

# Why Incorporate New Technology Into Your Practice?

Examine your motivation when you seek the latest and greatest equipment for your practice.

BY STEVEN B. SIEPSE, MD

In the endeavor to deliver world-class care to patients, the team at my practice has often noted that patients do not really understand technology or the finer details of the process. Patients do, however, respond to an overall environment that starts with the way we “live voice” answer our phones to the handwritten note they get after a procedure or evaluation in our office. As my friend marketing guru Kim Tietz always tells me, patients try to gain some understanding during the medical visit when there is a fire hose of information directed at them. Their fear trumps our technology in that setting. Until patients feel that their care is aligned with their best interest, they are often frozen by indecision.

Why incorporate new technology into a practice if patients really do not care about, understand, or respond to the “techno-sell”? We surgeons should analyze our motivations and the implications of our general love of technology. We care about our patients. When something goes wrong with their care, we lose sleep and are haunted with regret. I doubt that we would excuse ourselves just because we were using the latest technology.

We should view technology as a means by which to differentiate our practice from others'. It is important to have the best technology available for our patients. If we do not have it, we should refer our patients to someone who does.

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## PRACTICE ISSUES: OUTCOMES

Technology assists us in our quest for faster, better outcomes. I myself have dodged some of the defunct technology that litters the roadside of progressive ophthalmology. I have always been attracted to anything that might improve presbyopic patients' near vision. The scleral expansion ring is just one technology that did not give consistent results, and I abandoned it in its infancy. It continues to be a “stillbirth” of technology. Sunrise's Hyperion for holmium laser thermokeratoplasty was another device that I fortunately prescreened. Upon visiting several practices, surgeons reported to me their disappointing results rather than the company's hype. I use Refractec's NearVision CK (conductive keratoplasty), which works relatively well in my hands and is my go-to procedure for fresh presbyopes. My take-home message is that careful hands-on evaluation and visiting colleagues with new technology in place are keys to successful implementation.

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### DEVELOP CONSISTENCY

We all must develop consistency in our practice models. We can use technology and repetitive explanation to decrease patients’ concerns. By “getting it right” the first time, we will satisfy patients. I expect laser cataract surgery—through its standardization of the incision and capsulotomy and its reduction of phaco time—soon to become the gold standard. Incorporating this technology sooner rather than later leads patients to view the practice as the most advanced and as providing the best results in a geographic region.

Certainly, patients’ confidence that they have picked the right surgeon for their needs and will receive the best care possible is what really counts. I equate multiple A-scans, keratometry, and laser scanning measurements of axial length with the background noise of

an AM radio station. Like digital music, our patients expect immediate and outstanding results from us.

Technology trumps repetition. Today’s intraoperative evaluation of refractive parameters provides better results sooner and more accurately than when we calculated IOL power by subtracting the power of glasses from the ideal 18.00 D average implant. Those were the days when we encountered 4.00 D surprises on a regular basis. Technology saved the day from early regression formulas and primitive A-scans.

### CONCLUSION

Experience has taught me that our early adaption to technologically advanced devices and techniques is the way to go. If we wait, we will be left in a cloud of dust. By being near the front, our view will be clearer, and our patients will benefit from our implementation of new technology. We just need to take the time to evaluate it ourselves and to share information with our colleagues. ■

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