

How SMILE Changed My Practice

Increased patient volume and word-of-mouth referrals can result from the clinical benefits of SMILE.

BY IAN CHAN, MD



I am a solo practitioner in Perth, Australia. As a corneal subspecialist, one-third of my practice is devoted to corneal surgery, one-third to refractive surgery, and one-third to cataract and related general ophthalmic surgery. I have been performing refractive surgery since 2008 and small incision lenticule extraction, or SMILE, since 2015. In my years of practice, no other procedure has had the same kind of impact as quickly as SMILE has.

THE GROUNDWORK

Our team at Aculase consists of one surgeon (me), two receptionists, one optometrist, one practice manager, and five part-time laser nurses (Figure 1). When we purchased the VisuMax femtosecond laser (ZEISS) 2 years ago, we expected to perform about 100 SMILE procedures in the first year. The volume of SMILE procedures that we have actually performed, however, has well exceeded those expectations. Right now, I use SMILE in 98% of myopic patients who elect refractive surgery. For hyperopic patients, I still perform LASIK.

Because of my background in corneal surgery, and because of my experience with lamellar keratoplasty specifically, the technical adoption of SMILE was easy, and it only took me a handful of surgeries to become completely comfortable with the procedure.

Likewise, it did not take patients long to warm up to the idea of SMILE as a solution to their visual needs. Because SMILE provides patients with a flapless option with only a keyhole incision for laser vision correction, we have found that many are drawn to this surgical procedure. Patients are clearly more worried about the corneal flap than I have previously appreciated. I think patients also like the fact that SMILE is performed entirely under the same laser, instead of under two laser platforms like LASIK, and that there is a lower risk of dry eye postoperatively. Many patients who have dry eyes issues with contact lenses are drawn to the lower risk of dry eye with SMILE.

With that said, when we initially introduced SMILE to the patients in our market, we had to keep in mind that we were dealing with an audience that had never heard of the procedure before. Therefore, we focused our marketing efforts on educating patients about the SMILE procedure. The small wound size and the minimal laser treatment time (25 sec) seem to resonate with patients. Now that patients in our market are educated on SMILE and are aware of its benefits, many have come to our practice for refractive surgery simply because we offer SMILE.

Once the procedure is explained to patients clearly (Figure 2), SMILE really sells itself. In the beginning, we had many patients in their 30s come into Aculase inquiring about



Figure 1. Dr. Chan and some of the staff at Aculase.



Figure 2. Dr. Chan talking with a patient.

SMILE; now, however, we are seeing many more younger patients. Additionally, we have seen an increase in the number of health professionals including doctors, nurses, and dentists, who are interested in SMILE because they can particularly appreciate the benefits of keyhole surgery.

As the procedure continues to penetrate and grow the refractive surgery market, I expect that the number of patients coming to our practice specifically asking for SMILE will increase. Right now, we use SMILE to treat myopia and myopic astigmatism between -0.50 and -10.00 D sphere and up to 4.00 D astigmatism; however, in the future that indication might expand and it will probably also be possible to treat patients with a corneal graft, even higher levels of myopia, and, hopefully, hyperopia.