

# TOP 10 WAYS TO GROW YOUR LASIK VOLUME

Market your practice based on patient benefits, not particular technologies—and other tips.

BY GREGORY D. PARKHURST, MD, FACS



According to Market Scope, in the United States, overall LASIK procedure volume has stabilized and has been consistent, steady, and predictable at approximately 600,000 procedures per year over the past several years. This pattern is similar to those seen with other elective surgical procedures, including breast augmentation (down 1%), liposuction (up 5%), nose reshaping (down 2%), and facelifts (down 4%) in the United States.<sup>1</sup>

Of course, that figure for US LASIK procedures represents an overall number. Some practices report that their LASIK procedure volumes are somewhat down, whereas others report double-digit annual growth. As the current president of the Refractive Surgery Alliance (RSA), a physician–chief executive officer (CEO) of a rapidly growing refractive surgery practice, and a happy laser vision correction patient myself, I strongly believe that well-informed, good candidates can be better off as a result of having refractive surgery. In this article, I am happy to share some suggestions on how to increase LASIK procedure volume in your practice.

**Tip No. 1: Offer all options to achieve truly excellent outcomes that exceed patient expectations.** LASIK is one of the most successful procedures in the history of medicine. We have heard thousands of success stories, including those from firefighters, military personnel and other first responders, teachers, eye surgeons, and top-level professional athletes such as LeBron James and Rory McIlroy (see *LASIK in the Stars*). Although LASIK is the most common procedure performed, we also know that it is not the only refractive surgical option, and it may not always be the best option for every patient desiring refractive surgery. Due to advances in procedures for the aging demographic, many ophthalmologists are starting to focus on other refractive surgery procedures such as dysfunctional lens replacement and refractive cataract surgery.

Patients should be confident knowing that refractive surgeons have the tools to achieve excellent outcomes, fitting the right procedure to the right patient, turning poor candidates away from surgery altogether, and not pushing the limits of LASIK. This is the case no matter the patient's refractive situation. High astigmatism, hyperopia, presbyopia, and extreme myopia are all examples in which, depending on clinical variables, procedures such as corneal inlays, refractive

lens exchange, and phakic IOLs can play important roles and should be applied in the appropriate circumstances.

What I have seen is that using these procedures when appropriate, instead of LASIK, does not erode total LASIK volume. On the contrary, it causes LASIK volume to grow because we can exceed patient expectations and drive more word-of-mouth referrals for refractive surgery in general, and, many times, for LASIK in particular.

**Tip No. 2: Message, market, and advertise based on patient benefits, not particular technologies or procedures.** The message is not about you or what particular laser you most recently purchased. It is about your patient and how having refractive surgery will improve your patient's quality of life, fitness, performance, and beauty. Refractive surgery procedure volume is primed for continued success and future growth because the technology and procedures, when applied properly, are some of the most successful in the history of human medicine. Additionally, they can be less costly than glasses and contacts over time.

LASIK practices that are growing today have learned that investing in technology is important, and using the correct strategies for messaging the public cannot be overemphasized. For example, from a clinician's perspective, one of the biggest



## AT A GLANCE

- Using other refractive surgery procedures when appropriate, instead of LASIK, can help to grow LASIK volume, because it can exceed patient expectations and drive more word-of-mouth referrals for refractive surgery, and, many times, for LASIK in particular.
- Talking about the financial benefits of undergoing LASIK can be more effective and ethically comfortable than using pricing and advertising tactics that erode public trust in refractive surgery.
- Practices that have grown their LASIK volumes have invested heavily in hiring people who can relate to the elective refractive surgery demographic.

technical advances in refractive surgery has been the advent of the femtosecond laser. One might have predicted that the introduction of this tool, more than a decade ago, would have resulted in significant overall procedure growth. However, it did not. This is not because the femtosecond laser is not a great tool—clearly it is. So why, you might ask, did LASIK volume not increase dramatically after its introduction? I believe the reason is multifactorial, but it may be most closely related to the way surgeons and companies marketed and advertised this technical advancement. To the detriment of the profession of refractive surgery in general, many surgeons started talking in a negative fashion about the way the guy down the street did surgery (eg, using “razor blades”), which did nothing but create fear in the market and stagnation of growth in people choosing LASIK.

In reality, when done properly on good candidates, LASIK was already a tremendously successful elective procedure, and the market knew this, even before the advent of the femtosecond laser. Messaging in this zero-sum-game fashion (ie, your loss is my gain) turned out to be counterproductive. There have been many recent technology advances in refractive surgery, such as Contoura Vision (Alcon), iDesign (Abbott Medical Optics), small incision lenticule extraction, and new IOLs. But advertising these technologies directly to patients will surely paralyze growth for all refractive procedures. Marketing must focus on benefits, and technology selection should be left to the surgeon.

**Tip No. 3: Do not advertise on price.** Market research by the RSA shows that the most common questions people have about LASIK are not being answered in the traditional ways we as a profession have been advertising. Prospective patients want information about safety, success rates, whether a procedure hurts, whether and how often they should expect the procedure might have to be repeated, and how quickly they can resume normal activities. People also want to know about cost.

Historical physician marketing strategies have resulted in commoditization of LASIK by making the message only about price, and, in some cases, in regrettably deceptive ways. Bait-and-switch marketing tactics such as advertising teaser rates that almost no one qualifies for, or offering large sums of money as a discount off a false original price that no one actually pays, do not function to build trust in the procedure. Rather, they create fear and mistrust, and, to their eventual detriment, result in patients choosing other alternatives for vision such as glasses and contact lenses.

A better approach is to have an honest conversation about expectations, benefits, and risks and to discuss some of the financial benefits of refractive surgery in a different context. For example, we let patients know that most of their peers take advantage of financing options that are in parity with the typical monthly costs of glasses and contact lenses. We also frame the monthly cost of LASIK relative to other common monthly expenses such as cell phone bills or a daily latte from Starbucks. This serves to inform and educate patients, often to their surprise, that, on average, LASIK pays for itself in approximately 3.5 years. Talking



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about these financial benefits of the procedure has been much more effective and ethically comfortable than using pricing and advertising tactics that erode public trust in refractive surgery.

**Tip No. 4: Advertise benefits, not hygiene.** People considering refractive surgery have a few baseline expectations, known in marketing as *hygiene*. Just as you have certain expectations of a five-star restaurant (friendly service, nice china, clean upscale restrooms, etc), patients seeking refractive surgery expect that their surgeon is trained, board-certified, and experienced, and that the surgeon has invested in the appropriate technology in order to deliver on the promise of excellent vision outcomes. Therefore, advertising a particular laser or marketing an “I’m better than my competitor” mentality causes fear, and it takes the conversation backward rather than forward.

Fear causes people to delay the decision to undergo the life-changing procedures we have to offer. Messaging about patient successes, such as how refractive surgery improved someone’s self-confidence, performance at work, success on an athletic field, and comfort at the end of a long day without contact lenses, along with factual information about appropriate expectations, more effectively builds trust. Once trust is built, adoption rates for LASIK in the market grow.

**Tip No. 5: Make refractive surgery an option for every suitable candidate, not just those who ask about it.** Doctors should make it a point to communicate to their patients that they can be trusted to advise them fully and honestly of all options that may serve to restore, maintain, or enhance their vision and general health, including refractive surgery. This should be true for all patients, not only those who think to ask about refractive surgery. For example, at many practices that have increased

# LASIK IN THE STARS

Twenty-five celebrities who have undergone LASIK.

## ATHLETES

Troy Aikman, National Football League Hall-of-Famer  
Patrick Ewing, National Basketball Association  
LeBron James, National Basketball Association  
Greg Maddux, Major League Baseball  
Vijay Singh, Professional Golfer  
Dwayne Wade, National Basketball Association  
Tiger Woods, Professional Golfer

## MUSICIANS

Michael Bolton  
Adam Clayton  
Kenny G  
Elton John  
Carlos Santana  
Jessica Simpson

## ACTORS, MODELS, AND TV PERSONALITIES

Richard Branson  
Drew Carey  
Courtney Cox  
Cindy Crawford  
John Goodman  
Angelina Jolie  
Kim Kardashian  
Nicole Kidman  
Brad Pitt  
Dennis Quaid  
Brooke Shields  
Reese Witherspoon

refractive surgery adoption rates, receptionists answer their phones with a standard greeting that mentions vision correction surgery first:

*"Thank you for calling. May I help you with booking an appointment for a vision-correction surgery screening, an annual eye health exam, or something else?"*

The phone is answered in that fashion, and in that order, to communicate to all patients that refractive surgery is available in that office, and that it is not a mere afterthought.

Doctors continue the conversation when the patient enters the office:

*"Hello Ms. Jones. I understand you are here for a refill prescription for your contacts. It looks like you are doing great with them. Just so you are aware, you look like you would be a good candidate for refractive surgery. If you've ever considered having great vision without the hassle of glasses and contacts, plus having the major financial savings possible through LASIK, be sure to let me know. I'll set you up with a consultation."*

Simple things like this reassure patients that the doctor recognizes the benefits of refractive surgery for patients and that those services are offered through his or her facility.

**Tip No. 6: See patients for their final postoperative visit.** Typical postoperative appointment schedules are at 1 day, 1 week, and 1 month after the procedure. Surgeons should see their patients themselves at the final 1-month visit to ensure

that patients have achieved the great results they were expecting, congratulate them on their newfound freedom from glasses and contacts, and obtain data for nomogram planning. The surgeon should also invite patients to contact the practice if they have questions or if they want to refer friends or family for refractive surgery.

**Tip No. 7: Optimize the ocular surface.** One thing you may find by doing the 1-month postoperative visit yourself is that the patient's ocular surface needs optimization and management. Most of the temporary concerns patients may have in the perioperative period can be addressed most effectively and efficiently by optimizing the ocular surface. This is one of the things to look for when doing the final postoperative visit. (Editor's note: For more on dry eye disease and refractive surgery, see *Irregular Tear Film: Implications for Surgical Planning*.)

**Tip No. 8: Remind patients that refractive surgery options exist for each of the three milestones of vision: ocular maturity, presbyopia, and cataract.** We must educate patients that LASIK does not wear off, but neither does it prevent presbyopia or cataracts, which we will all eventually encounter if we live long enough. Keep in contact with patients so that they know all their options and are reminded that we have solutions for their future needs.

**Tip No. 9: Create an unforgettable patient experience.** LASIK and refractive surgery have fully matured. Patients can be confident that, with a well-trained surgeon, refractive surgery will in fact deliver on the promise of reduced or eliminated dependence on glasses and contact lenses. This article has discussed many of the ways successful refractive practices can message to the public, but nothing is stronger than a word-of-mouth referral from a happy patient. Happy patients become ambassadors when we deliver excellent outcomes and make every touch point in the practice easy, convenient, friendly, and fun for them. Practices that have grown their LASIK volumes have invested heavily in hiring people that can relate to the elective refractive surgery demographic. They make the process painless and efficient for the patient, and they have thoughtfully scripted the patient journey to create an unforgettable customer service experience.

**Tip No. 10: Join the RSA.** The RSA is an international society of refractive surgeons whose mission is to deliver the benefits of refractive surgery to more people by growing each member's practice. With a membership of more than 100 surgeons who are working together to grow the market, rather than competing with one another, the RSA invites you to join us in collaboration. ■

1. Plastic Surgery Statistics Show New Consumer Trends. American Society of Plastic Surgeons. <http://www.plasticsurgery.org/news/2015/plastic-surgery-statistics-show-new-consumer-trends.html>. Accessed June 21, 2016.

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## IRREGULAR TEAR FILM: IMPLICATIONS FOR SURGICAL PLANNING

Tear osmolarity may predict the accuracy of preoperative assessments for refractive surgery.

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Dry eye disease (DED) can affect ocular surgery. One of the most obvious ways is that undetected disease may influence how successful patients consider their procedure to have been. If they do not learn that they have DED before the postoperative period, they may blame the procedure. Fairly or not—as in most cases, there is not much correlation—

DED discovered after surgery is viewed as a complication. On the other hand, patients who receive forewarning can at least understand the nature of any potential visual symptoms.

Additionally, undetected DED is a leading cause of refractive surprises after cataract or refractive surgery. The condition can cause visual disturbances on its own, which is one potential explanation of why a refractive target was not met. A potentially more serious cause of postoperative refractive surprise is that DED may affect the accuracy of preoperative measurements, including biometry, topography, and keratometry. Inaccurate biometry can lead to inappropriate IOL power selection for cataract patients. For those with astigmatism, the wrong toric IOL power or axis of alignment can cause significant problems. In the setting of refractive surgery, the ablation pattern may be off center or inaccurate if DED affected the topography readings, and, as topography-guided LASIK becomes a more popular option, undetected DED becomes a greater cause for concern, because it leads to corrupted data and, therefore, corrupted ablation profiles.

This article focuses on how an irregular tear film can affect the results of refractive surgery.

### INSTITUTIONAL STUDY

Because irregularities at the level of the tear film appear to affect the accuracy of preoperative readings, I became curious as to the extent to which they could impede the laser's programming ability to design an accurate ablation pattern for patients considering topography-guided LASIK. This form of laser vision correction uses topography to create individualized treatment plans that eliminate the effect of aberrations at the corneal surface. The ablation pattern for topography-guided LASIK is constructed using a Placido-disc topographer with data gathered via reflection of the tear layer.

Similar to the rationale of the study by Epitropoulos et al,<sup>2</sup> my colleagues and I sought to determine if tear osmolarity could serve as an index for the accuracy of the topographic map used for ablation in eyes undergoing topography-guided

LASIK. For our study, we performed osmolarity testing on 20 patients and then evaluated whether the topographic map generated by the Wavelight Allegro Topolyzer Vario (Alcon) was accepted by the software.

Our study demonstrated that the higher the osmolarity was, the more likely the software was to reject the topographic data due to poor quality acquisition. On the other hand, the treatment plan was more likely to be accepted in eyes with a normal osmolarity score.

Based on this study, osmolarity appears to be a useful surrogate for the accuracy of preoperative data. When the topographic map is automatically approved, it means there is less need to manually override or correct the treatment plan and a higher potential to perform an accurate ablation.

### CONCLUSION

Differing measurements on the various technologies used for preoperative planning can cause confusion and complicate planning an ablation pattern for refractive surgery. Tear osmolarity testing may be useful for detecting abnormality common in both aqueous-deficient and evaporative DED. It may also serve as an index of the accuracy of preoperative assessments, which should provide surgeons with more confidence in their surgical plan and reduce the potential for postoperative refractive surprises.

My colleagues and I look forward to validating our initial findings in this institutional study that demonstrated the potential application of tear osmolarity testing for predicting the accuracy of topographic maps for constructing LASIK ablation patterns. It is perhaps too early to suggest changes to clinical protocols based on our results, but they provide an intriguing additional application of a validated diagnostic used for assessing DED. ■

1. Lemp MA, Bron AJ, Baudouin C, et al. Tear osmolarity in the diagnosis and management of dry eye disease. *Am J Ophthalmol.* 2011;151:792-798.

2. Epitropoulos AT, Matossian C, Berdy GJ. Effect of tear osmolarity on repeatability of keratometry for cataract surgery planning. *J Cataract Refract Surg.* 2015;41(8):1672-1677.

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- Financial disclosure: Consultant (Alcon, TearLab, Wavelight)