

Integrating Laser Cataract Surgery With Patient Flow

The location of the femtosecond laser will influence efficiency.

BY JONATHAN STEIN, MD

As the face and climate of modern medicine continue to change, we ophthalmologists can no longer simply conform to traditional medical models. Doing so will jeopardize the success of our practices and our relationships with patients, who usually arrive at appointments with information from myriad sources. We, therefore, must keep up with modern technology and learn to incorporate it into our daily practice. Although integrating new technologies can be daunting, it is a necessary ingredient for future success in medicine and surgery. Laser cataract surgery is the most significant advance of its type in recent years, and those of us who wish to remain on the cutting edge of ophthalmology should seriously consider adopting the technology. This article discusses our options for optimizing patient flow in laser cataract surgery.

OFFICE AND OR SCHEDULES

Outpatient consultations became more complex with the advent of premium IOLs. It is important that those of us who offer laser cataract surgery be able to explain this procedure to our patients ethically, directly, and clearly. Too much information delivered at once can confuse rather than educate our patients. When embracing a new practice model, we must expect consultations to take slightly longer initially. The flow of patients through the office schedule may be affected during the learning curve.

A major criticism of laser cataract surgery is that it can negatively affect the OR's flow and schedule. Several different models have been proposed to opti-

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mize the efficiency and performance of the system as a whole. The FDA’s clearance of the available laser platforms stipulates that only trained individuals with a medical degree may operate the machine. Physician assistants, nurses, or technicians are not currently permitted to perform this portion of the procedure. If the surgeon’s assistant does not hold a medical degree, then the surgeon will perform the procedure. This is where flow can be compromised. For this reason, the laser needs to be near the OR and, in many cases, in the OR suite itself.

The three main options for a surgery center or hospital are to (1) locate the unit in one of the ORs, (2) locate the unit in a separate room adjacent to the ORs or, less optimally, in a different area of the facility, or (3) locate the unit in a different facility (least desirable and currently least-utilized option). Many different issues factor into the decision such as the number and size of ORs,

the number of surgeons using those rooms on any given day, and floor design and layout.

PERSONAL EXPERIENCE

Since April 2011, I have had the privilege of operating at two facilities with the LenSx Laser (Alcon Laboratories, Inc.). Both are freestanding ambulatory surgery centers with at least two ORs, and the rooms are big enough to accommodate the laser system and the standard cataract microscope and equipment.

Patients undergo the standard preoperative cataract regimen (minus lidocaine gel, because this medication can interfere with the laser's suction plate) and are brought to the OR on mobile gurneys. They are rolled under the laser for treatment. Laser treatment takes approximately 30 seconds, during which time the scrub technician opens the sterile cataract surgical set and prepares the phaco unit. The laser is disengaged after treatment is complete, and the patient is brought to an operating microscope either in the adjacent room or in that same room. Should the patient be brought to a different room, he or she can be prepped while a second laser procedure is performed on a different patient. With experience, this process can be completed safely and effectively without compromising efficiency. The flow of laser cataract surgery is now comparable to that of traditional cataract surgery where I practice.

CONCLUSION

To be successful in cataract and refractive surgery, we must provide the most recent and effective treatments to our patients. Adaptation is part of evolution. By working to incorporate new technologies into daily practice, we will survive the ever-changing medical climate. ■

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