# Incorporating Lens-Based Procedures to Strengthen Your Business Model

The synergies between RLE and phakic IOL surgery help to ensure a cohesive patient offering.

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I work in a busy refractive surgery practice. For most of our 25-year history, our volume has been primarily in laser vision correction; however, lens-based procedures are gaining significant traction. There are several reasons for this but the main one is that patients are embracing the ideas of removability and longevity. Additionally, many patients have believed that if they were not a candidate for vision correction surgery in the past there is still no hope for them now. With lens-based refractive surgery and further advances in laser vision correction, public sentiment is changing. Today after only 4 years of offering lens-based refractive surgery, it now represents one-third of our practice and is growing quickly.

One technology that I see great potential in helping to increase our lens-based volume is the Visian ICL (STAAR Surgical), which we've been offering for the past 4 years. Our ICL volume has grown to about 8% to 10% of our practice in that time. In fact, of all the vision correction treatments we offer in our practice—lens- and laser-based—ICL implantation appears to have the greatest patient satisfaction and referral rate. Just having the ICL as an offering has helped to grow our volume because we have many more patients share their experience with others.

## PATIENT SELECTION FOR THE ICL AND RLE

We always want what is best for our patients. Every patient who comes into the practice is educated on vision correction options. For pre-presbyopic patients, we typically start to consider the ICL around -6.00 D of myopia, under which we typically recommend laser vision correction. In patients with more than -7.00 or -8.00 D of myopia, we prefer the ICL over laser vision correction given the quality of vision and lack of regression. In patients with significant dryness or thin or abnormal corneas, we prefer the ICL over PRK because patients in our practice typically experience a faster visual recovery and a more pristine cornea afterward. I expect this level of myopia to drop given all its benefits with the future approval of the EVO and EVO+.

It is true the ICL is not a LASIK experience, but that does not mean it is an inferior experience in any way. Interestingly, many of our patients have found the ICL to be just as easy and if not an easier decision than LASIK. In my hands, the ICL is a fairly quick procedure (Figure) at about 2 to 3 minutes per eye, and there is little to no pain. It also allows more touchpoints along the way, which can build patients' loyalty to you and your practice. We find that patients are overall impressed by the whole surgical process with the Visian ICL.

For refractive lens exchange (RLE), we have found the discussion to become easier over time. We typically begin the conversation for RLE in patients aged in the mid-40s for hyperopes and in the late 40s and early 50s for myopes. Patients can identify with the idea that their lenses have birthdays just like they do, causing presbyopia and decreased night vision.

Patients like the idea of the longevity of the procedure as well. There is hope that phakic IOLs in the future will increase depth of focus in the presbyopic age group, making this an ideal option for our older myopic patients.

Figure. An ICL procedure performed at ClearSight Center.

> "Lens-based procedures have just expanded the scope of vision correction, and now we can also help these patients to achieve their vision goals."

## EFFECTIVE MARKETING

In addition to word-of-mouth referrals, we also rely on some digital and traditional marketing avenues to get the word out to patients about the ICL and other lens-based procedures. Our messaging for lens-based refractive surgery is targeted toward individuals who have been told that they're not candidates for vision correction or those who use readers and bifocals.

We've seen people who are -8.00 or -10.00 D myopes and beyond who thought their eyes were so bad that there was nothing that could be done. We've seen people in their 40s and 50s who believed that they were stuck living with presbyopia. Lens-based procedures have just expanded the scope of vision correction, and now we can also help these patients to achieve their vision goals. This group is not only ecstatic, they are also the most thankful that something could be done.

What I love about lens-based refractive surgery is that it's generational, too. We often implant the ICL in young patients and then their parents come in for a RLE with us after seeing the great results. Or the opposite happens, when the parent comes in for RLE and the son or daughter later comes in for an ICL. Likewise, we might talk to hyperopes about new options, and they might share ICL information with their nieces and nephews who haven't been good candidates for laser vision correction. Having a variety of refractive surgery options brings more patients into the practice, and these patients tend to refer even more patients to us than laser vision correction patients do.

## STAFF TRAINING SYNERGIES

Another useful way to help patients feel comfortable with lens-based options like the Visian ICL is to ensure that staff members counsel patients appropriately. Most of our counseling staff is young (and not presbyopic). Many have had LASIK or laser vision correction, but lens-based procedures were new to them. When we first started offering lens-based procedures, we found that our counselors were scared of the procedure simply because it was inherently foreign to them. Now that they have seen the results, there is no longer that fear.

We recently had our STAAR rep come to the practice to go over training and suggested verbiage to use with patients when discussing the Visian ICL. Between that training and our case-based coaching, our counselors have come to appreciate the phenomenal results that we can achieve with this technology. Our counselors went from being fearful of lens-based procedures to preferring them in many cases because they see how transformative it can be for our patients. If anything, they are excited that we are offering the right procedure for them.

Another impactful way to increase the staff's comfort level with lens-based technology is to offer it to them. STAAR has what they call an Ambassador Program to provide affordable access to lenses for patient-facing staff.

## CONCLUSION

With the advent of new lenses for RLE, better understanding of the latest Visian ICL, and the future of the technology with the EVO and EVO+, lens-based refractive surgery is poised to capture more market share in refractive surgery. Five years ago, we had good options for lens-based refractive surgery. Now, we have great options. By incorporating those great options and by achieving greater patient satisfaction and more word-of-mouth referrals, we have been able to increase our lens-based surgery volume by another 100% in the past 12 months.

With the ICL specifically, continued messaging letting patients know that there is a procedure for them will be very helpful to progress our practice's growth. Laser vision correction is great and ever-improving, but it is not suitable for everybody. Having a plethora of surgical options available to patients is a win-win for us and for them. Making every surgical decision about the patient and not the practice is sure to bolster not only surgical volume but patient satisfaction and safety. ■

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