

# ELEVATE PATIENT CARE WITH PREMIUM IOLs



How incorporating premium IOLs can transform your practice.

BY VANCE THOMPSON, MD

In my years of practice, I have had the honor of researching, helping to optimize, and ultimately incorporating various new FDA-approved technologies. The FDA's meticulous regulatory process, in my view, sets the global standard for ensuring the safety and efficacy of medical products.

It is in the postapproval higher-volume application of these newly approved products in clinical settings that the finer details are revealed, helping me decide whether to offer it to my patients at a higher volume. I consider it my responsibility to thoroughly understand a technology once it demonstrates, through FDA approval and subsequent data, a meaningful advancement in care. This knowledge equips me to offer my patients informed options for achieving their visual goals. Practicing evidence-based medicine entails critically

appraising the latest research and its practical application in patient treatment. Moreover, technological advances provide opportunities to expand the services we provide. In this context, premium IOLs have ticked all these boxes at my practice.

## THE CONVENIENCE OF CELLPHONE, COMPUTER, AND DRIVING VISION

I specialize in corneal refractive surgery, phakic IOL implantation, and lens replacement surgery. In our modern life, functional vision across three distances—driving, computer, and cellphone—is essential. My patients who are happiest postoperatively enjoy seamless vision at all these distances. Those undergoing corneal refractive surgery typically express the highest satisfaction when they retain accommodation and their refractive errors are effectively corrected. Patients opting for lens replacement surgery,

typically for cataracts, generally report the greatest happiness when they receive a presbyopia-correcting IOL that not only provides clear reading vision but also addresses refractive errors with precise IOL power calculations and, if needed, laser vision enhancement for the best uncorrected distance vision.

## THE REWARDS

My staff and I are continually amazed by the delight expressed by our cataract surgery patients when they achieve high-quality 20/20 uncorrected distance visual acuity, along with a reading range reminiscent of their early 30s. Fulfilling our patients' wishes and ensuring their well-being are our number one objectives. Achieving these successful outcomes not only benefits our patients but also has a positive impact on the financial health of our practice.

# EDUCATIONAL AND BUSINESS ASPECTS OF OFFERING PREMIUM IOLs

To achieve success with premium IOLs, practices must address a variety of educational and business needs, including the following:

- Incorporating cash-pay services and educating patients on their options;
- Educating patients on advanced technologies without feeling like a salesperson;
- Educating staff on their roles in delivering cash-pay services;
- Pricing cash-pay services, including payment plans;
- Building a referral network;
- Educating referring doctors;
- Maintaining compliance with all regulations;
- Developing and executing a marketing strategy;
- Revising staff phone skills;
- Creating and implementing forms to facilitate the patient journey;
- Building a team culture; and
- Enhancing the patient experience.

## INCORPORATING ADVANCED TECHNOLOGY IOLs: DIAGNOSTICS

The human optical system has multifocality from birth. Optimal multifocality broadens the range of vision, whereas too much multifocality degrades image quality. Our diagnostic systems are designed to assess both the quality and health of a patient's visual and optical systems. Whether conducting a preoperative cataract evaluation or optimizing a postoperative multifocal IOL, my approach involves a thorough analysis from front to back. This includes examining the patient's refractive error and the health of their tear film (with tear film osmolarity), epithelium (with mapping), corneal endothelium, stroma, vitreous, retina (with macular OCT), and optic nerve. Factors such as tear film breakup can scatter light irregularly, which can significantly degrade image quality. I tell my patients the air-tear interface focuses

light two to three times more than the implant we are placing, so we want a healthy tear lens.

A substantial part of my diagnostic process focuses on analyzing the tear film and epithelium for abnormal optical scatter. If I suspect tear film, epithelial, or anterior stromal irregularities are reducing image quality, a contact lens overrefraction can be performed to quantify the amount. Clearer vision with a rigid gas permeable lens with overrefraction compared to manifest refraction alone indicates that improvements in the tear film, epithelium, or both are necessary before proceeding with surgery.

Achieving success with premium IOLs extends beyond clinical expertise; it also involves employing a range of educational and business strategies (see *Educational and Business Aspects of Offering Premium IOLs* for more details).

## CONCLUSION

Visiting other practices to observe their approaches to offering premium IOLs can be helpful. Having written extensively on this subject, I am always eager to share my insights and advice with fellow colleagues. It is hard for me to imagine a more rewarding decision in my practice journey than when we began offering presbyopia-correcting IOLs to our patients. ■

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