

The Patient's Journey through Premium Cataract Surgery

The William J. Lahners Memorial Lecture

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Financial Disclosures
Joaquin De Rojas

- SUN Pharmaceuticals
- Johnson & Johnson Vision
- Carl Zeiss Meditech
- LensAR
- Oculus Biologics

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The journey to success


1. Listen 
2. Examine 
3. Match with the right technology with patient 
4. Underpromise and overdeliver 
5. Deliver excellent postop care 

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Listen (and read between the lines)

- "I want to be glasses free"
 - -3.00 myopia and 20/15 BCVA
- "I want to be glasses free"
 - "I've loved my monovision"
- "I want to be glasses free"
 - +2.50 hyperope
- "I want to be glasses free"
 - "But halos would really bother me"
- "I want the best quality distance vision"
- "I want you to fix how my vision gets cloudy sometimes"
- "I want cataract surgery to improve my floater" (or dry eye or headache, etc)




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Listen (and read between the lines)


- Goals?
- Occupation and Hobbies?
- Personality type?
- Prior refractive surgery?








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The journey to success




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The prep evaluation

- Dry eye / ocular surface disease
- Cornea
- Glaucoma
- Retina/Vitreous



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Why do we treat dry eye disease?

- The literature demonstrates that dry eye is 2nd greatest cause of patient dissatisfaction after premium lens surgery



- Patients with dry eye-related complaints are increasing in number
 - These patients have often seen multiple providers and have been frustrated with their care thus far
 - This presents an opportunity ... because we can do it **better**

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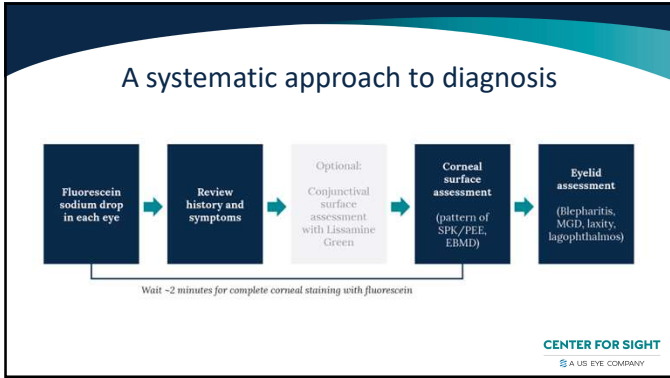
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Goals of our dry eye initiative at CFS

- #1: Improve and enhance vision among refractive surgery patients
- #2: Increase patient retention and satisfaction
- #3: Create new avenues for growth
- #4: Increase patient awareness and compliance

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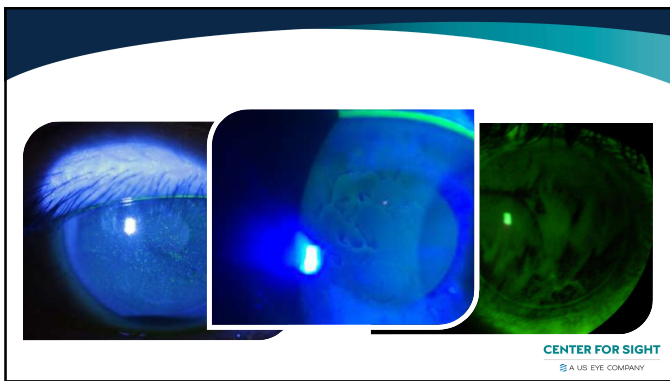
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A systematic approach to management

	Ocular Surface Disease ↑ Corneal staining	Eyelid Disease "Tarsal, pink, pain"
Mild-Moderate	PFX1 qd, 4x/day	MGD: Heat mask Blepharitis: Lid hygiene
Severe (Pre-op)	Stemoid gel Dexamethasone punctal plugs	MGD: Lid Blepharitis: Blephitis Eyelid tucks: Conjunctival or eyelid
Severe (Maintenance)	Immunomodulatory gel and/or PFX or serum gel	MGD: Omega 3 supplement Blepharitis/MGD/Transect: Oral antibiotics, PPI Eyelid tucks w/ exposure: Gel (maintenance) + Moisture chamber goggles qda

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A systematic approach to management

	Ocular Surface Disease ↑ Corneal staining	Eyelid Disease "Vies, pull, pull"
Mild-Moderate	PFAT gt 4x/day	MGD: Heat mask Blepharitis: Lid cleanser
Severe (Pre-op)	Steroi d gt Dissolvable punctal plugs	MGD: Flax Blepharitis: Blylix Eyelid lachry: Gel/ointment at night
Severe (Maintenance)	Immunomodulatory gt and/or PPV or serum gt	MGD: Omega 3 supplement Blepharitis/MGD/Blepharoc: Oral antibiotic, IPL Eyelid lachry w/ exposure: Lid treament + Moisture chamber goggles qhs

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	Ocular Surface Disease ↑ Corneal staining	Eyelid Disease "Vase, push, pull"
Mild-Moderate	PFAT gt 4x/day	MGD: Heat mask Blepharic: Lid cleanser
Severe (Pre-op)	Steroid gt Dissolvable punctal plugs	MGD: Lidc Blepharic: Blephex Eyelid lacy: Gel/ointment at night
Severe (Maintenance)	Immunomodulatory gt and/or PEP or serum gt	MGD: Omega-3 supplement Blepharic/MGD/Blephex: Oral antibiotic, IPT Eyelid lacy w/ exposure: Gel/ointment + Moisture chamber goggles qhs

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Severe and chronic DED





Whole blood

Plasma (55% of total blood)

Buffy Coat (Platelets & plasma) (1% of total blood)

Erythrocytes (35% of total blood)

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Platelet-Rich Plasma Eye Drops

What are platelet-rich plasma drops?
Platelet-rich plasma drops (PRP) are made from your own eye, ocular surface and/or eyelid tissues. They support ocular regeneration with your own blood components. Platelet drops are helpful for severe dry eye because they contain natural healing growth factors that are helpful to tissue recovery.

Who will benefit from PRP drops?
These drops may be effective for DED. PRP drops may be helpful for dry, itchy eyes with chronic dry eye, eyelid inflammation and corneal disease with blepharitis.

How much blood is drawn?
Approximately 20 milliliters of blood is drawn. Once you are not going back to work, you should be fine for 24 hours.

How do I prepare for my blood draw?
You do not need to fast or prepare for the blood draw. Please drink plenty of water during 24 hours before your blood draw. Good hydration is helpful. Avoid any NSAIDs (aspirin, ibuprofen) for 24 hours of your appointment.



Platelet-Rich Plasma Eye Drops

Are the drops covered by insurance?
No, the drops are not covered by insurance. The drops are provided at a cost of \$1,000 per eye. Add your provider's office charge.

How do I use the drops?
Instructions will be provided. The drops are provided in a sterile vial. The drops are provided in a sterile vial. The drops are provided in a sterile vial.

How are the drops stored?
The drops of drops should be kept cold in the refrigerator at 4°C while the amount of the drops should be kept in the freezer until needed. A bottle can be kept in the fridge for a maximum of 30 days and should be discarded after that time frame. Drops are stored in a sterile vial.

Do these drops are made from biological material and/or generated from the eye itself suggest beneficial growth, is it recommended that the eye drops be made with your own blood plasma if you are going to the eye for severe chronic dry eye or any glaucoma or long term eye disease?

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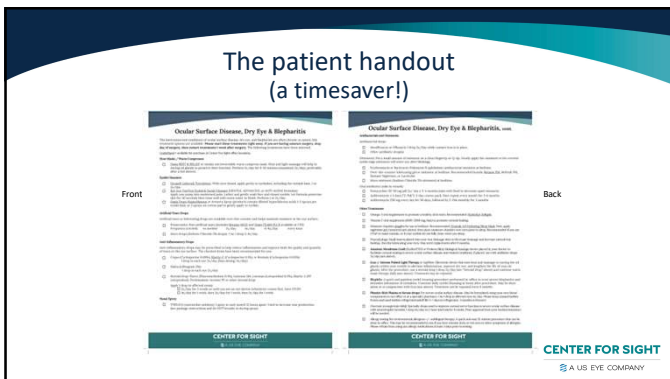
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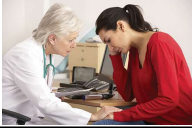
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Benefits of treating dry eye in peri-operative setting

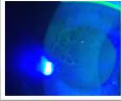
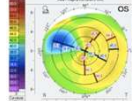


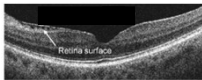

- Improve accuracy of IOL measurements and refractive outcomes
 - If severe central staining, start treatment with immunomodulatory and/or steroid gtt and repeat biometry 2 weeks later
- Enhance quality of vision, especially in premium lens patients
- Decrease number of postop visits with the comanaging O.D.
- Allows us to educate and set realistic expectations
 - The patient learns that have 2 or 3 separate problems PRIOR to surgery
 - Cataract and presbyopia are treatable with surgery, but the dry eye issue is life-long!

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The preop evaluation








- Dry eye/ ocular surface disease
- Cornea
 - central EBMD (SL photo, left)
 - Salzmann nodule (topography, right)
 - Plan: Superficial keratectomy (SK) first
- Mild-moderate glaucoma
 - Plan: add MIGS at the time cataract surgery (e.g. iStent or OMNI canaloplasty/goniotomy)
- Macula + vitreous
 - OCT MAC obtained at every cat consult
 - Look for: ERM, macular pigment changes/AMD, vitreous opacities
 - Treatment plan based on severity

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With premium lenses, contrast sensitivity is as important as Snellen acuity



Currently, we are conducting a first-of-its-kind study that directly compares contrast and performance of the 2 leading extended depth of focus (EDOF) lenses

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Poor contrast can:

- Increase the risk of slips and falls¹
- Reduce the ability to drive at night²
- Leading to less activity³
- Impacting physical and mental health⁴




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Newer generation presbyopia-correcting IOLs

- Improved contrast especially in low-light settings
- Decreased halos/starbursts/dysphotopsias



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1. Our Synergy study (2023)

2. Our Symfony Optiblu/Synergy study (2024)

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The next generation full range of vision IOL

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Odyssey: Our refractive outcomes

Mean MRSE (± SD): -0.10 ± 0.25 D (n=50)

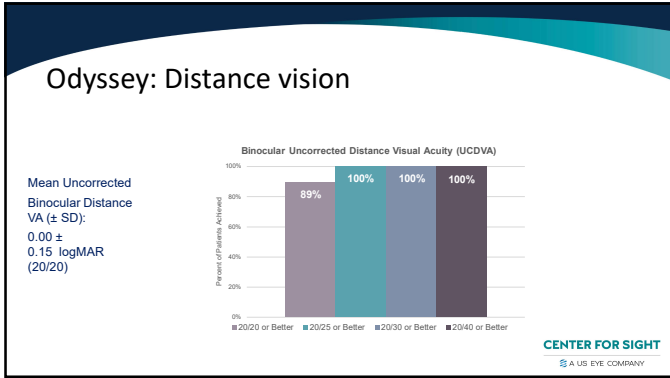
MRSE Range	Percent of Eyes Achieved
MRSE within ±0.50 D	94%
MRSE within ±1.00 D	100%

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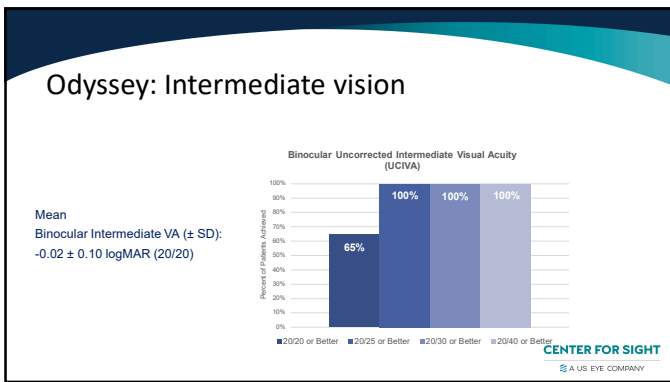
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D[0 Easy to achieve what you are targeting and SD is tight = tolerance to refractive error

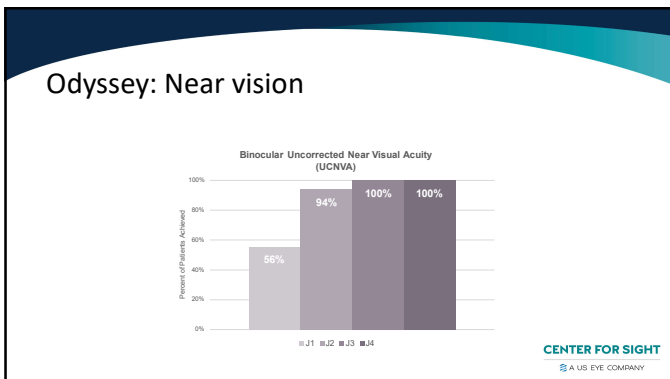
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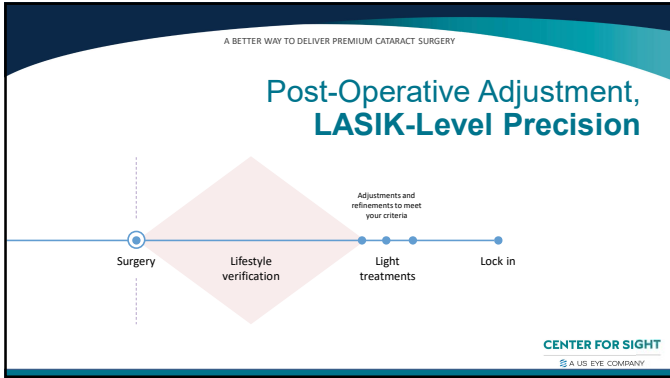
DJM[0 Consider these items:

- success with Binocular implantation success
- Delivers distance vision with a continuous range of extended vision at intermediate and near
- Consistent refractive outcomes (talk to Better tolerance to post operative refractive error than other presbyopia IOLs you've used)
- Talk to Excellent quality of vision and contrast of vision, particularly in low light conditions based on the techis platform so patients can feel more confident with activities such as driving at night"
- Improved dysphotopsia profile of the lens

Other considerations:

- High patient satisfaction
- Faster post op visual recovery

De Jesus, Melinda [VISUS], 2024-01-04T17:56:26.540



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A note about treating astigmatism

- Treating higher amounts of astigmatism is relatively easy with TORIC IOLs
- Treating lower amounts of astigmatism past (<0.75 WTR or <1.25 ATR) has been more of a challenge, until now:

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A case of underpromising

Options for this patient:


- Custom: “we will try to get you as best as possible for distance, but there is a chance you may need a PRK enhancement”
 - If you need an enhancement, you’ll have to wait at least 2 months until PRK on top of lasik flap (slow healing)
 - Underpromising, but not setting up to overdeliver
- Advanced (Odyssey OU or Symfony Optibluie OU):
 - In post-lasik, there could be issues with significant irregular astigmatism and patient may need a PRK touch up
 - Risk of *under* delivering...
- Light Adjustable Lens (LAL) → BEST OPTION
 - Explained that even with LAL blended vision approach, patient WILL likely need reading glasses for fine print
 - Explained there is a long postop course with LAL adjustments!

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...and overdelivering!

- Premium cataract surgery with laser arcuate incisions and the LAL OU: 1 day apart, blended vision approach (targeted OD: plano, OS: -0.75)
- First light (LDD) adjustment 3 weeks later
 - 5 total LDD adjustments performed (3 treatments, 2 lock-ins)
- Final result:
 - OD (dominant): 20/15 distance, J8 near
 - OS (nondominant): 20/50 distance, J1+ near
- “My vision is phenomenal!
- “I haven’t needed reading glasses since the 3rd adjustment!”
- “The adjustment process was not as time-consuming as you said it’d be!”




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Listen (and read between the lines)


- “I want to be glasses free” → Synergy OU or monofocal
 - -3.25 myopia and 20/15 BCVA
 - IOLs w/ near target OU
- “I want be glasses free” → Monovision with LAL or monofocal IOLs
 - Loves prior monovision
- “I want to be glasses free” → Odyssey OU or Panoptix OU
 - +2.50 hyperope
- “I want to be glasses free” → LAL with blended vision
 - “ANY amount of halos would really bother me”
 - “I’ve had LASIK”
- “I want the best quality distance vision” → Monofocal or LAL OU or Symfony
 - OK wearing readers
 - Optibluie OU or Vivivity OU
- “I want you to fix how my vision gets cloudy” → Dry eye treatment? SK? → Re-measure and reassess
- “I want cataract surgery to improve my floater” (or dry eye or headaches, etc)
 - Counsel and set realistic expectations about surgery and technology








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Post Operative Management

- Early PCO: YAG early if needed
- CME
 - Decrease risk (consider extended steroid taper)
 - Perform Mac OCT for any unexplained decrease in BCVA
 - First line Treatment: high-frequency steroid + NSAID, then retina consult in 3-4 weeks
- MFIOLs: expect halos early on
- LAL patients: remind them that vision prior to adjustments is not final



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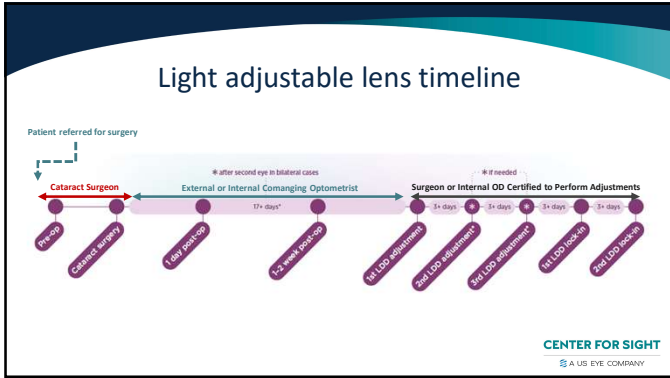
Post Operative Months 1-12

- MFIOL
 - Can take up to 1 year to fully neuroadapt
 - If there is a question about possible IOL exchange, do not YAG
- LASIK enhancement
 - Remind patient that, in certain cases, this may be needed for best possible vision
- LAL patients
 - Separate protocol and timeline for these patients
 - 5 light adjustment appointments starting 3-4 weeks after initial surgery



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The Patient Experience

- LAL Patients expect a “white-glove” experience
 - A Patient Care Counselor (PCC) meets with the patient on the same day as the consultation and schedules all appointments and adjustments
 - PCC is always available by phone and email for the patients
- Communication and organization between providers is important

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Patient: _____ Date Printed: 03/03/2023

LIGHT ADJUSTMENT LENS APPOINTMENT SUMMARY

Below is a list of your upcoming appointments for your light adjustment lens procedure.

Your procedures are scheduled for:

- 17th Pre Surgery with Dr. Mathewson - Wednesday, 3/27
- 27th Day Surgery with Dr. Mathewson - Thursday, 3/29

We would be delighted that you receive your consultation with your initial visit at our Sarasota main location at 3001 S. Tamiami Trail, Sarasota, Florida 34239.

Your post-operative appointments are scheduled for:

- 1 Day post-operative appointment - Friday 3/30 at 11:30 with Dr. Volkmann at Sarasota Blvd.
- 8 week post-operative re-evaluation - Thursday 3/30 at 11:30 with Dr. Volkmann at Sarasota Blvd. (This will be offered at the 2 week post-operative appointment)

Your light adjustment treatments are scheduled for:

- Treatment 1 - Thursday, 3/30 at 7:30 with Dr. Latham US 41 Sarasota
- Treatment 2 - Thursday, 3/30 at 8:45 with Dr. Latham US 41 Sarasota
- Treatment 3 - Thursday, 3/31 at 7:30 with Dr. Latham US 41 Sarasota
- Treatment 4 - Thursday, 3/31 at 8:45 with Dr. Latham US 41 Sarasota
- Treatment 5 - Thursday, 3/31 at 7:30 with Dr. Latham US 41 Sarasota
- 3/31/23 - This will be offered at all treatment appointments.

If you have any questions, please contact your Patient Care Counselor:
 Sue Volkmann
 941.359.6333
 Email: sue.volkmann@cfcsight.com

Thank you for choosing Center for Sight. It is an honor to be entrusted with your care.
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Ensuring a Smooth Transition to and from the Comanaging Doctor

- OD will see the patient for POD1 and POW2 visit
 - Refraction
 - Treat the ocular surface (plugs or dextenza if needed)
 - Dilation – Please note early PCO!
 - LAL performance is sensitive to even small amount of PCO
 - If PCO present, alert surgeon that YAG may be needed PRIOR to first light adjustment
- After POW2 visit, the comanaging doctor will not see the patient until all adjustments have been completed.



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 <p>Light Adjustable Lens 1.3 mm IOL 2020-04-28 +17.50</p>	<p>08/30/23 Mathews, Priya</p>	<p>267575U 03/14/56</p>	 <p>Light Adjustable Lens 1.3 mm IOL 2020-04-28 +18.00</p>
<p>OD Sx Date: 8-30-23 PR (✓) N</p>	<p>OU Sx Date: 8/31/23 PR (✓) N OS</p>		
<p>POST OP K'S @ INITIAL TARGET: emme</p>	<p>POST OP K'S @ INITIAL TARGET: -0.75</p>		
<p>* -0.25 -0.25 X05 Date: 1-21-23 Tx 0 3 4 LOCK1 LOCK2</p>	<p>DVA Date: 1-29-23 Tx 0 3 4 LOCK1 LOCK2</p>		
<p>Dec 20/ 20 DD MR: -0.25 -0.25 X05 VA: 20/ 15 FINAL MR: plano -0.25 X04 VA: 20/ 15 TARGET: emme</p>	<p>Dec 20/ 30 DD MR: -0.50 -0.50 X004 VA: 20/ 20 FINAL MR: -0.50 -0.50 X155 VA: 20/ 15 TARGET: -1.00</p>		
<p>NOTES: TECH: LF DR: ALK</p>	<p>NVA NOTES: tracks for pleasure had vision basic TECH: LF DR: ALK</p>		

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What about those postop patients with refractive error who didn't choose LAL?


In other words, what if an LVC enhancement is needed?

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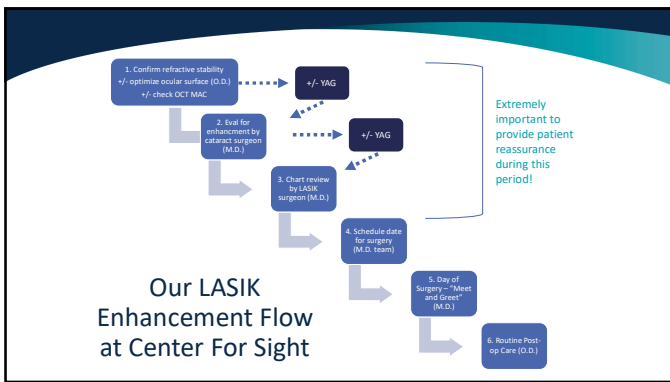
Step 1: Confirm refractive stability, +/- optimize the ocular surface

- Comanaging optometrist must first determine if LVC is warranted
 - Is the patient bothered by refractive error? Goal is "20/ Happy" (not 20/20!)
 - Try to refract every patient to 20/15
 - Optimize the ocular surface if needed (is the patient still on their preop dry eye regimen? If not, restart)



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The journey to success

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Final Thoughts

- Listen to the patient
 - To figure out what the patient *wants*
- Read between the lines
 - To figure out what the patient *needs* (or doesn't need)
- Examine carefully (e.g. ocular surface) and begin treatment preoperatively and, preferably, pre-surgical consult
- We will leverage our large datasets and latest technologies to provide the best for our patients
- Underpromise and overdeliver
- Patient satisfaction depends on excellent surgery, but also excellent comanaged post-op care. We need YOU!



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Thank You!



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