

THE RULE OF 100 FOR REFRACTIVE CATARACT PRACTICES



How to generate a steady stream of leads in 100 days.

BY ROD SOLAR AND LAURA LIVESEY

Many surgeons believe they are marketing their practices. In reality, many of them are dabbling in advertising, whereas the top 1% operate at 100 times the volume.

A MOMENT THAT CHANGED THE ROOM

I (R.S.) was onstage at a conference for eye surgery entrepreneurs when someone asked the question every surgeon eventually seems to ask: “How much should I be spending on ads?”

I replied, “Some of the independent practices we advise spend £100,000 a month on ads alone.”

The room went silent. Then, the moderator leaned into the microphone and said what everyone was thinking: “Wait. ... £100,000 a month? On ads alone? I think you have shocked the room a bit.”

That was not even the biggest figure I could have shared. It was simply the first time many in the room had heard a real number from a practice competing at the top of its market.

In that moment, a broader truth became clear to me: Most eye surgeons underestimate what their most successful competitors do to remain top of mind, top of market, and fully booked year after year. Many practitioners believe they are marketing their practices. In reality, they are engaged in micromarketing, whereas market leaders execute at scale.

The surprise is not only the spend but also the volume of activity. Lead flow is driven less by clever copy, the right opt-in, or the perfect call to action than by volume—of attention, visibility, and inputs. Volume reduces a practice’s reliance on luck. Entrepreneur and investor Alex Hormozi popularized a simple benchmark for execution volume known as the rule of 100.

THE RULE OF 100

The rule of 100 is straightforward. If an activity is free, devote 100 minutes per day to it. If it requires budget, commit at least US\$100 per day to it and maintain that pace for 100 consecutive days.

Applied consistently, this simple guideline outperforms most smart marketing strategies, funnels, and best-practices websites.

For most eye care practices, the lead-flow bottleneck is not strategy but the volume of activity.

Applied to refractive and cataract surgery advertising and outreach, the implication is clear. Many practices operate at less than 10% of the activity level the rule of 100 requires. They post when they remember. They call a few past patients when the demand for services slows. They run three ads and call it a campaign.

Meanwhile, the practices dominating their regions—the ones raising prices, expanding locations, and acquiring rather than fighting competitors—run hundreds of

activities per week across multiple channels, for months and years without stopping.

THE CORE FOUR DRIVERS OF VISIBILITY IN A PRIVATE EYE SURGERY PRACTICE

Whether a practice offers LASIK, keratorefractive lenticule extraction, phakic IOLs, refractive lens exchange, and/or premium IOLs, lead generation comes down to the following four levers:

- Warm outreach;
- Free content (organic social and owned media);
- Optometrist and affiliate outreach; and
- Paid advertising.

Each lever can be executed at a level ranging from dabbling to the rule of 100.

Warm Outreach

Warm outreach is proactive, one-on-one contact with people who are already familiar with the practice (eg, past patients, unconverted leads, referring clinicians, and other advocates).

Most practices. Most practices make two or three calls per week, with the informal goal of checking whether their contact knows anyone who might be interested in surgery. This work is often handled by a medical secretary when the schedule slows, or it is not assigned to anyone. The typical output is one to two referrals per month.

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Rule-of-100 practices. These practices allocate 100 minutes per day to outreach, which typically translates to approximately 15 to 20 calls per day or more than 1,500 calls over 100 days. The goal is to create a structured system that activates referrals, requests reviews, and reengages unconverted leads. The process is usually managed by a dedicated patient care coordinator or call team, and it can produce 20 to 50 referrals per month. Warm outreach is often the lowest-cost, highest-return channel in refractive surgery because trust already exists but does not reliably produce referrals without consistent volume and repetition.

Content

Content is one-to-many publishing that builds a public awareness of the practice and its authority and drives patient demand through organic social media and owned channels (eg, email and video).

Most practices. Most practices publish about one post every 2 weeks and rely on manual posting. The work is often assigned to a social media-savvy staff member as an extra duty. The content mix is typically limited to occasional before-and-after posts, and the perception is often, “We post, but nothing happens.”

Rule-of-100 practices. These practices approach content as a system of production and distribution. They publish approximately 100 posts per week by batching, scheduling, and repurposing content across platforms and often use AI-assisted workflows within a defined content calendar. Their daily mix typically includes testimonials, FAQs, surgeon point of view, short-form video, stories, carousels, emails, and paid-creative variants. The output is measurable in reach, follower growth, inbound messages, and patient-driven bookings.

The key is not creating 100 original posts but building a repurposing system in which 10 strong pieces of content can become 100 assets when reformatted for different platforms and placements.

Optometrist and Partnership Outreach

Optometrist and partnership outreach is a structured approach to building referral networks through a combination of warm outreach (existing connections) and cold outreach (new relationships). This effort is supported by consistent follow-up. Most surgeons recognize the value of comanagement referrals. The gap is execution; many practices treat outreach as occasional relationship maintenance rather than a measurable, repeatable system.

Most practices. Outreach is conducted at a low volume, such as one lunch meeting per quarter, and the efforts are primarily warm. Tracking, if it exists, is often limited to a spreadsheet, and the typical result is three to six inbound referrals per month.

Rule-of-100 practices. These practices, by comparison, execute approximately 100 optometrist or partner touchpoints per week through a mix of emails, phone calls, direct messages, and follow-up. They implement a hybrid approach that combines warm and cold outreach with nurture sequences, and they track activity within a customer relationship management pipeline that includes reminders and sequenced follow-up. This level of consistency can produce 30 to 100 monthly referrals, along with recurring comanagement volume.

In many markets, the main competitor for comanaged referrals is not another surgeon but the lack of a structured reminder system for referring optometrists. Outreach is less about persuasion than a consistent presence.

Paid Advertising

Paid advertising boosts the practice's visibility across channels such as social advertising, Google pay-per-click, and traditional media (eg, billboards, television, and radio). This is the channel most surgeons ask about, and the testing volume required to produce dependable results is often underestimated.

Most practices. Most practices spend approximately £1,000 to £3,000 per month, run three to five ads at a time, and use broad targeting (eg, people within 25 miles). The typical outcome is inconsistent leads and weak tracking.

Rule-of-100 practices. These practices treat paid media as a testing engine. The budget starts at a minimum of £100 per day with the capacity to scale up substantially if unit economics support expansion. They run 100 or more creative variations per month to test at scale, evaluate eight to 12 audience buckets simultaneously, and aim for more predictable booking volume with a lower cost per lead over time while continuously scaling what works.

Many surgeons assume that a large spend is inherently risky, but underspending can be riskier because it slows learning and prevents rapid testing. A £100-per-day threshold is often where performance signals become actionable. It is not necessary to start at £100,000 per month, but practices should be prepared to scale up if the math works.

THE REAL COMPETITIVE DIVIDE

The difference between average and elite practices is rarely intelligence, technology, geography, or surgical skill alone. More often, it is throughput of activity.

Elite practices make 300 calls, not three. They distribute 100 posts, not one. Instead of running five ads, they test 100 ad variations. They execute a marketing strategy every day for 100 days instead of dabbling

in marketing efforts only when they have time.

The average practice is not competing only with the surgeon across town but with the volume they are willing to sustain.

I Do Not Have Time to Do All That

Scaled growth is not built around surgeon time. Instead, it is built around a team that can execute the rule of 100 with limited surgeon involvement. A patient care coordinator can manage warm outreach and referral calls. An in-house marketing assistant or content creator can batch, schedule, and repurpose content across platforms. An outreach coordinator can build and manage the optometrist relationship pipeline and ensure consistent follow-up. A paid media specialist or agency can test creative efforts, iterate them rapidly, and maintain campaign volume.

The surgeon's role is to record video, approve messaging, and invest time in key relationships. When surgeons try to carry the marketing workload personally, growth often plateaus. Delegating and systematizing volume can compound performance.

The Logical Conclusion

Practices that apply the rule of 100 across all four channels for 100 days should see clear changes:

- A reduced reliance on public awareness as an explanation for soft demand;
- Increased clarity on where leads originate and which channels produce conversion;
- A more predictable booking cadence; and
- A shift from one-off tactics to repeatable systems.

The top practices do not grow only

because they are better. They grow because they do more for longer with consistency until the systems and skills improve. In private refractive and cataract surgery, visibility drives opportunity, consistency drives bookings, and volume drives growth. ■

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