

PRIORITIZING THE PATIENT IN ELECTIVE REFRACTIVE SURGERY



The strategy that grew FYEO into the largest refractive surgery center in the Netherlands.

BY BARBARA LEYSSENS, MD



I work in the Netherlands at a refractive-only surgical clinic called FYEO (For Your Eyes Only). The clinic began as a single refractive center in 2003 and has since grown into the largest elective refractive surgery practice in the Netherlands, with three large surgical clinics and 10 satellite centers. We are a high-end provider that offers a premium experience for elective refractive procedures.

To build surgical confidence in all techniques, we train our new surgeons in all corneal and lens-based procedures so we can offer a broad range of refractive solutions, from laser vision correction to lens implantation. Thus, every surgeon in our practice has been trained to implant the ICL. We present patients with what we consider to be the best option for their vision correction needs, so they don't have to accept any compromises for their vision or their lifestyle.

GROWING OUR ICL BUSINESS: WORD-OF-MOUTH AND EXPANDED TREATMENT RANGES

The Implantable Collamer® Lens (Visian EVO ICL; STAAR Surgical Company) has been an important part of our refractive journey. At FYEO, we have grown our ICL patient base significantly over the years, from implanting approximately 200 ICLs in 2011 to now averaging 2,000 ICL implantations per year. In large part, we owe this enormous growth to word-of-mouth referrals.

Personally, I have been implanting the Visian EVO ICL since 2014, and I continue to expand my treatment range and confidence. These days, I am using the EVO ICL in a broad range of diopters, including in lower myopic corrections of <-6.00 D. Currently, the average myopic diopter

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treatment with the EVO ICL among all FYEO surgeons is -6.77 D, whereas the average diopter treatment in Europe is -9.57 D. Our surgeons also have experience implanting the ICL in hyperopic and keratoconic eyes.

PATIENT EDUCATION

We prioritize our patients' comfort and trust by educating them as thoroughly as we can about their treatment options and what to expect from the surgical experience when they visit the clinic for their preoperative evaluation. We also offer small-group tours and informational sessions in the evenings during which potential patients may tour the clinic, including the OR, and get a sense of the experience we provide. Then, when they come to us for intake and surgery, the environment feels familiar, and they know what to expect. We have found these sessions to be a valuable tool in helping patients make the decision to undergo elective refractive vision correction.

THE PATIENT EXPERIENCE

The Initial Consultation

When a patient contacts our clinic and is interested in elective vision correction, they receive a digital brochure about the options appropriate for their age group, and then we ask them to schedule an initial 1- to 2-hour consultation for preoperative evaluation.

After one of our technicians takes their ocular measurements, the surgeon consults with the client for 20 to 30 minutes to perform the ophthalmic examination and discuss their best treatment options, as determined by the objective diagnostic testing and what the patient has described as their motivations and daily visual needs. The surgeon who conducts the patient's consultation remains with that client for the procedure and any complementary treatments, as well as their follow-up, in tandem with our optometrists. In that way, patients have one doctor for their entire journey.

When I recommend the EVO ICL, I discuss the lens' benefits, such as its removability, its long-term clinical safety profile, its efficacy, and the procedure's quick recovery time. Like with any surgery, I also inform patients of possible side effects, including glare and halos around lights while their eyes and brain adapt postoperatively, and the possible need for complementary treatments in some cases.

Next, I explain what the patient may expect during the surgical procedure. I describe the ICL surgery as a short procedure that takes a couple of minutes for each eye (we always perform sequential, bilateral ICL surgery). Crucially, patients must understand that they will spend about 15 minutes in the surgical room under topical anesthesia without any sedation in our practice.

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I address their fears and concerns, and then I review the postoperative care instructions, including limitations on certain sport activities, so that patients can plan their elective surgery for a convenient time.

Pricing and Payment Options

After a patient consults with me (or another surgeon), they meet with our assistant manager to review the costs of the treatment and payments plans. Many patients will schedule their procedure immediately, at which time they’ll receive a brochure that outlines the postoperative drop regimen and lifestyle advice in the first postoperative weeks. For those who need time to decide on scheduling surgery, we send them home with all the treatment details and pricing information they received during their visit. Any patient who has not scheduled a procedure within 2 weeks after their consultation receives a follow-up phone call from our coordinator, who asks if they have any further questions or hesitations about their treatment option. If they answer yes, then we schedule a telephone call between the patient and the surgeon.

The Day of Surgery

Our office coordinator calls patients 3 days before their scheduled surgery to answer any final questions and to tell them what time they need to arrive at the clinic and other practicalities. On the day of the surgery, our coordinator takes the patient

to a separate space to see if they have any further questions and to check if they took the preoperative medications (mydriatic drops) correctly. Then, they are taken to a lounge area, where they can sit and have a beverage to relax.

Next, a personal patient assistant from the surgical team takes the patient from the lounge to a preparation room, as we call it, where the assistant again explains what will happen during the surgery and administers pupil-dilating drops. The patient then returns to the lounge area with their family member(s) for 30 to 40 minutes while their pupils dilate, so they are not alone. Once their pupils have dilated, just prior to the surgery, the assistant takes the patient to the preparation room to administer anesthetic drops and povidone iodine for disinfection of the eyes and surrounding skin. When their eyes are ready, the patient is taken to our recovery/relaxation room, where they lie on a recliner under dim lighting. The personal assistant stays with the patient until the surgeon comes to get them. Our surgical theater is next to this recovery room, so we simply walk with the patient next door.

In the OR

In the OR, an operating nurse sits next to the patient during the surgery to talk with them and reassure them if necessary. If the patient is very nervous, we have them hold a breathing-assistance device, which pulsates, and we instruct them to breathe with its

rhythm. It distracts them and lowers their anxiety. I, too, chat with the patient while I operate, and before they know it, it’s finished.

When the surgery is complete, we help them sit up from the chair, and we ask them to look at the clock on the wall and read what time it is. This is when most patients experience the “wow” effect from the surgery.

Postoperative Care

Postoperatively, we prescribe antibiotics for 1 week and steroids, NSAIDs, and artificial tears for 4 weeks. We see most patients back in the clinic on the first postoperative day and at 1 month. We have trained optometrists who have a protocol for these postoperative check-ups and who send the patient back to us if there is an issue. Of course, there are some patients who require refractive touch-ups. We’ll correct as little as 0.50 D of refractive error, but fewer than 2% of our ICL recipients need it.

CONFIDENCE IS KEY

Surgeons outside our organization wonder how we promote ICL surgery because of its cost, but we simply tell patients that we think it’s the best option for them. Our confidence in the ICL’s outcomes is what sells it. I highly recommend performing ICL implantation bilaterally. My colleagues and I at FYEO have been implanting the ICL this way for 15 years with great success. Patients come out of the surgery with such a positive feeling, which I’m sure contributes to our word-of-mouth referrals. ■

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Important Safety Information

Important Safety Information for the EVO/EVO+ ICL

The EVO/EVO+ ICL is indicated for phakic patients 21-60 years of age to correct/reduce myopia up to -20.0 D with up to 6.0 D of astigmatism. Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the DFU. Prior to surgery, physicians should inform prospective patients of possible risks and benefits associated with the EVO/EVO+ ICL. Reference the EVO/EVO+ ICL DFU available at <https://edfu.staar.com/edfu/> for a complete listing of indications, contraindications, warnings and precautions.