant visual side effects secondary to the surgery affecting daily activities.

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(6) Examination. Applicants must have a current comprehensive eye examination, to include a dilated fundus examination, performed by an Ophthalmologist or Optometrist. A Refractive Eye Surgery Waiver Request form will be completed for all individuals seeking a waiver.

(7) Medical History. Applicants must provide copies of all eye related medical records including the pre-operative eye examination (noting refractive error and keratometry readings); all operative reports or procedure notes; and all follow-up notes.

(8) Aeromedical Waivers. Aeromedical waivers (DA Pam 40–502) must meet the criteria described above as well as the specific requirements set forth in the Aeromedical Policy Letter (APL) on Refractive Surgery and Corneal Refractive Surveillance Program (CRSSP). This additional guidance can be accessed on the aeromedical web site: <https://www.aviationmedicine.com/information-resources/aeromedical-references/aeromedical-standards-and-regulations/>. As a result of the extensive review, it has been determined that both Photorefractive Keratectomy (PRK) and Laser In-situ Keratomileusis (LASIK) are safe and effective forms of refractive surgery for use in all Army operational environments to include aviation and Special Operations. All Aeromedical waivers are processed through the U.S. Army Aeromedical Center. Data on Aeromedical waivers will be maintained by the U.S. Army Aeromedical Activity.

(a) Active Duty: Aviators considering undergoing the procedure must coordinate their treatment through their unit flight surgeon and local eye care provider as part of the WRESP at an Army WRESP Center designated by the The Surgeon General Ophthalmology Consultant to ensure they receive appropriate surgery.

(b) Reserve Component: Aviators who are on Active Duty orders are authorized for treatment under this program provided they have at least 6 months remaining on Active Duty at the time of surgery. They must coordinate application for waiver through their unit flight surgeon. All criteria outlined in the guidance, in the Refractive Surgery APL and in the CRSSP apply.

(9) School waivers. LASIK, PRK, and Small Incision Lenticule Extraction (SMILE) are deemed safe for Airborne, Air Assault, Ranger and Special Operations Schools so long as the other visual standards are met.

(a) Ranger school applicants require a waiver if the procedure was completed within 3 months of course start date. The waiver form is completed by an Ophthalmologist or Optometrist and attached to the applicant's physical examination. The waiver form is located at:
<http://www.benning.army.mil/infantry/ARTB/StudentInformation/Medical.html>.

(b) Special Operations. Individuals applying for additional training in the Special Operations field combat diver qualification course; military free fall; and/or Special

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Forces Qualification Course after refractive eye surgery should contact the U.S. Army Special Operations Command, Special Warfare Center and School, Surgeon's Office at Ft Bragg (910-432-4261 or 910-396-9698) to determine if they are a candidate.

(c) Those applying for any other programs under Chapter 5, AR 40-501, should contact those program waiver authorities for specific guidance or eligibility regarding refractive eye surgery.

d. Deployment following refractive eye surgery.

(1) A Soldier who undergoes refractive eye surgery must have a satisfactory period for post-surgical recovery before deployment. An Ophthalmologist or Optometrist provides continued post-surgical care and determines when each Soldier's recovery is complete and a Soldier meets vision readiness standards for deployment. As with any surgery, there is a large degree of patient variability which prevents establishing a set time frame for full recovery. Post-surgical time estimates are provided in the following paragraphs.

(2) PRK. PRK is the most common refractive surgery performed in the Army. This procedure abrades the surface of the eye prior to reshaping the ocular surface with a laser and does not involve creating a flap of tissue. Typically, a Soldier is non-deployable for 3 months following uncomplicated PRK. The managing eye care provider may clear patients earlier or later than this time frame, depending on the course of the post-surgical recovery. Related "surface ablation" procedures that should be considered equivalent to PRK include Laser Epithelial Keratomileusis and Epithelial Laser assisted in situ Keratomileusis (LASEK or Epi-LASEK).

(3) LASIK. The LASIK procedure creates a flap of ocular surface tissue prior to reshaping the ocular surface with a laser. Uncomplicated LASIK patients are typically non-deployable for at least 1 month following surgery. This time frame is also an estimate, and the managing eye care provider may clear a Soldier earlier or later depending on the outcome. SMILE is a related procedure which removes a small lenticule of the ocular surface with a laser and should be considered equivalent to LASIK.

(4) Implantable Collamer Lens (ICL). An ICL is an intraocular surgical option whereby a lens is placed in the eye to correct the refractive error. It is intended for some personnel who are not medically qualified for PRK or LASIK, and is not considered a "first line" procedure for Army personnel. Documentation must be provided in the pre-operative note to justify the decision to proceed with an ICL over LASIK or PRK (e.g., abnormal corneal topography, thin pachymetry, residual Ks too flat, high myopia, and etc.). All outcomes for ICLs should be tracked with WRESP outcome data and must be submitted to the Army Refractive Program Manager biannually. Uncomplicated ICL patients are typically non-deployable for at least one month

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following surgery. This timeframe is also an estimate, and the managing eye care provided may clear a Soldier earlier or later depending on the outcome.

(5) This policy must be followed to best ensure the post-surgical recovery of the Soldier, ensure his/her best visual outcome following surgery, and protect a Soldier from visual complications while deployed that would negatively affect the unit's mission.

6. Responsibilities:

a. The Deputy Chief of Staff, G-3/5/7 is responsible for ensuring this policy is implemented and for regular monitoring and evaluation of compliance and effectiveness.

b. Regional Health Command Commanders are responsible for:

(1) Providing guidance to subordinate units regarding this policy.

(2) Providing adequate resources to implement this policy.

c. Medical Treatment Facility Commanders will enforce this policy.

FOR THE COMMANDER:


RICHARD R. BEAUCHEMIN
Chief of Staff