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EXPANDING YOUR REFRACTIVE PRACTICE WITH LENS-BASED OPTIONS

ICLs, refractive lens exchange, and other options expand and enhance our capabilities while bringing new patients to the door.

LANCE KUGLER, MD, PCEO

In my practice, we are all focused on the patient experience. From the first phone contact with a new patient, to the exam, surgery, and follow-up care, we want every contact with our doctors and staff to be positive. We have seen this approach pay off with referrals, increased patient volume, and top reviews on forums like Google and Facebook.

All the practice's employees share a list of core values that support an exceptional, patient-centered experience. Those values also put outcomes and new ideas front and center. Part of delivering the best patient experience is achieving the best outcomes possible. We are also early adopters, open to new knowledge and ideas without ever sacrificing quality.

By following these values, Kugler Vision has grown steadily in our 9 years of service. In recent years, lens-based refractive options have presented an area for growth in the practice. We always recommend the refractive options that are best for the individual, and lenses give us more ways to transform patients' lives by transforming their vision. Our lens-based options like the new Visian Toric ICL (STAAR Surgical) have attracted new patients to the practice, including patients who had few options for refractive surgery in the past.

CHOOSING THE BEST TREATMENT FOR EACH PATIENT

When a patient comes to us for refractive surgery, we might recommend one of several procedures, such as corneal inlay, Implantable Collamer Lens (ICL), LASIK, small incision lenticule extraction (SMILE), PRK, refractive lens exchange, or refractive cataract surgery. The recommendation is tailored to the individual based on anatomy, the visual system, age, and visual needs (Figure).

For some patients, my recommendation as the surgeon might not match the procedure for which they were referred to our practice. For example, if a -9.00-D high myope came to us for LASIK, and she could potentially qualify for LASIK, PRK, SMILE, or Visian ICL, I would most likely recommend an ICL as the best choice. I know the patient could have LASIK performed at another practice, but I will only recommend the best option for achieving the highest possible quality vision. I find with the Visian ICL, patients experience sharp, clear vision almost immediately, and the night driving contrast sensitivity is improved in myopes above a -6.00 D versus a LASIK procedure.[2]

I recommend ICLs to any patient for whom I feel would have a better outcome versus another modality—for example, patients with treatable ocular surface disease or those at higher risk for postoperative dry eye or thin corneas. We can also treat patients whose myopia is too high for LASIK. For patients with both myopia and astigmatism, the choice of the Visian Toric ICL is an easy one. The recent addition of the Visian Toric ICL has changed my approach from a combination of phakic IOL plus LASIK to one convenient and highly effective procedure.

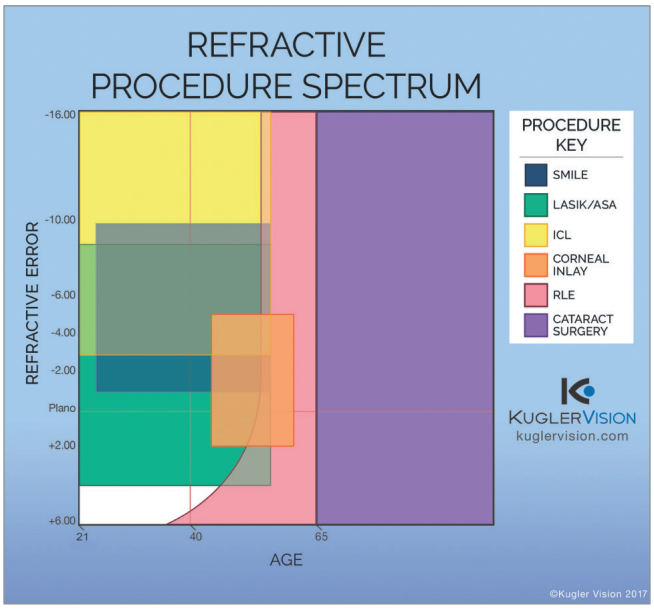

Figure. Patient care is tailored to the individual based on the following diagram.

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We find that patients appreciate a lens-based approach. They clearly understand what it means to place a permanent corrective lens into their eyes. It's often easier for patients to understand ICL than LASIK because changing the shape of the eye with a laser may be a foreign concept.

LEVERAGING LENSES FOR GROWTH

Lens-based refractive options clearly give us more choices for patients, and more choices mean more individualized care and happier patients. How can we turn advanced lens surgeries into practice growth? We do this with a few basic strategies.

Invest in equipment and technology—To help confirm lens measurements for refractive surgery, my practice acquired an ultrasound biomicroscope, which has increased our efficiency and confidence. We also completed an in-office surgical suite last year for both refractive lens exchange and ICL patients. The suite has helped increase the profitability of both procedures and, more importantly, made the surgical experience better for our patients.

Price procedures appropriately—We strive to be the best provider of clear, healthy vision, not the cheapest. That's why we price our procedures based on value rather than costs. This strategy has led to increased volume despite increased prices. Patients understand that they are getting the best, and they are willing to pay for it.

Market outcomes, not specific procedures—We choose not to promote our practice as the destination for LASIK or any other specific procedure. Our website, social media outlets, and other external marketing efforts focus on making vision better and helping patients live a life of visual freedom without glasses or contact lenses. We do mention that we can treat astigmatism, so people who have been told they can't have vision correction know we have options for them.

Educate (and mythbust) referring optometrists—Over the years, we've had many patients call with questions about refractive surgery after being told by their optometrists that surgery can't fix astigmatism, or that they should not have LASIK until they are done having children. With so much confusion and misinformation around this subject, we work to educate optometrists about the complete range of options available for correcting vision. We've notified our referral network that we now offer the Visian Toric ICL, and we've taken the opportunity to cover not only the ICL, but also other options for astigmatism.

Trust word of mouth—Our strongest referral source by far is our patients. We earn that in part by working hard to provide the best patient experience we can, and the rest is driven by outcomes. LASIK patients who enjoy a glasses-free existence tell their friends, who then come see us. But perhaps nowhere is that dynamic clearer than with our ICL patients. Many ICL patients, both spherical and toric, have reacted to their postoperative visual outcomes with great emotion. Imagine a patient with high myopia and astigmatism, told for decades there was no surgical solution, who can now see without glasses immediately after a single procedure.

We've already seen an increase in patients who are interested in refractive surgery. Some have heard about the Visian Toric ICL from a friend. We might find that another procedure is best for them, so we explain all their options, and they generally proceed with our recommendation. Regardless of which modality turns out to be the best choice for an individual, having a Visian Toric ICL generating some buzz among the community has successfully motivated patients who are thinking about refractive surgery to come and learn how we can help give them the visual freedom they desire.

Reference the Visian ICL/Visian Toric ICL Product Information for a complete listing of indications, contraindications, warnings, and precautions. ■

DR. KUGLER'S PEARLS FOR LENS CALCULATIONS

- Perform the YAG iridotomies and final measurements, like ultrasound biomicroscopy, 1 to 2 weeks prior to the case to allow adequate time to order a Visian Toric ICL.
- Measure white-to-white with several instruments, such as calipers, Lenstar Optical Biometer (Haag-Streit), and Pentacam (Oculus). Compare white-to-white to the sulcus-to-sulcus calculations from ultrasound biomicroscopy. If variability is high or the sizing calculation differs significantly from what the white-to-white suggests, consider re-measuring.
- Have the same person do the ultrasound biomicroscopy measurements on all ICL patients for consistency.
- Use STAAR Surgical's online calculators to help determine the best ICL power and size.

For additional information, refer to the Directions for Use for each modality.

1. Visian Toric ICL Directions for Use.
2. Parkhurst GD. A prospective comparison of phakic Collamer lenses and wavefront-optimized laser-assisted in situ keratomileusis for correction of myopia. *Clin Ophthalmol*. 2016;10:1209-1215.

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