BUSINESS GROWTH 101

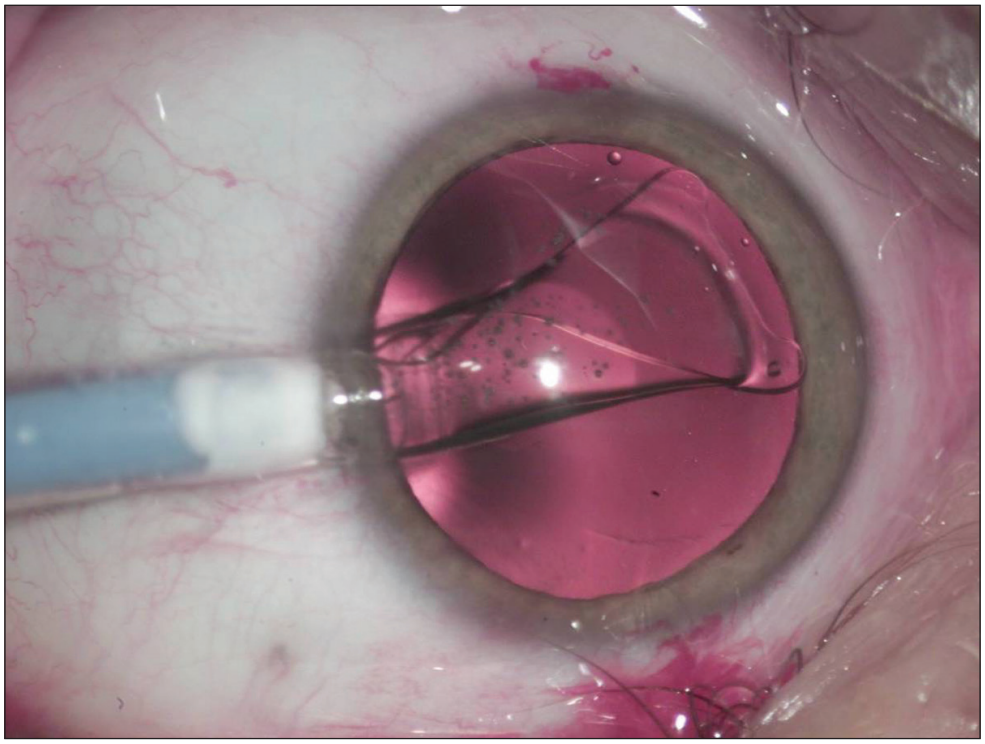
Incorporating lens-based refractive surgery with phakic IOLs into your practice can attract more patients and improve your bottom line.

BY SHELDON HERZIG, MD, FRCSC, DABO

Like many practices in the early 1990s, Herzig Eye Institute was transitioning toward offering refractive surgery to our patients. At that time, corneal laser vision correction was the dominant type of refractive correction procedure. It soon became evident, however, that certain patients who were interested in refractive surgery were not suitable candidates for either procedure (ie, LASIK and PRK).

This experience piqued my interest in exploring lens-based alternatives to laser vision correction. I began to investigate and was impressed with the safety and visual outcomes patients experienced with the Visian ICL (STAAR Surgical) family of lenses.

Over the years, the Visian ICL, and since 2016 the EVO ICL, has become a major part of my practice. Patients who would have otherwise not been suitable for laser vision correction—high myopes and those with questionable corneas—are now able to attain freedom from glasses through the ICL procedure (Figures 1 and 2). This has led to considerable patient satisfaction, increased patient volume, and business growth in our practice.



Figures courtesy of STAAR Surgical

Figure 1. Implantation of the Visian ICL.

MORE SURGEONS, MORE VOLUME

Herzig Eye Institute offers refractive cataract surgery, laser vision correction (LASIK, PRK, and SMILE), lens-based surgery (EVO Visian ICL family of lenses), refractive lens exchange, presbyopia treatments, CXL, and dry eye disease management. Refractive surgery, however, is the predominant aspect of our practice.

This past year, I was joined by another surgeon, Milad Modabber, MD, MSc, FRCSC, DABO, who also performs the range of refractive surgery procedures that we offer in our practice and is supporting the growing volume of cases. It was crucial to me that the oncoming surgeon be adept at all the evolving refractive technologies offered at our practice, including the EVO Visian ICL family of lenses. This mindset reflects our mission of always providing the right technology for the right patient.

After training with the EVO ICL, Dr. Modabber has taken off with the technology and has contributed to a significant number of EVO ICL cases and the further growth of EVO ICL volumes in our practice. (To read more about Dr. Modabber's personal experience with the EVO ICL, see *Early Experience With the EVO ICL*.)

One surgeon simply cannot do it all. Having multiple surgeons in your practice who are capable of performing the range of procedures you offer is a blessing. Moreover, Dr. Modabber has also brought in a new stream of patients to our practice through his strong word-of-mouth referrals from his patients.

PRACTICE PEARLS

Growth in any business is an arduous and continuous process. In health care, growth must include increasing your patients' access to new technologies that best help achieve their vision goals.

Below are several practice pearls that can help set your practice up for success with the EVO ICL.

> "We help patients consider EVO ICL as a premium and primary solution rather than an alternative procedure."

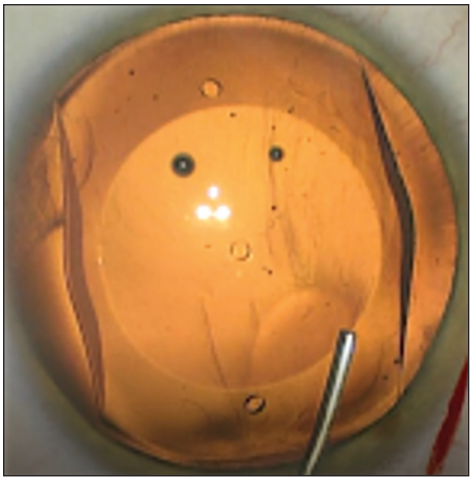


Figure 2. The EVO ICL in situ.

▸ No. 1: Consider the EVO ICL for more patients.

EVO ICL can be considered the treatment of choice for a broad range of refractive errors. Even in patients with low myopia, the EVO ICL can be an appropriate option regardless of whether they qualify for laser vision correction. We are also more comfortable offering a lens-based refractive surgical option to patients with questionable corneas rather than opting for a corneal-based procedure.

▸ No. 2: Help patients consider EVO ICL as a premium and primary solution rather than an alternative procedure.

When patients have questionable corneas, we are quick to segue our discussion to the benefits of the EVO ICL, rather than focusing on why they are not a good candidate for laser vision correction. If they feel that the EVO ICL is the right choice for them right off the bat, rather than a second choice alternative, they are immediately more drawn to the positives of the procedure.

▸ No. 3: If there is any doubt that laser vision correction is contraindicated or if you doubt whether corneal refractive surgery is safe for your patient, then simply leave the cornea alone.

Any time we see a questionable cornea case, we consider the role that the EVO ICL would play in preserving corneal integrity and again highlight the positive aspects and benefits of it for that patient.

▸ No. 4: When hiring additional surgeons, look for those who are interested in new technology.

If you have the desire to grow your practice, the more surgeons you have, the better. The addition of another full-time refractive surgeon who is eager to learn and adapt to new technologies and procedures has paid many dividends in our practice. ■

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- Financial disclosure: None

EARLY EXPERIENCE WITH THE EVO ICL

Milad Modabber, MD, MSC, FRCSC, DABO

I started performing EVO ICL (STAAR Surgical) surgery about 1 year ago under the guidance of Sheldon Herzig, MD, FRCSC, DABO. He has more than 20 years of experience with the Visian ICL family of lenses. After witnessing Dr. Herzig performing the procedure and seeing patients' visual outcomes, I felt compelled to explore the technology. I have to say, my experience has been outstanding.

I appreciate that the EVO ICL presents a unique combination of safety and efficacy while having a life-changing impact for patients. Many of these patients have been informed by other surgeons that they aren't good candidates for a laser-based procedure, and they feel resigned to their fate of glasses or contact lenses. On the other hand, the EVO ICL expands the range of patients who can benefit from refractive surgery. Most patients, especially myopic patients with appropriate anterior chamber depths, are great candidates for the EVO ICL. Thus, with this procedure, they have a new hope for better quality of life and freedom from glasses and contacts. As a result, the patient experience with the EVO ICL has been second to none. Patients are elated after surgery, and my experience as their surgeon has been rewarding.

> **"Performing the EVO ICL surgery has allowed me to feel much more secure in my decisions to treat patients with more extreme refractive errors, whether that be high myopia or astigmatism, a thin cornea, or irregular topography."**

RETROSPECTIVE ANALYSIS

I'm currently performing a retrospective analysis of my early surgical outcomes with the EVO ICL. So far, the results have demonstrated a high level of safety and excellent visual outcomes, comparable to those of an experienced surgeon. Patients' vision begins to settle in a few days after surgery and, by the first week, the refractive target is achieved. These results compare favorably to those after LASIK.

The take-home from these early results of the retrospective analysis is that the learning curve with the EVO ICL is very reasonable. As a corneal and anterior segment surgeon, I was able to gain comfort with the technical aspects of the procedure. Crucially, in order to nail the postoperative results, one must conduct accurate preoperative measurements. Thus, in our practice, we utilize the iDesign Refractive Studio (Johnson & Johnson Vision) to ascertain the patient's refraction. This is then confirmed with a manifest refraction performed by the operating surgeon. We also optimize the ocular surface preoperatively.

SCOPE OF PRACTICE

Performing the EVO ICL surgery has allowed me to feel much more secure in my decisions to treat patients with more extreme refractive errors, whether that be high myopia or astigmatism, a thin cornea, or irregular topography. Having this procedure in my armamentarium so early in my career has broadened the range of cases that I feel comfortable operating on, thus providing better and safer solutions to my patients and higher patient volume for the practice.

As I have gained more confidence with the EVO ICL, I have started to broaden the clinical indications for this technology. Now, eyes with lower prescriptions or with irregular topography, thin corneas, and severe dry eye disease, which may have previously undergone LASIK or SMILE, may also be great candidates for the EVO ICL.

CONCLUSION

The future of refractive surgery is extremely bright in all directions, both through lens- and laser-based technologies. The EVO ICL is an important part of this evolving generation of refractive armamentarium. I felt compelled to explore EVO because it can minimize the risks of refractive surgery for patients who are outside the scope of laser vision correction while providing a high-quality and safe option to all other patients. The indications can be expanded to include lower myopic patients who choose EVO ICL over laser vision correction for various reasons. In the future, this will include presbyopic and pseudophakic patients who may have had post-IOL refractive misses or may be interested in presbyopic correction.

I think it's important to stay on top of surgical advancements. Having the confidence to explore new technologies in a safe and appropriate manner and to make your own decision on what evolving technologies are right for you and for your patients is paramount. In my experience, you can't go wrong with that mindset.

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- Financial disclosure: None