

## THERE IS AN ALLURE TO AESTHETICS, BUT IT'S NOT FOR MY PRACTICE



BY JAMES C. LODEN, MD

The prospect of incorporating aesthetics into our private ophthalmology practice is enticing, but my staff and I have rejected the idea for six reasons.

### NO. 1: SYNERGY MYTH

On the surface, aesthetics and ophthalmology might appear to be synergistic. In practice, however, the two fields often fail to align seamlessly. They require different skill sets and patient demographics.

### NO. 2: LACK OF EXPERTISE

We do not currently possess the necessary expertise in aesthetics. Delving into this field without the required knowledge could harm our reputation and patient trust. The only way expansion into aesthetics would potentially work is to hire a full-time plastic surgeon to manage the staff and business plan.

### NO. 3: COMPETITION

It is challenging for a multifaceted practice like ours to compete with spas and plastic surgeons. Focusing solely on this field allows them to excel in this area. In a big city like Nashville, where I practice, establishing a strong brand in aesthetics can be particularly challenging owing to the competition from well-established aesthetics centers that do not offer refractive surgery. Procter & Gamble purchases only companies that control the No. 1 or 2 market share positions. There is no way a refractive practice will reach a No. 1 or 2 position in aesthetics in a metropolitan city.

## Offering Aesthetic Procedures in Your Practice



## THE ARTISTRY OF AESTHETICS ENHANCES PRACTICE OFFERINGS



BY CAROLINE WATSON, MD

In medical school, I strongly considered a career in plastic surgery because I was drawn to its blend of artistry, skill, and precision. Despite ultimately pursuing ophthalmology, my passion for plastic surgery persisted. Early in my residency, I was particularly interested in oculoplastics. A pivotal discussion with Robert J. Weinstock, MD, at the 2018 MillenniaEYE Live meeting (now YoungMD Connect Live\*) altered my trajectory. Inspired by our conversation, I later joined his fellowship program. My current focus is on cataract, refractive, and corneal surgery, but I have a practice model that combines these areas of surgical expertise with my passion for skincare and aesthetics.

Ophthalmologists' familiarity with facial anatomy can make it easy for us to segue into certain areas of aesthetic treatment. In residency, I learned neurotoxin and filler injection techniques from Shelly Williamson Esnard, PA-C, who is one of the top injectors of Allergan Cosmetic. (Shelly is the sister of fellow ophthalmologist Blake K. Williamson, MD, MPH, MS.) The experience shaped the way I approach injections in my practice today. In addition to injectables, my practice encompasses a broad spectrum of treatments aimed at improving patients' overall appearance and addressing specific concerns. This includes intense pulsed light therapy with the OptiLight (Lumenis) and various treatments for dry eye disease. My commitment extends beyond cosmetic enhancements; I focus on achieving comprehensive eye health and maintenance. I am dedicated to creating facial balance,

The benefits and drawbacks of offering these services may depend on practice type and location.

**“OUR PRACTICE HAS CHOSEN TO FOCUS ON WHAT WE DO BEST AND PROVIDE THE HIGHEST QUALITY OF CARE IN OUR FIELD OF EXPERTISE.”**

**NO. 4: DISTRACTION FROM CORE SERVICES**

Incorporating aesthetics could divert our focus from what we excel at—cataract and refractive surgery—and detract from the quality of our core services. Our practice also may not have the bandwidth to manage both aesthetics and our core ophthalmology services successfully. Every time we deviated from our core expertise in the past, it led to regret.

**NO. 5: RESOURCE INTENSITY**

Offering aesthetic services would require hiring a full-time plastic surgeon, additional staff, a significant investment in lasers and equipment, and the development and execution of a separate marketing strategy. This would add complexity to our practice and increase costs.

**NO. 6: PROFITABILITY CHALLENGE**

Achieving profitability in aesthetics can be a long and arduous process. A good friend once told me it took them 5 years to turn a profit after opening a full-service plastics and aesthetic business. This extended cash flow drain currently does not align with our financial goals.

**CONCLUSION**

The allure of aesthetics is undeniable. Our practice, however, has chosen to focus on what we do best and provide the highest quality of care in our field of expertise. ■

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*(Dr. Watson, continued from page 49)*

restoring volume, and reducing the signs of aging, ensuring a holistic approach to overall well-being and rejuvenation.

Elective aesthetic procedures can not only improve patients’ ocular and facial health but also contribute significantly to practice revenue. Aesthetic procedures have been a reliable revenue generator for my practice, which has helped offset reimbursement cuts from fundamental surgeries. I envision growing my services to include treatments such as radiofrequency microneedling and hydrafacials to maintain my practice’s financial stability amid changes in the health care landscape. Moreover, Alabama law restricts the administration of injectables to MDs and DOs, resulting in a less competitive landscape in my area, as mid-level providers are not offering these services.

Adopting elective procedures to promote ocular health can enhance patients’ refractive outcomes and boost word-of-mouth referrals. During my fellowship, under the mentorship of Neel Desai, MD, I gained extensive knowledge about the standards of care for ocular surface disease and dry eye disease. Many patients with these conditions come to the ophthalmology practice in distress. Successful treatment for them transcends mere satisfaction; they become ardent advocates. They not only share their positive experiences regarding the treatment’s efficacy but also praise the entire practice to their family and friends.

I am as committed to creating a healthy work culture within my practice as I am to making patients feel good. When hiring staff members, I look for individuals whose values align with those of my practice to ensure that patients feel comfortable, safe, and cared for. My staff goes to great lengths to make each patient experience as stress-free and fulfilling as possible, whether they are seeking an aesthetic or surgical treatment.

**CONCLUSION**

Incorporating aesthetic treatments into my cataract, refractive, and cornea practice has been immensely fulfilling, though it may not suit every practitioner. With appropriate training for myself and my staff, it’s possible to add aesthetics to a practice’s services. This can contribute to enhanced financial stability. ■

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