

Revolutionizing Cataract Care in an Office-Based Surgical Suite - How Can OD's Take Part in this New, Paradigm Shift

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Course Description: Office-based surgical suites (OBS) are transforming how cataract surgery is delivered, so don't miss this cutting-edge course offering clinical pearls and tips for maximizing today's cataract surgery outcomes. From pre-operative care and effective, personalized IOL selection, to surgical innovations and post-operative management, a colleague who's already done it shares how you, too, can be a part of or partner with a modern, office-based cataract surgery suite that successfully suits everyone, including patients, insurers, and providers.

Cope: Peri-Operative Management of Ophthalmic Surgery

Time: 1 hour

Objectives:

1. Review patient selection criteria for cataract surgery, including medical necessity requirements and personalized IOL selection
2. Enhance attendees' understanding of modern cataract surgery techniques & intraoperative equipment.
3. Discuss appropriate post-operative management of the cataract surgery patient, including current standards of care and emerging trends, as well as diagnosis & management of complications.
4. Examine the progression of cataract surgery from hospitals to Ambulatory Surgical Centers (ASC) and now to Office-Based Suites (OBS), including the benefits and challenges of each setting for providers, insurers, and patients.
5. Present a template for successful implementation of an office-based cataract surgery suite, including construction, scheduling, credentialing, legal, and insurance considerations

Outline

1. Introduction & Background
2. Surgical Procedures in an Office-Based Setting
 - a. Cataract Surgery

- i. Patient Eligibility & Selection
 - 1. Pre-operative Exam
 - a. Biometry measurements and their role in calculations and lens selection
 - b. Patient education of options
 - c. Exam elements that can change IOL success
 - i. Cornea
 - ii. Anatomical
 - iii. Retina/Optic Nerve
 - 2. Personalized IOL Selection & Surgery Options
 - a. Monofocal (DVO, NVO, Monovision)
 - b. Limbal Relaxing Incisions
 - c. Toric IOLs
 - d. Multifocal
 - i. Extended Depth of Focus
 - ii. Trifocals
 - e. Light adjustable lenses
 - f. Others
 - 3. Laser assisted cataract surgery
- ii. Post operative management
 - 1. Routine post op care
 - a. Typical timing of post op visits
 - b. Drop schedules
 - 2. Complication management
 - a. Early symptoms
 - i. Dysphotopsia's
 - ii. Drop toxicity
 - iii. Acute endophthalmitis
 - b. Late symptoms
 - i. Posterior capsule issues
 - 1. Effect on multifocal implants
 - ii. Posterior capsule distention
 - iii. Late endophthalmitis

- c. Missed targets
 - i. Laser vision correction touch up
 - ii. IOL exchange
 - b. Clear Lens Exchange
 - i. Patient selection and education of options
 - 1. Discussion on natural accommodation vs MFIOL
 - c. Intraocular Collamer Lenses (ICL's)
 - i. Available parameters of ICL powers
 - ii. Patient selection
 - 1. Endothelial cell counts
 - 2. Anterior chamber depth
 - d. Some retinal surgeries being done
 - e. Others
 - f. Limitations
 - i. MIGS
 - ii. High anxiety patients
 - iii. Complicated cases
 - 1. Mature Cataracts
 - 2. Pseudoexfoliation
 - 3. Patients needing retrobulbar block
 - a. Parkinsons and tremors
 - b. Nystagmus
 - iv. Some Corneal Procedures
 - 1. Endothelial keratectomies
 - 2. Penetrating keratoplasties
- 3. Cataract Surgery Settings and Challenges
 - a. Hospitals
 - b. Ambulatory Surgery Centers
 - c. Office-Based Surgery Suites
 - i. Same equipment and certifications as ASC
- 4. General Surgeon/Surgical Considerations – Why we need new options
 - a. Limitations on block time due to more profitable surgeries taking precedence (ie. ortho, general, etc.) and the number of cases per day.

- b. Cancelled days of surgery due to lack of anesthesia staff (anesthesiologists and nurse anesthetists)
 - c. Decreasing reimbursements for surgical procedures
5. Why we need more surgical capacity
- a. Numbers of cataract surgery done in the US and expected increase in the number of cataract surgeries
 - b. Expected number of ophthalmologists to perform surgeries (need for efficiencies)
6. Benefits
- a. Insurance
 - i. Limits the need for pre-op physical
 - ii. No anesthesia billing
 - b. Patient
 - i. No need for pre-op physical
 - ii. Can eat light breakfast the morning of surgery
 - iii. Efficiency of getting in and out of facility
 - iv. Comfortable environment with familiar faces
 - c. Practice
 - i. Control of schedules and use of staff
 - ii. New revenue source
 - 1. More revenue per case
 - 2. Opportunities for increased premium services
7. Potential benefits for Optometrists moving forward
- a. OD's can be owner's in OBS facility or partner with current OBS facility
 - b. Allows OD to practice at very high level and really get involved in the pre-op evaluation through the post operative care.
 - c. Allows OD's to be involved in the IOL selection as well as the planned targeted outcome.
 - d. If partnering with a surgeon, eliminates co-management issues.