SAY ANYTHING

Given the growing pressure to do more with less, how have you optimized efficiency without compromising patient outcomes? Specifically, which streamlined technologies, digital workflows, or advanced technology strategies have you implemented, and what benefits or challenges have emerged from these efforts?

UDAY DEVGAN, MD, FACS

"Efficiency in high-volume cataract surgery requires a systematic approach that prioritizes patient safety, minimizes downtime, and streamlines workflow. One of the most effective strategies is standardization to use consistent instruments, surgical steps, and staff roles. A well-rehearsed, consistent surgical protocol reduces variability, speeds up procedures, and decreases complications.

Preoperative planning is key. Optimize patient flow by ensuring biometry, consent, and preoperative drops are completed before the patient enters the OR. Operating with two scrub nurses, one to assist with the current case and another to prepare for the next, can also reduce turnover time. Phaco machine settings should be optimized and preset for the surgeon's technique, and a higher flow rate can be used by more experienced surgeons. Train your staff thoroughly and debrief regularly to identify bottlenecks and implement solutions. Efficient communication and a calm, focused environment in the OR further enhance performance.

Finally, avoid overcomplicating the case–stick with reliable techniques and only adopt new technologies or methods once they are well integrated. When done correctly, these measures can allow a skilled surgeon to safely perform many cataract surgeries per day, depending on setup and support, without compromising outcomes or the patient experience."

WILLIAM B. TRATTLER, MD

"I perform same-day postoperative visits for cataract surgery so that patients do not have to return the next day. This streamlines the visits for our patients and their families. We are typically able to remove the bandage contact lens on postoperative day 3 after PRK because we perform manual epithelial removal with an epi-Bowman keratectomy device and avoid dilute alcohol, which is associated with greater postoperative discomfort and slower epithelial healing. We use compounded triple drops around cataract surgery to streamline the postoperative regimen. We start 3 days preoperatively, and patients use the drops for 30 days postoperatively. This makes the postoperative regimen easier."

JULIE SCHALLHORN, MD, MS

> We are definitely feeling this pressure in the academic setting. With current uncertainty in research funding, the clinical enterprise is increasingly pressured to support more of the university. For me, this has meant seeing more patients during the same time period with the same technical support and imaging resources.

To address this challenge, I have standardized my preoperative workflow for cataract and cornea patients. Now, every patient receives the same imaging and testing before seeing me. Previously, I would see patients first and then send them for additional imaging (OCT, specular microscopy, photography) based on my findings. Now, all patients follow the same workflow. Although this might seem less efficient, as some patients receive imaging they may not need, it actually proves more time- and resource-efficient overall. Since we know exactly what each patient will need, we can schedule photography and technical support accordingly. I also need to see each patient only once, rather than examine them and then send them for additional testing when necessary. Anticipating volume and scheduling appropriately have significantly improved my daily efficiency and optimized the use of our ancillary staff's time.

Although we absorb the costs of testing for patients without medical conditions requiring it, we compensate for this through the diagnosis of conditions that might otherwise have gone undetected–such as epiretinal membranes, vitreomacular traction, or subtle anterior basement membrane dystrophy."

P. DEE STEPHENSON, MD, FACS

> The key to optimizing efficiency without compromising outcomes lies not only in the tools we use but also in how effectively we use them.

Modern diagnostic platforms now integrate multiple measurements into a single device, reducing redundant testing and minimizing patient chair time. In my practice, the iTrace (Tracey Technologies) streamlines workflow by integrating keratometry, astigmatism measurement, and dry eye evaluation into a single test. When performed by skilled technicians, this integrated approach streamlines patient flow, ensures consistent data collection, and improves overall practice productivity.

A well-trained technician who knows how to optimize image quality, decide when to repeat scans, and recognize subtle variations becomes indispensable. Their expertise ensures accurate data capture–directly influencing clinical decision-making and, ultimately, patient outcomes. Quite simply, without great technicians, none of this is possible. In many cases, one knowledgeable technician may prove more valuable than multiple devices used inconsistently.

In my boutique practice, where 92% of patients receive premium IOLs, expectations for precision, efficiency, and patient experience are exceptionally high. Meeting them requires an efficient workup supported by advanced technology such as the Ally Adaptive Cataract Treatment System (Lensar), Cassini Planner (Cassini Technologies), and iTrace together with skilled technicians and a fully aligned staff working from the same playbook. This integration of state-of-the-art diagnostics with a coordinated team enables consistent outcomes and the highest level of care." ■

UDAY DEVGAN, MD, FACS
- Private practice, Devgan Eye Surgery, Los Angeles
- Partner, Specialty Surgical Center, Beverly Hills, California
- Clinical Professor of Ophthalmology, Jules Stein Eye Institute, UCLA School of Medicine, Los Angeles
- Retired, Chief of Ophthalmology, Olive View-UCLA Medical Center, Los Angeles
- Member, *CRST* Editorial Advisory Board
- devgan@gmail.com
- Financial disclosure: None acknowledged

WILLIAM B. TRATTLER, MD
- Director of Cornea, Center of Excellence in Eye Care, Miami
- Vice Chair of Research, Department of Ophthalmology, Herbert Wertheim College of Medicine, Florida International University, Miami
- Member, *CRST* Executive Advisory Board
- wtrattler@gmail.com
- Financial disclosure: None acknowledged

JULIE SCHALLHORN, MD, MS
- Cornea and refractive surgery specialist, Associate Professor, Rose B. Williams Endowed Chair in Corneal Research, and Associate Director, Ophthalmology Residency Program, University of California, San Francisco
- julie.schallhorn@ucsf.edu
- Financial disclosure: None acknowledged

P. DEE STEPHENSON, MD, FACS
- Founder, Stephenson Eye Associates, Venice, Florida
- Member, *CRST* Editorial Advisory Board
- eyedrdee@aol.com
- Financial disclosure: None acknowledged