VOLUME 9, NUMBER 4 • APRIL 2005

REFRACTIVE EYECARE®
FOR OPHTHALMOLOGISTS

SPECTACLES, CONTACT LENSES, AND CORNEAL AND LENTICULAR REFRACTIVE SURGERY FOR PRACTICE GROWTH

# Who Are Today's Refractive Surgery Patients?

*Stephen A. Updegraff, MD, FACS*

**Managing expectations and steering patients through the range of available options requires diligence on the part of the practice.**

The factors that motivate individuals to undergo refractive surgery have remained relatively unchanged over the years: active lifestyles and the desire to see well without corrective lenses. One thing that has changed, however, is the number of available procedures being marketed to consumers. Today's candidates not only have more options, they are more likely to know someone who has had refractive surgery; and they have more immediate access to information through the Internet. This has altered the refractive surgery landscape in interesting ways.

## Who's Having Refractive Surgery?

The introduction of refractive lens implants to our practice has drawn an older demographic than we had seen with laser refractive procedures. Presbyopes, and particularly hyperopic presbyopes, in their mid-50s to early 60s are interested in refractive lens implants. Many became familiar with the concept of replacing the eye's natural lens with an IOL when they brought a parent in for cataract surgery. The influx of this group has had a significant impact on the practice.

Otherwise, our patient demographic has remained essentially the same. As always, our LASIK patients are primarily young, working professionals in their late 20s or early 30s who lead active lifestyles and wish to trade in their contact lenses for a simpler form of vision correction. Because we do not market our practice to bargain hunters, the patients we attract either pay for the procedure outright or choose to finance it, either through plans we offer or other sources.

## The Majority Mindset

With the innovators and early adopters gone from the LASIK market some time ago, we continue to deal with prospects who constitute what marketers call the "early majority." These individuals are by nature a more cautious bunch. Patients having refractive surgery today are no less afraid of eye surgery than patients were several years ago. What makes them able to accept the perceived risk is that they know a number of people who have had successful procedures. Now, when individuals reach the decision to have surgery, they want to move forward with minimal delay.

The fear of refractive surgery will likely never disappear, no matter how far our technology advances. As humans, we are hard-wired to protect our eyes. Although today's patients move quickly to schedule a procedure after the consult, they generally have a higher level of anxiety during surgery than I saw in the early days of LASIK. Therefore, it behooves the surgeon and staff to proactively provide reassurance on the day of surgery and calmly talk patients through the procedure. This goes beyond the day of surgery. Throughout the process, the practice needs to minimize fear through education and by building a relationship of trust.

**TODAY'S LASIK PROSPECTS**

- ☑ Late 20s to early 30s
- ☑ Working professionals, active lifestyles
- ☑ Members of the "early majority" consumer segment
- ☑ Seeks reassurance
  - — Practice reputation, longevity
  - — Surgeon's track record
- ☑ Once decision to have surgery is made wants to proceed quickly
- ☑ More likely to be anxious during surgery
  - — Practice needs to build trust at every encounter
  - — A calm, focus on the patient on the day of surgery

## Rising Expectations

I find that although patient expectations with respect to outcomes are higher than in the past, certain presumptions held by patients have become more realistic. Most patients now have family members or friends who have had refractive surgery. Therefore, they come in knowing more about the immediate postoperative period; they know that there is healing involved and that vision typically takes time to stabilize. So, in this regard, they present with a more realistic set of expectations.

However, expectations with respect to outcomes are often less realistic. Many patients presume "perfect" vision is achievable in all cases. I think patient expectations are high because we as an industry have set them high. Buzzwords like "high-definition vision" or "20/perfect"

© 2005 Ethis Communications, Inc. Reproduced from *Refractive Eyecare® for Ophthalmologists*. www.refractiveeyecare.com

create a set of images for patients. Also, improved technology has enabled surgeons to provide more patients with excellent outcomes. Word of mouth from the large and growing body of patients with superb results also creates expectations in future patients.

### Expectation Management

The expectation that must be dispelled is that all eyes, and therefore all outcomes, are equal. Patients who come in for consultation need to be educated about the biologic component of surgery so that they understand healing, dry eye, and other factors that influence eligibility for surgery, the presurgical preparation, and the postoperative course. It is also important to discuss how presbyopia will impact patients' vision. Too often this is overlooked and, particularly for myopes who did not need spectacle correction for near work, the need to wear reading glasses can come as a very unpleasant shock. So, we take care to impress the realities of surgery upon patients, while also reassuring them that they are in experienced and caring hands.

**PROSPECTS FOR REFRACTIVE IOLS**

- ☑ Mid-50s to early 60s
- — Familiar with IOLs because parents have had cataract surgery
- ☑ Younger presbyopes with nascent cataracts
- ☑ Often come in seeking LASIK

Our unwritten motto has long been "underpromise and overdeliver." If an event, such as an epithelial healing problem, does arise, patients who have realistic expectations are better able to cope with the situation without losing faith in the practice. This is important because patients who lack confidence in the practice will often fail to return for the necessary follow-up.

Patients who are not adequately informed of the realities of surgery are far more likely to feel they've been lead astray if the outcome is other than ideal. I would rather have patients opt out of surgery because they are not willing to accept the potential complications that we have carefully explained than paint too rosy of a picture and risk having a rightfully disgruntled patient should a complication arise. Patients expect a lot of us because we have a reputation for doing good work. We temper expectations of perfection throughout our screening process and during patient education. The upside of our diligence in this area is that we also enjoy a reputation for putting the best interests of our patients first.

### Making Sense of Options

Wavefront-guided LASIK and PRK are the laser refractive procedures I perform. I also implant refractive intraocular lenses (IOLs). Currently, this includes the Crystalens™ accommodating IOL (eyeonics, Inc.) and the Verisyse® phakic IOL (Advanced Medical Optics, Inc.). I also plan to add the AcrySof® ReSTOR® (Alcon Laboratories) multifocal lens and STAAR Surgical's proposed phakic posterior chamber lens to my practice once they receive FDA approval. I am also doing a moderate volume of bioptic procedures, ie, using LASIK to correct residual astigmatism or myopia in patients who have been implanted with a refractive IOL.

Adding refractive lens implants to our mix has changed the way we approach consultations. With patients 45 or older, for example, our counselors are now careful not to present excimer surgery as the only option. Until I conduct the dilated exam and see the condition of the natural lens I don't know whether corneal surgery or refractive IOL implantation is the better option. With younger patients, there is the possibility of a phakic IOL.

I tell all patients that I will recommend a procedure only after I have conducted a thorough eye exam. It's good to avoid the appearance of "switching" directions on the patient, because this can cause anxiety and doubt. When I first began performing wavefront-guided ablations, I offered both standard and custom treatments to eligible patients. It soon became apparent that patients were very uncomfortable with the burden of decision-making; and I too felt uncomfortable offering standard LASIK after I had just discussed the merits of custom treatment.

It became clear that I, as the surgeon, needed to recommend the procedure that I thought best. When I evaluated the data we had accumulated on wavefront-guided ablations, it became clear that custom-ablation patients had a lower enhancement rate and fewer subjective visual complaints than did standard LASIK patients. Clinical data was the basis of our decision to make wavefront-guided LASIK our standard procedure.

Even though wavefront-guided LASIK is our "standard" procedure, we don't actively promote this fact in consultation (though if a patient asks, we tell them it is our standard procedure). A patient who has become excited about the prospect of customized ablation only to find out she's not a good candidate will feel like she has been handed a consolation prize if told something else is her best option.

### Manage Patient-education Process

Careful management of the patient-education process is needed to avoid disappointment and confusion. The practice that offers a variety of refractive procedures needs to determine the treatment range and cutoff values for each. For example, how large a pupil is too large for standard but suitable for a wavefront-guided LASIK procedure? What is the maximum depth for an ablation—can the patient have a wavefront-guided LASIK, or is a standard LASIK or wavefront-guided surface procedure necessary? Is a 50-year-old, low hyperope with early nuclear sclerosis a viable LASIK candidate or should she be offered a refractive lens implant, because, it will provide greater long-term visual stability?

It is essential that every procedure have a clear role to play within the practice and a clear set of patients for whom it will be the first-choice recommendation. The surgeon should develop a basic decision-making tree to be shared with the rest of the refractive staff. This helps

ensure that patient education flows smoothly and that patients do not become confused about their options.

### Patients' Information Needs

Some years ago when patients came in for a consultation they were actively seeking information that would help them come to a decision about whether or not to have refractive surgery. The staff had to spend quite a bit of time on the front end helping patients through the decision-making process. Today, most candidates who contact the practice know they want a refractive procedure. What they are seeking is assurance that our practice is the right place to have it.

**THE PATIENT ENCOUNTER**

- ☑ Establish realistic expectations
  - — Cover biological factors (eg, healing, dry eye)
  - — Discourage expectations of perfection
- ☑ Underpromise, overdeliver
- ☑ Patient-doctor communication key to patient satisfaction
- ☑ Avoid overwhelming patients with choices
  - — Patients uncomfortable choosing a procedure
  - — Patients expect doctor to recommend best procedure
- ☑ Exam is foundation of procedure selection
- ☑ Word-of-mouth is top practice builder
- ☑ Pay close attention to factors shaping word-of-mouth
  - — Patient's postop comfort and visual recovery
  - — Attentive, timely, organized service

Although they tend to know a considerable amount about LASIK, most patients do not know a great deal about other procedures. Indeed, their grasp of procedures beyond LASIK, including PRK, is often muddled.

When a patient has thoroughly researched available procedures beforehand and reached a decision before coming for their free consultation, I tell them they may have put the cart before the horse. The procedure can be decided only after we have the results of a thorough ocular exam. This approach helps me avoid long and fruitless discussions about why the procedure identified by the patient may not be suitable, particularly if it is a procedure I do not offer. During free-consultations, it is up to me to make the best use of my time as well as the candidate's.

### Back to Basics for Internal Marketing

In my opinion, the refractive practice can market itself well by paying attention to the basics. For example, I firmly believe patients are far more impressed when they receive punctual, attentive care than they are by espresso bars or other frills. Punctuality is particularly important when dealing with a population of working professionals. Long wait times are perceived as lack of respect for the value of the patient's time.

The problem is compounded for postoperative patients. The majority are seeing well, feeling great, and wondering why they have to bother with their follow-up appointments at all. Long wait times will only encourage them to skip postoperative exams. Postoperative patients are also observant. If individuals presenting for consultations are being are being seen in a timely fashion while the postoperative patient sits waiting, the line of thinking becomes, "Now that they've done my surgery and have my money, they don't care about me any more."

As with many busy practices, staying on schedule is a challenge we face each day. Time management is something we continually evaluate so that we can streamline processes. For example, individuals scheduling a refractive consultation are now directed to our Web site where they can download and fill out our forms before the appointment.

### Word-of-Mouth Dominates

Word-of-mouth advertising from patients remains our most effective marketing tool; and most good word-of-mouth comes in the immediate postoperative period. Therefore, I pay close attention to how rapidly and comfortably my patients are recovering after surgery. If I notice a deviation from the norm that is not explainable based on the patient's physiology, I examine whether a small change in my technique or medication regimen might be responsible. Optimizing each step is vital for a healthy refractive surgery practice.

Our practice also invests in advertising. Radio has long been our primary medium, but we are adding more television spots and billboard ads to the mix. Our refractive practice has always been a surgeon-based enterprise, meaning that we have not built an image based on a particular technology, the price of our procedures, or other factors. Our "brand image," if you will, is based on my reputation as a surgeon. Therefore, our external marketing is designed to reinforce the name recognition that years of favorable word-of-mouth advertising from patients has created.

**THE BOTTOM LINE**

**Today's LASIK candidates are, as before, predominantly young, working professionals, but they are a more cautious, deliberative group, known in marketing parlance as "the early majority." The availability of refractive IOLs has increased the number of presbyopes interested in refractive correction. As more options are added to the practice's repertoire, it is important to streamline patient education, avoid placing the burden of choice on patients, and make clear that the surgeon determines which procedure is best based on the comprehensive eye exam. Word-of-mouth from happy patients remains the practice's most effective marketing tool.**

**Stephen A. Updegraff, MD, FACS, is medical director of Updegraff Vision in St. Petersburg, FL. The third surgeon to perform LASIK in the US, Dr. Updegraff has performed over 20,000 successful refractive procedures.**