

Procedure abbreviation	Procedure Name (s)	Basic Definition and Considerations
ASA	Advanced Surface Ablation	Epithelial removal is performed using any technique that will lead to a sharp healthy epithelial edge. ASA is also associated with smooth stromal refractive ablations with transition zone.
LASEK	Laser-assisted subepithelial keratectomy or Laser (sub) epithelial keratomileusis	An epithelial flap is created and replaced after the ablation. The original technique employed the use of diluted alcohol but the epithelial separation is also possible with manual gel-assisted dissection. A synergistic toxicity between alcohol and Mitomycin C with more keratocyte depletion was found in experimental studies in rabbits.
Epi-LASIK	<i>Epipolis</i> (superficial) Laser In Situ Keratomileusis	An epithelial flap is created with a mechanical blunt dissector (epikeratome), avoiding the use of chemical agents and thus theoretically increasing the viability of the epithelial cells. In original technique, the epithelial flap is repositioned after refractive ablation but epithelial flap can be also discarded. Recent studies found no different between epithelial flap on and off.
TeN-PRK or	Trans-Epithelial No-touch PRK	Excimer laser (or solid state laser) is used to remove the epithelium in the PTK (photo-therapeutic keratectomy) mode for flat ablation, exposing the stroma for ablation. PTK area has to be at least the same as the ablation refractive area, including the transitional zone. Epithelial removal area can be customized accordingly to the refractive ablation shape.
SBK	sub-Bowman keratomileusis	A very thin flap is created with up to 90 to 110 microns using a femtosecond laser or new microkeratomes.