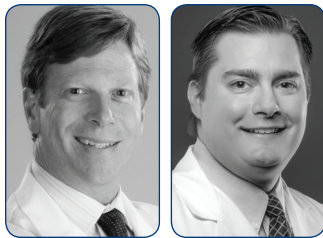


A TEAM APPROACH TO PREMIUM IOLs

Challenges and strategies.

BY MICHAEL KELLY, MD, AND SEAN W. SMOLENYAK, OD



Premium IOLs offer many advantages over monofocal lenses. To make sure our patients realize these benefits, we eye care providers must manage the process carefully from the first consultation through the last postoperative

visit. Insufficient preoperative management, poor patient education or selection, and inadequate communication can have a significant impact on results.

Given the critical and distinct roles of the surgeon and optometrist in this process, premium IOL surgery requires a team approach.

THE WHOLE TEAM

Every staff member can help manage patients' expectations and ensure that their needs are met. Everyone at the Kelly Eye Center, including our front office administrators, surgical technicians and schedulers, and biometrists, has the opportunity to participate in training sessions, view surgeries, and take advantage of educational offerings by our industry partners. Ensuring that the entire staff has at least a basic understanding of the technology enables them to answer patients' questions and guide them through their journey. It also often takes some of the burden off the optometrist and surgeon, allowing them more time to focus on IOL selection and surgical outcomes.

Surgeons and optometrists bring different skill sets to the table. Relying on each other's strengths can optimize the patient's result.

OPTOMETRIST'S ROLE

Whether working in a surgery center or a private practice, optometrists must have a deep understanding of the premium technologies available so that they can explain to the patient why a particular lens best suits his or her needs. Because they often have a longer history and more developed relationship with patients than ophthalmologists, optometrists can provide valuable insight to surgeons and assist in the selection of patients and technologies.

The optometrist is also positioned to continue the educational process through the peri- and postoperative periods

by discussing surgery and recovery and making recommendations along the way.

COMORBIDITIES

Patients who are pursuing cataract surgery often have comorbidities such as dry eye disease, macular degeneration, and glaucoma that can affect outcomes if not carefully managed.

Comorbidities can influence the choice of premium IOL. For example, as patients age, their contrast sensitivity decreases, which glaucoma and retinal disease can exacerbate. When these individuals desire presbyopic correction, our practice often recommends a Crystalens (Bausch + Lomb), because it does not negatively affect contrast sensitivity and minimizes halos and glare across a range of vision.^{1,2}

In our office, cataract surgery candidates are asked to fill out a lifestyle form that asks about their hobbies and postsurgical spectacle preferences. Our surgical technicians and biometrists are trained to guide patients through this process.

After patients have surgery on the first eye, they meet with the optometrist to make sure the results are in line with what they were expecting. If not, the optometrist alerts the surgeon so that he or she may make adjustments for the second eye, as necessary.

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AT A GLANCE

- Premium IOL surgery requires a team approach that includes optometrists, surgeons, and office staff.
- Careful patient selection, pre- and postoperative management, and constant communication are all critical to ensuring that patients reap the full benefits of premium IOLs.

CONTINUOUS COMMUNICATION

Because many professionals are involved in a patient's pre-, peri-, and postoperative experience, communication must be consistent throughout the process. Effective communication begins in the preoperative phase, when optometrists share with the surgeon all relevant information about the patient, including comorbidities, lifestyle preferences, and any IOL recommendation. Our practice uses an electronic medical records system to share notes from each visit. Those working with a referring office must establish and agree upon a means of regular, frequent communication from the beginning. It is important to engage and designate key staff members to track down information as needed.

Once a lens is selected, the optometrist and ophthalmologist meet to review the IOL power calculations together and make minor adjustments as needed. In our practice, we meet twice a week to review all the premium IOL cases.

CONCLUSION

As medical professionals, our goal is always to give our patients the best possible care and outcomes. Premium IOLs are only part of the equation. Careful patient selection, pre- and postoperative management, and constant communication are critical to ensuring that the patient reaps the full benefits of the technology. The strategies discussed herein have contributed significantly to the success that our patients and our practice have experienced, and we believe others can benefit from a team approach to premium IOLs as well. ■

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2. Ang R, Martinez G, Cruz E, et al. Prospective evaluation of visual outcomes with three presbyopia correcting intraocular lenses following cataract surgery. *Clin Ophthalmol.* 2013;7:1811-1823.

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