

SMILE is a Driver in My High-Volume Clinic

Patients love the quick recovery of their visual acuity.

AN INTERVIEW WITH XINGTAO ZHOU, MD, PhD



How many years have you been performing refractive surgery in general and ReLex SMILE in particular?

Dr. Zhou: I have been performing PRK for 21 years, LASIK for 20 years, LASEK for 19 years, epi-LASIK for 13 years, and SMILE for about 5 years.

For what reasons did you want to try SMILE?

Dr. Zhou: I liked that the procedure is minimally invasive and that it provides excellent vision quality.

Please share your clinical outcomes with SMILE.

Dr. Zhou: Along with my colleagues, I recently conducted a 4-year observational study of the predictability and stability of SMILE.¹ In that study, we concluded that, in the long-term, SMILE provided a predictable and stable correction of moderate to high myopia. What we specifically found was that UDVA was 20/20 or better in 92% of eyes and that 89% were within ± 0.50 D of the intended refraction. The safety and efficacy indices were 1.16 ± 0.14 and 1.07 ± 0.16 , respectively. Further, there was no significant change in the spherical equivalent at any of the follow-ups (1, 3, and 6 months and 1, 2, and 4 years).

Has performing ReLex SMILE been an advantage to your practice?

Dr. Zhou: Yes, of course.

Have you noticed any changes in your surgical volume since offering SMILE? What about patient demographics?

Dr. Zhou: We are now able to treat a larger range of patients, including those with up to -12.50 D spherical equivalent. At the Eye and ENT Hospital of Fudan University, we have treated patients as young as 18 years and as old as 60 years with SMILE.

What is the price of SMILE compared to LASIK and PRK?

Dr. Zhou: Patients pay the same price for SMILE as they do for LASIK and PRK.

Have you noticed an increase in revenue after SMILE?

Dr. Zhou: I believe that our overall revenue has been similar.

How does the postoperative management for SMILE patients compare to LASIK?

Dr. Zhou: The postoperative management process is similar for both surgeries.

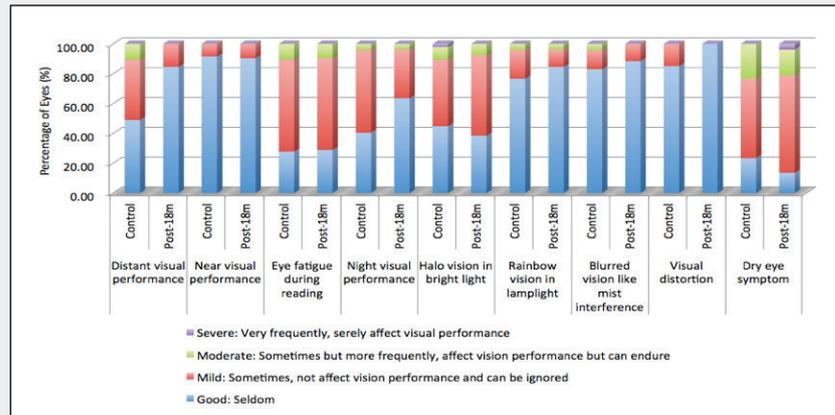


Figure 1. Patient satisfaction and visual quality after SMILE.

In your practice, what is the main “wow” effect for patients?

Dr. Zhou: With SMILE, the biggest “wow” factor that patients communicate is the quick recovery of their visual acuity without any discomfort.

In your clinic, what is the current procedural volume for SMILE?

Dr. Zhou: About 92% of the procedures we perform are laser vision correction. The other approximate 8% is phakic IOLs.

How do you maintain such a high volume of SMILE procedures?

Dr. Zhou: The visual quality after SMILE surgery is the most important factor in why we suggest the procedure to our patients (Figure 1).

What is your preferred method of marketing to attract patients to your clinic?

Dr. Zhou: We do not use marketing efforts in my hospital. With that said, I do my best to serve every patient with my whole heart, and our team does its best to achieve good visual quality after every surgery.

1. Han T, Chen Y, Gao Y, He L, Zhou X. Four-year observation of predictability and stability of small incision lenticule extraction. *BMC Ophthalmol.* 2016;16:149-156.

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PRICING STRATEGY AND PROFIT MARGINS

At Aculase, we do charge a premium for SMILE, with a price point 15% higher than that of LASIK and 30% higher than that of PRK. Although this has obviously had an impact on our profitability, the main increase in revenue is the higher patient volume. SMILE is also a much quicker procedure than other laser vision correction surgeries; I can perform two SMILE cases in the same time it takes me to perform one LASIK case. In short, more patients are coming through our doors now that we offer SMILE, and we can perform more surgery within the same amount of theater time.

Most patients who come into our practice end up choosing SMILE, despite the premium price. We present all three options to our patients (SMILE, LASIK, and PRK), and our recommendation relates directly to their circumstances. For instance, in a patient who has no preexisting dry eye and requires a low-power correction, I often tell the patient that he or she will be fine with LASIK or SMILE. Ultimately, they decide on the surgical option based on their preference and budget. Even in the event that a patient does not elect SMILE, he or she still undergoes other surgery at our center, again boosting volume and our profit margin.

We have always treated and will always treat patients equally, whether they decide on SMILE, LASIK, PRK, or any other procedure. However, I find that less chair time is required with SMILE than with procedures like LASIK and PRK, but we maintain similar appointment schedules regardless of procedure.

THE PATIENT EXPERIENCE

As I mentioned, we have been performing SMILE at our practice for 2 years now. One thing that we notice time and again is that patients really have no complaints about the procedure or the recovery process. Patients like that SMILE is quick and painless, that they do not need to wear dressings or goggles on their eyes immediately postoperatively, and that they can resume daily activities relatively right away.

I have heard before that SMILE does not have the same “wow” effect as LASIK; however, in my experience patients have similar visual acuities on day 1 postoperative after SMILE and LASIK. Vision on day 1 postoperative seems to improve with more surgical experience in SMILE. Further, there is no deterioration in vision from dry eye symptoms that some LASIK patients seem to notice 1 week after surgery.

On the other hand, we have a high incidence of dry eye in Australia. A proportion of LASIK patients have deterioration in vision from dry eye symptoms 1 week after surgery; however, SMILE patients do not have this vision-reduction pattern from dry eyes.

SMILE consistently exceeds patient expectations, and therefore they are generally smiling all the way through the procedure and at their follow-up appointments. Because SMILE presents such a strong patient experience, our number of word-of-mouth referrals has also increased. I have treated whole families, several coworkers in the same office, and lunch groups—all from patient referrals.

Further, we have some strong advocates for SMILE in the patients who we have already been treated. I think some of them are bursting at the seams to share how happy they are, and they do this on social media. Also being among the first patients in Perth to have a new procedure is something they are proud of. Having that presence on social media certainly helps our practice.

PROFESSIONAL SATISFACTION

Seeing the joy on our patients’ faces after such a short treatment keeps a smile on my face at postoperative visits. Beyond the clinical benefits of SMILE, there are other rewards in being involved in a successful new procedure. For instance, I had the exciting opportunity to design a dissecting forceps and suggest a new method to perform SMILE to an international audience. Professionally I find it a rewarding experience on many different levels.

I think communication and patient education are still the keys to success with any procedure. We do spend marketing efforts on promoting SMILE specifically, but more importantly patients are learning about SMILE and its benefits through word of mouth and through our educational efforts. Once patients are through the door, we take time to go through the process and discuss the advantages of SMILE as well as the minor side effects they may encounter.

I believe in being realistic with patients instead of over-promising and under-delivering. Also, understanding each patient’s circumstance and tailoring the treatment plan accordingly is important.

I have always been open to trying new procedures, and I always present to patients balanced, educational material about the various procedures that we offer. I do not believe that we have altered the patient workflow or counselling specifically for SMILE patients, but we have seen a natural preference for this minimally invasive laser procedure. Since we began offering SMILE, we have seen an increase in our patient volume. ■

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- Financial disclosure: None acknowledged