

# Educating Patients on Refractive Cataract Surgery Options



**Leverage emotional intelligence to foster a comprehensive understanding of surgical choices.**

**BY CATHLEEN M. MCCABE, MD**

**A** significant part of offering refractive cataract surgery is ensuring that patients are well-informed about their options. The common assumption among practitioners is that patients are indifferent to or too busy to engage in detailed discussions about their surgical choices. To the contrary, I have found that most patients express a strong desire for information on their surgical options and are willing to invest in them financially.

The misconception that patients are not interested in their surgical options has contributed to stagnant adoption rates for advanced technology IOLs in recent years. A communication gap clearly exists between patients and health care providers.

The key to bridging this communication gap lies not only in what we know but also in how we convey this knowledge. We must draw on our technical knowledge and emotional intelligence to tailor information to suit an individual's needs and preferences and thus enhance their ability to make decisions.

## **TRUST AND EFFECTIVE COMMUNICATION IN PATIENT ENCOUNTERS**

Active listening can help build patient trust quickly. At the start of my first encounter with a patient, I assess what kind of communicator they are. For instance, when I meet a patient referred for cataract surgery, I often begin by acknowledging their situation with a statement such as, "I understand you're not seeing the way you would like." This straightforward approach is not just about confirming their vision issues. It also helps me understand other factors. Can they hear me well? Is English their first language? Do they have a companion with them, perhaps for support?

# Additional Workflow Pearls

## Separation of the Exam and Biometry Visit

I separate the comprehensive eye exam from the biometry visit. A more focused approach in each session (initial assessment and detailed measurement, respectively) increases precision in both the diagnostic and planning stages.

Before conducting detailed biometry, the ocular surface is optimized. A healthy ocular surface significantly affects the accuracy of biometric measurements and, consequently, the surgical outcome.

## Benefits of Separation

**Reduced sales pressure.** Spacing out the consultation process minimizes patients' sense of sales pressure. They have ample time to absorb and reflect on the information provided instead of feeling rushed to make a decision.

**Time for reflection.** After their initial visit, patients are encouraged to rewatch educational videos, review the literature provided, and discuss their options with family members. This period allows them to formulate questions and concerns that they can bring up during follow-up discussions.

**Decision-making with a patient care coordinator.** On their return visit, patients meet with a patient care coordinator who helps guide them through the decision-making process based on the information they have received. This approach helps ensure that their choice of lens aligns with their individual needs and lifestyle.

## Importance of a Clear Recommendation

Based on my experience, patients want a clear recommendation of the most appropriate technology for their specific eye health and visual requirements. We explain our reasoning, which helps to set realistic expectations.

## Scheduled Follow-up for Further Discussion

If necessary, a follow-up visit with the surgeon is scheduled to address remaining concerns or questions the patient has and ensure that they feel confident and well-informed about their decision.

After a patient expresses their concerns about their vision, I may ask, "Is that an issue in one eye or both? Does it occur all day or primarily at night when you're driving?" Follow-up questions like these demonstrate that I have heard and understood their concerns and am prepared to delve deeper into their specific issues.

See the sidebar for some additional workflow strategies employed in my practice to improve patient interactions and communication.

## COMMUNICATION TAILORED TO PATIENTS' LIFESTYLES AND PREFERENCES

Assessing a patient's lifestyle, such as their need to drive at night or use of digital devices, aids IOL selection. An awareness of patients' personality traits can facilitate more effective communication. For instance, nonverbal cues such as hand-wringing or a closed posture may signal anxiety. When I observe these behaviors, I reassure the patient about the nonthreatening nature of their condition.

Establishing a connection early can help build trust and make patients receptive to discussion of their treatment options. A tailored approach to patient communication helps to align the surgical outcome with their daily activities and visual requirements, thereby maximizing satisfaction.

## TECHNOLOGICAL AIDS Preconsultation Engagement Tools

My practice has created a series of short, informative videos that are available on YouTube (scan the QR code to watch) to address common patient questions on the implications of myopia, the nature of astigmatism, the effects of glare and halos, and more. The practice website also features frequently asked questions for patients to explore (Figure 1).

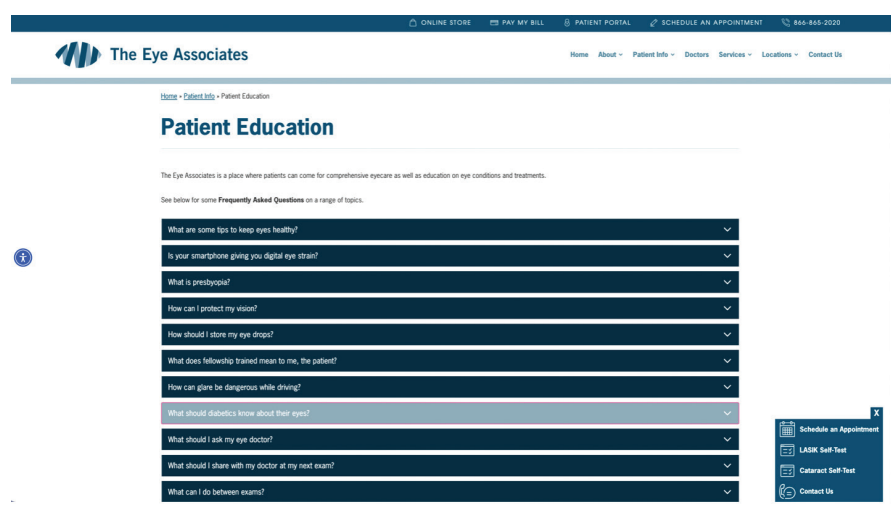


Figure 1. The comprehensive section of frequently asked questions on The Eye Associates' website provides a user-friendly interface for patients to learn about eye health.

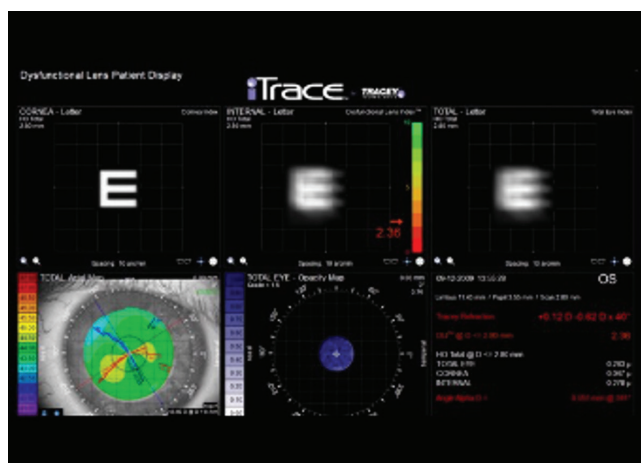


Figure 2. Sample output from the iTrace utilized as a visual aid for patient education in Dr. McCabe's practice.

Services such as Ocular (Engaged Technologies Group) facilitate the distribution of video links to patients via SMS text messages before their consultation. Efforts such as these can help patients come to appointments with a clearer understanding of what to expect. Videos and interactive software such as those available through Sight Selector (MyAdvice) can educate patients on IOL technologies.

### Advanced Diagnostic and Education Tools

The use of technological aids such as OCT and the iTrace (Tracey Technologies; Figure 2) can help patients visualize the condition of their eyes and understand the impact of different IOLs. These tools support explanations of concepts such as astigmatism and the benefits of its surgical correction.

When discussing patients' OCT scans, I often tailor my comments to the patient's specific conditions. For instance, I may say, "This is your macula, the center part of your retina, in your right eye. It looks healthy." Alternatively, I may comment, "Here's your left eye. You have a small growth of tissue on the surface of the retina." A step-by-step walkthrough helps me to explain diagnoses in a way that is easy for patients to understand.

Technology can also help me set realistic patient expectations about potential visual disturbances such as dysphotopsias after the implantation of an advanced technology IOL. For example, visuals and models of diffractive optics allow patients to understand what to expect (Figure 3).

A discussion of neural adaptation is essential for managing patient expectations regarding multifocal and diffractive IOLs. They should understand their visual system may require time to adapt to new optical input postoperatively. For patients with ocular disease, a

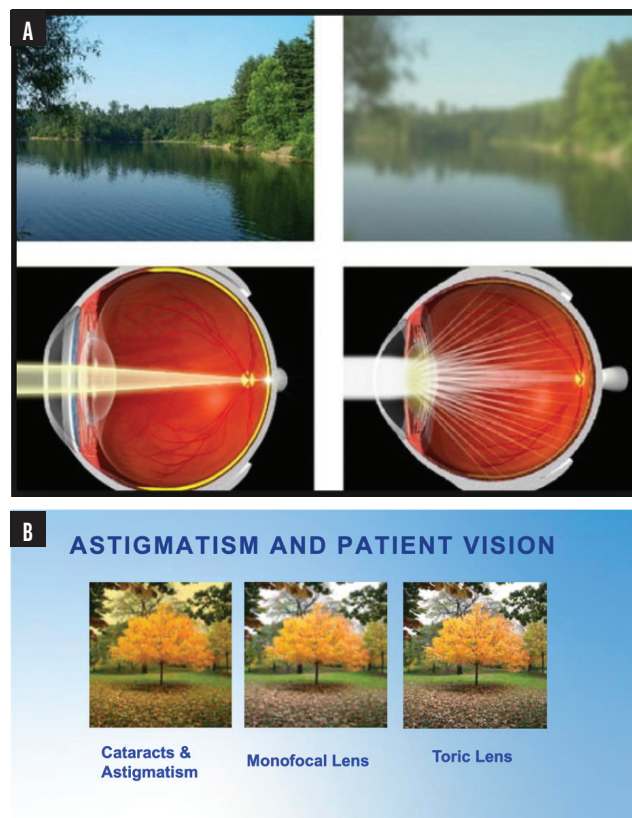


Figure 3. Visual aids illustrate the principles of diffractive optics (A) and visual disturbances related to astigmatism alongside depictions of anticipated visual results with monofocal and toric IOLs (B).

monofocal or extended depth of focus IOL may be a better choice. Here, setting realistic expectations about spectacle independence—such as the need to wear reading glasses to read a book—is vital.

### CONTINUOUS FEEDBACK AND ADJUSTMENT

It is imperative to maintain an open line of communication with patients after the initial consultation. Follow-up discussions can address questions that arise as they reflect on the information provided. Continuous engagement helps refine their understanding and align their expectations with their likely outcome. ■

#### CATHLEEN M. MCCABE, MD

- Cataract and refractive surgery specialist and Medical Director, The Eye Associates, Bradenton and Sarasota, Florida
- Chief Medical Editor, *CRST*
- cmccabe13@hotmail.com; X (formerly Twitter) @cathyeye
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