

# The Control and Convenience of OFFICE-BASED SURGERY



BY ROBERT F. MELENDEZ, MD, MBA

Ophthalmology may be on the precipice of a significant change in how surgery is performed.

One of the first major decisions I made when I started my own practice was to incorporate office-based surgery (OBS). My thinking was that I would perform most elective cases in the office suite and complicated cases in an ambulatory surgery center (ASC). As it turned out, I perform most of my cases in the office (Figures 1 and 2), and it has helped to define the kind of practice I am proud to call my own.

## GAINING CONTROL

Many factors are driving the increased interest in OBS. Certainly anesthesia requirements during eye surgery are an important element to consider. In this model, however, patients' safety is not compromised for the sake of convenience. Refractive lens exchange and cataract surgery may be safely performed under local and mild sedation, and the level of sedation can be chosen based on the patient and procedure. Office-based cataract surgery is usually categorized as requiring class A sedation. If a higher level of sedation (ie, class B) is required, my staff and I plan ahead and schedule the case for a time when our nurse practitioner is available to monitor the procedure.

Moving refractive lens exchange and cataract surgery to an office setting gives me control over the entire patient experience. I want patients to have a premium experience, and OBS enhances that because patients interact with the same friendly staff from the time of their preoperative consultation through their postoperative follow-up visits. Having the staff more involved in patient



Figure 1. The surgical suite in Dr. Melendez's office.

care encourages the staff to be more engaged and invested in patient outcomes.

## CONVENIENCE AND EFFICIENCY

Similar to surgery days scheduled at an ASC, set days are blocked off in my schedule for OBS. There is one difference: I can change or add dates as needed. This convenience allows me to plan surgical days around my vacation rather than my vacation around surgical days.

My time is used more efficiently when it is not split between different facilities. With the OBS model, I am in close proximity to my exam rooms, so a patient may be added to the schedule if needed. Further, patients only need to travel across the hall for follow-up.

A streamlined patient experience can greatly reduce patients' anxiety and stress. I find that they are more relaxed in the office because it is a familiar environment, and this usually means they need less medication during



Figure 2. Dr. Melendez performs cataract surgery in his iOR (iOR Partners) OBS suite.

surgery. From a safety standpoint, the less anesthesia used, the safer the surgery.

### THE FUTURE OF EYE SURGERY

The flexibility, control, and convenience of OBS for my workflow and the increased efficiency mean I have more time to grow my practice,

run my business, and care for patients. Incorporating OBS should also allow me to be more nimble in the future as the health care landscape changes. The cost of health care is rising, and the population is aging. Additionally, patient expectations in terms of refractive outcomes are high, and premium procedures are gaining in

popularity. I feel I am well positioned to address these areas of patient care head on. My per-case costs with OBS are down for the following reasons:

- I can control inventory;
- Reimbursements are consistent;
- I have greater flexibility in ensuring that patients have a positive experience; and
- 100% of my surgical revenue stays within my practice.

### CONCLUSION

It is hard to convey the differences between the office-based surgical suite and ASC because there is so much overlap. I perform the same surgeries in my OBS suite as I would in an ASC, but OBS is an entirely different paradigm. With OBS, the surgical experience is much more pleasant and rewarding for my patients, my staff, and me. ■

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