

BEST PRACTICES IN MEETING THE NEEDS OF REFRACTIVE SURGERY PATIENTS



The EVO ICL plays an integral part in this mission.

BY MICHAEL D. GREENWOOD, MD

Now is an exciting time to be a refractive surgeon. Not only is there a consumer shift away from the use of glasses and contact lenses and toward refractive surgery, but myriad surgical options are available to suit the needs of the 2.3 billion people with access to eye care who require vision correction.¹ Patients have a renewed interest in refractive surgery, and we have the skills and the technology available to deliver exceptional postoperative results.

According to Market Scope, the global demand for refractive surgery—laser vision correction, phakic IOL implantation, presbyopia correction, and refractive lens exchange—is expected to grow at a compound annual rate of 9.6% through 2025.¹ The best way for us to capitalize on this potential growth is to offer a variety of procedures to meet the needs of all refractive surgery patients. In addition to laser-based procedures such as LASIK, PRK, and SMILE, the EVO Visian ICL (STAAR Surgical) is an integral part of the equation. This technology broadens the scope of refractive surgery, and it has quickly become a preferred procedure for many clinical situations at Vance Thompson Vision.

IDENTIFYING QUALITY CANDIDATES

The surgeons and staff at Vance Thompson Vision are all passionate about creating an exceptional customer experience. This requires providing patients with the most advanced vision correction options available today and customizing their surgical experience

based on their ocular anatomy and visual requirements.

We can make the biggest difference for our patients by taking the time to give them what we feel is the best option for them. For some patients, that is laser vision correction and, for others, it is the EVO ICL. We do not pit one procedure against another, and we do not recommend any procedure as an alternative for another. Rather, we educate patients about the available options and make a recommendation based on what is best for them.

Many patients are quality candidates for the EVO ICL. While the EVO ICL is

approved to treat between -3.00 and -20.00 D spherical equivalent of myopia, our obvious choices include patients with thin and suspicious corneas and those with more than -10.00 D of myopia. Additionally, the EVO ICL is a great choice for patients with lower levels of myopia (-6.00 to -10.00 D) and corneal topography less suited for laser treatments. The EVO ICL Toric lens is also a great option for patients with 1.00 to 4.00 D of astigmatism.

All patients for whom we recommend the EVO ICL must have an adequate anterior chamber depth of at least 3 mm and an adequate endothelial

“The EVO ICL makes a difference in our practice. Those who have received the EVO ICL are some of our happiest patients, and within a matter of minutes after surgery they’re seeing better than they ever have with glasses or contact lenses. Their joy makes our jobs as surgeons and staff much more enjoyable and rewarding, and they are some of the most eager to refer other individuals to our practice for refractive surgery.”

THE SURGEON PATIENT

I got my first pair of glasses when I was in first grade. Eventually, I wore soft contact lenses, then hybrid contact lenses, and finally scleral contact lenses to correct -13.00 D of myopia. At that point in my life, which was during residency, I liked the vision that the scleral lenses provided, but they were cumbersome. In December 2015, during my fellowship at Vance Thompson Vision, I had Visian ICL surgery. I see better now uncorrected than I ever did with correction.

I often share my experience with patients because it can help them to build confidence and gain trust in the Visian ICL procedure. This makes it easy to have the conversation with patients who may be excited about the technology but also nervous about the surgery.

When I say to them, “This is what I have,” I can see their tension melt away. Typically, patients become more engaged and excited knowing that their doctor had the same procedure and believes in the safety and efficacy of the technology.

cell count. The latter varies depending on the patient’s age and the anterior chamber depth.

When patients are good candidates for more than one refractive surgery procedure, we present all the options to them and do our best to help them select the procedure that they feel is right for them. We make sure to educate them on the pros and cons of each procedure. The EVO ICL is a very safe option for patients. There is a very small risk for angle closure glaucoma if the lens size is too large and a very small risk for cataract formation if the lens size is too small. The risk for both of these complications, however, is further reduced now that we know how to better select the proper lens size.

USING APPROPRIATE MESSAGING

As mentioned previously, we are careful to explain to patients that no refractive surgery procedure is one-size-fits-all. Rather, the procedure should be chosen based on what is best for the patient’s visual needs.

The easiest way to explain the EVO ICL to patients is to liken it to a contact lens, which most are used to placing on their eye. We will say, “Instead of putting a contact lens on top of your eye every day and taking it out at nighttime, we put the EVO lens inside of your eye and it stays there.” I also find it helpful to share with patients my own personal experience with the ICL (see *The Surgeon Patient*).

Patients also appreciate learning that the EVO ICL does not alter the shape of the cornea and that no tissue is removed during the procedure. As a result, there is no risk of ectasia or induced higher-order aberrations from corneal ablation.² Additionally, when it comes time for patients to undergo cataract surgery, there is less of an issue with IOL power calculation with a lens-based approach to refractive correction compared to with a corneal-based approach. Lastly, the EVO ICL can be removed if necessary or if future options become available; this makes it an attractive option for patients.

CONCLUSION

The EVO ICL makes a difference in our practice. Those who have received the EVO ICL are some of our happiest patients, and within a matter of minutes after surgery they’re seeing better than they ever have with glasses or contact lenses. Their joy makes our jobs as surgeons and staff much more enjoyable and rewarding, and they are some of the most eager to refer other individuals to our practice for refractive surgery. ■

1. Market Scope: Refractive surgery to grow 9.6% a year through 2025, despite COVID-19. January 19, 2021. Accessed March 3, 2022. <https://eyewire.news/articles/market-scope-refractive-surgery-to-grow-9-6-a-year-through-2025-despite-covid-19/?c4src=article:infinite-scroll>

2. Packer M. The Implantable Collamer Lens with a central port: review of the literature. *Clin Ophthalmol*. 2018;12:2427-2438.

MICHAEL D. GREENWOOD, MD

- Glaucoma, cornea, cataract, and refractive surgery, Vance Thompson Vision, Fargo, North Dakota
- michael.greenwood@vancethompsonvision.com;
- Twitter @migreenw
- Financial disclosures: None