

Updating Your Practice With Advanced Technology

Intraoperative aberrometry is a worthwhile investment for the practice and provides added security for cataract patients.

BY PHILLIPS KIRK LABOR, MD

Laser vision correction revolutionized the field of ophthalmology. The possibility for most anyone to get rid of his or her eyeglasses via LASIK surgery has raised patients' expectations across the board in ophthalmology, but this change in mindset is most dramatic in the setting of cataract surgery. Combining an already excellent safety profile with precise laser-created incisions and premium IOLs makes cataract surgery a close cousin to refractive surgery.

Right or wrong, cataract patients now expect to have perfect vision postoperatively, even before they have their first visit. Because I feel an obligation to try to make their results perfect, I continually update my practice by adopting technology that I find crucial to ensuring that patients get the outcomes they expect. For example, I have been using the ORA System (WaveTec Vision) to perform intraoperative aberrometry for more than a year and find that its use greatly benefits my patients and my practice.

USING THE TECHNOLOGY

Initially, I was reluctant to acquire a new wavefront aberrometry device, because I did not want to add to my operating time. Once I learned how to use the unit, however, I found that taking intraoperative measurements and comparing them to the results of preoperative biometry adds just a couple of minutes (sometimes less) to any case. The sole noticeable exception is when the system recommends a different lens power than what I originally selected. Then, I have to pause and have a staff member load the lens. Although it took me only 3 to 4 weeks to learn to use the system well, there are aspects of the device that I am still tweaking to make it even more effective for me in the OR. For example,

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I have been working with Wavetec Vision to design a sterile cover, because the working distance between the microscope and the eye is shortened. The learning curve depends on the volume of surgeries one performs and the corresponding opportunities to use the device.

I would estimate that I change the lens I have chosen to implant in 10% to 20% of my cases based on intraoperative measurements. I find the unit to be especially useful for confirming the axis of astigmatism for the placement of a toric lens. Once the lens is in place, the system alerts me if the IOL is on axis or needs to be rotated.

THE PATIENT'S EXPERIENCE

Surgeons think a lot about patients' ocular anatomy and visual acuity but little about their emotional state. Patients, though, understandably feel a great deal of trepidation before committing themselves to surgery. In my experience, the ORA System is a terrific means of alleviating some of their concerns. I offer its use to all of my patients, and I explain to them that I was one of an initially small group of surgeons who adopted a technology that improves accuracy in terms of their predicted outcome. I describe the measurements and calculations typi-

cally done prior to surgery and how these determine the power of the lens implant they will receive. I explain that the intraoperative aberrometer allows me to measure the eye in the OR after the cataract has been removed. I then state that I take the new data and compare them to the preoperative information to refine the lens power selection, thus enhancing the possibility that they will achieve spectacle independence after cataract surgery.

RETURN ON INVESTMENT

There is no question that the ORA System has been a profitable technology for me to acquire, and nearly all of my patients choose to take advantage of it. Because I perform close to 1,500 cataract surgeries annually, a small additional charge for each surgery quickly exceeded the initial capital investment and easily covers the monthly subscription fee.

The number of patients who elect this added technology is due in large measure to the feeling of safety and accuracy with which the intraoperative aberrometer provides them. In spite of the very high success rate of cataract surgery, patients always seem to know someone who has had an unsatisfactory experience. The ORA System improves my margin of predictability with the outcome, and that is what convinces patients to pay the additional fee.

The use of intraoperative aberrometry also benefits my practice in ways that cannot be measured as specifically as the revenue stream. Although my percentage of postoperative adjustments was fairly low to begin with, I have even fewer now. Recent outcomes analysis in my practice suggests that number has been reduced by half, from around 6% to a little over 3%. The more precise the information I have, the greater my opportunity to maximize patients' outcomes on the first try. A greater sense of security for patients combined with fewer enhancements improves their satisfaction, resulting in more referrals.

THE FUTURE OF CATARACT SURGERY

Today, cataract surgery is refractive surgery. In the future, surgeons will need to add as many tools to their armamentarium as possible to help patients reach the level of perfection that they desire. Intraoperative aberrometry is a technology that I think is tremendously advantageous now and anticipate will be even more so in the future. ■

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