



# How to talk to your patients about LASIK

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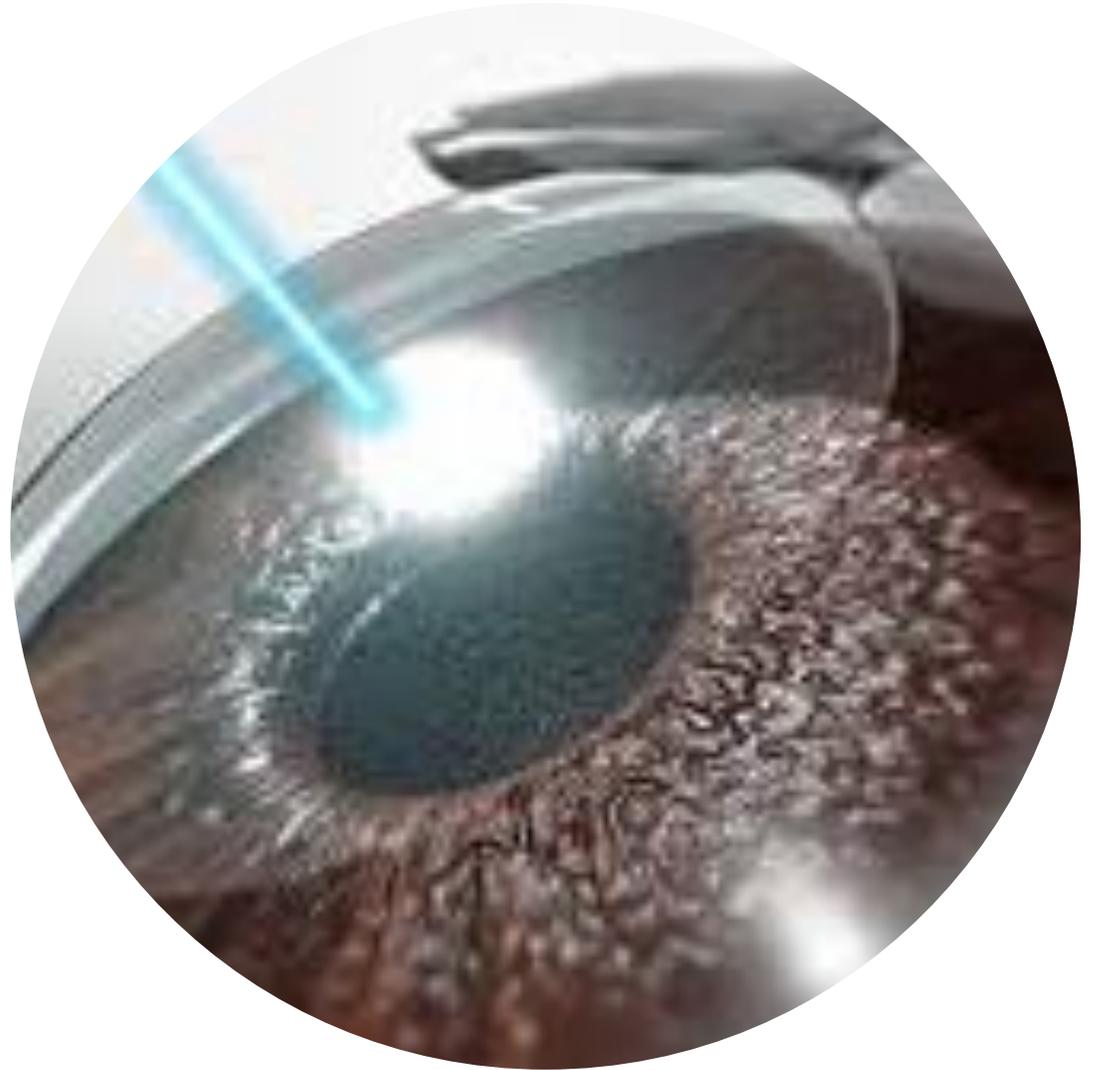
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- **Did you know 90% of patients ARE able to have LASIK?**



First question to ask  
when a patient comes  
in through your door...

- Are you interested in  
glasses, contacts, or  
LASIK?

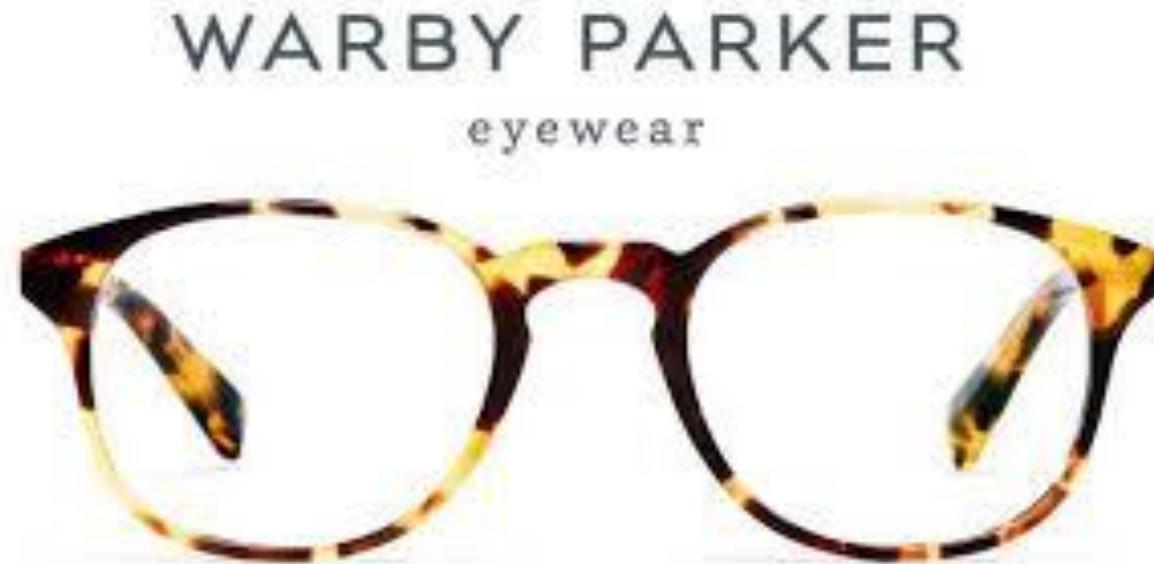


# You can't talk someone out of having LASIK (Dr. Sandberg RSO)



- Offering refractive surgery as an option to every patient is simply playing defense
- Playing defense wins championships
- 33% increase of LASIK patients at DLV from last year... WHY?

Why LASIK now more than ever? Online retailers are higher now more than ever due to pandemic...



**1 Order Direct From Our Supplier**

click here to  
**Order Contacts**

save \$10 by ordering online!

**PLEASE NOTE:**  
You must be previously registered to order replacement contact lenses on our web site

Save \$10!

- ACUVUE
- Bausch & Lomb
- Focus
- FRESHLOOK
- SofLens

Easy & Simple  
Secure Online  
Ordering

Efficient. Fast. Convenient.



# Benefits of offerings LASIK services at your practice



Patient retention



Profitability (Routine eye exam vs single co-managed LASIK patient)



Partnership with network



Partnership with trusted surgeon



Prove the cynic wrong: we are not just here to make a profit by selling more glasses/contact lenses

LASIK should  
be offered  
throughout  
the patient  
encounter



UPON CHECKING INTO THE  
CLINIC



WEBSITE PRESENCE



TELEPHONE/ CALL CENTER  
CALLS TO PATIENTS



DOCTOR-PATIENT  
DISCUSSION

# Script to discuss LASIK at a patient encounter

- Example: 20 year old VSP exam (-3.00 OU)
- Questions such as:
- "Have you ever thought about LASIK"
- "You would be an excellent candidate for LASIK but we would need to perform some additional tests"
- "LASIK is a quick, easy, & painless procedure"
- **For you to discuss LASIK with patients you must be a LASIK believer. Patients trust you...**

# COVID-19 & LASIK numbers rising...

Internal study by Dr. Sidra Qadri

Why are patients having LASIK during the pandemic?

- A. Patients nervous about getting contact lens infections
- B. Fogging of glasses while wearing a mask
- C. Nervous about contracting COVID-19 through eyes



# Break down myths about LASIK...

- ❑ Your astigmatism is too high
- ❑ Your refraction is not stable
- ❑ You are too Young
- ❑ You are too Old
- ❑ Women should not have refractive surgery until they are finished child-rearing
- ❑ People are still dependent on glasses even after refractive surgery, therefore it's not worth the investment
- ❑ It is too new, don't know the long-term results yet
- ❑ I am conservative, refractive surgery is simply unnecessary and therefore risky

# What's Optometry's role in co- management?

- Surgical co-management is optometry's opportunity and responsibility
- While many ophthalmologists embrace the integrated model, a large cohort believe there is no role for optometry in peri-operative care
- **Only 20% of Optometrists co-manage with refractive surgeons**
- However, ODs do 85% of primary eye care
- In general- 700,000 cases of LASIK- 666 million dollars missed out by ODs!

# Why are ODs hesitant? Let's address the elephant in the room

- MDs will keep the patient
- More profits selling glasses/contacts than co-management
- Communication with the surgical practice won't be easy
- Complications of refractive surgeries

Answer to all these hesitations: Developing trust with the surgical practice, the surgeon, and being realistic about profitability

# Challenges ODS are facing when talking to patients

## LIFESTYLE

- **THOSE TRYING TO GET INTO SELECTED FIELDS – MILITARY, FIRST RESPONDERS, PILOT, TV/FILM**
- **ATHLETES – GLASSES/CONTACTS HINDERING THEIR ATHLETIC ABILITY**

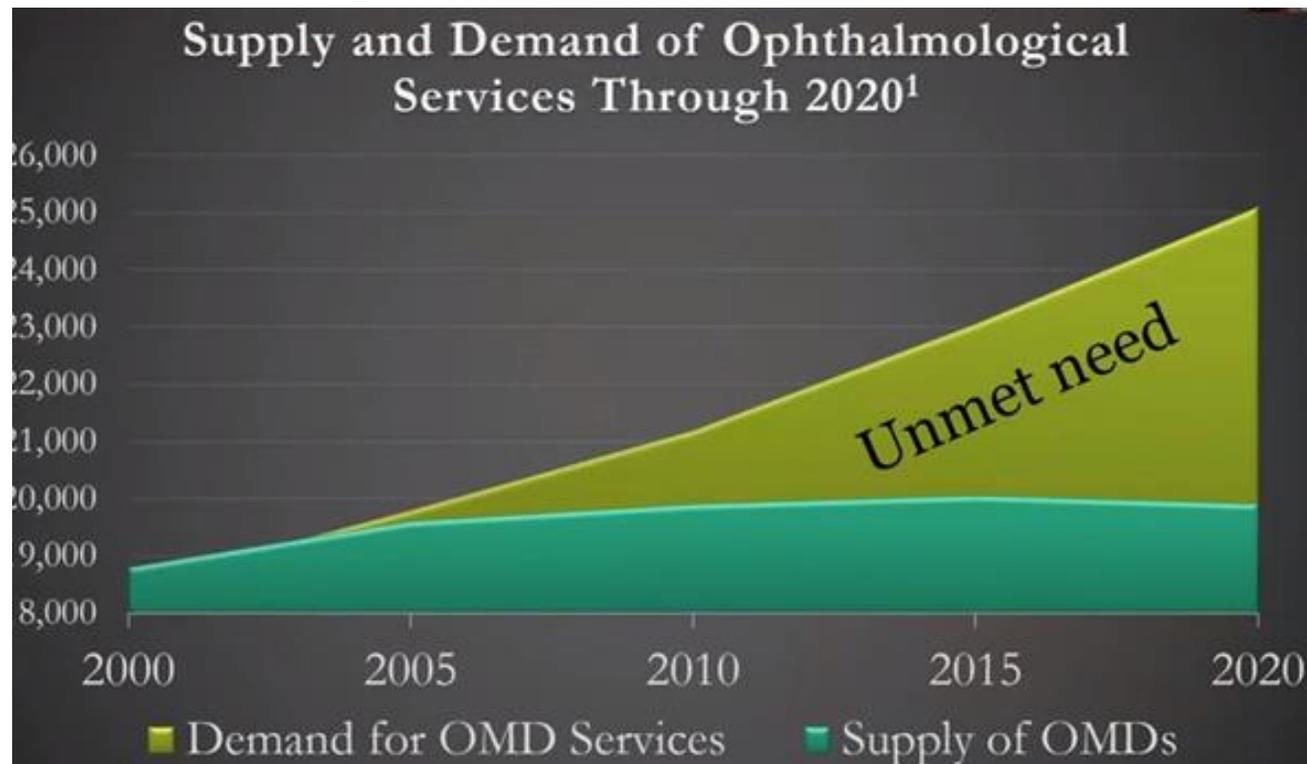
## PANDEMIC

- **TOUCHING EYES WITH CONTACT INSERTION AND REMOVAL**
- **FOGGY GLASSES**
- **GROWING SEARCH TREND ON GOOGLE AND SOCIAL MEDIA**

## TRENDS

- **REFRACTIVE SURGERY HAS BEEN A GROWING TREND ONLINE.**
- **THIS MONTH ALONE, REFRACTIVE SURGERY HAS A 92% PEAK OF POPULARITY ON GOOGLE**

# Growing Demand increases (RSA)



- **AS THE PATIENT POPULATION INCREASES, OPHTHALMOLOGICAL SERVICES INCREASE**
- **LESS MD RESIDENCIES**
- **UNMET NEED FILLED BY ODS**
- **ODS ARE THE GATEKEEPER TO REFRACTIVE SURGERY**

# Contacts lenses and refractive Surgery discussion

- Most patients start with glasses then switch to contacts
- 125 million contact lens wearer internationally
- 34-40 million contact lens wearers in USA
- **4-6 million out of those are contact lens dropouts (New/Habitual)**

# Why are patients Dropping out of contacts?

- **Contact lenses dry eyes**
- Poor fit
- GPC
- Contact lens material or contact lens solution
- Ulcers/Epithelial issues

# Contact lens fit trend

Start with Monthly contacts

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graph TD; A[Start with Monthly contacts] --> B[Bi-weekly CTL]; B --> C[Daily CTL]; C --> D[Refractive surgery evaluation];
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Bi-weekly CTL

Daily CTL

Refractive surgery evaluation

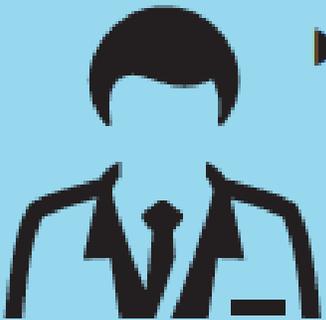
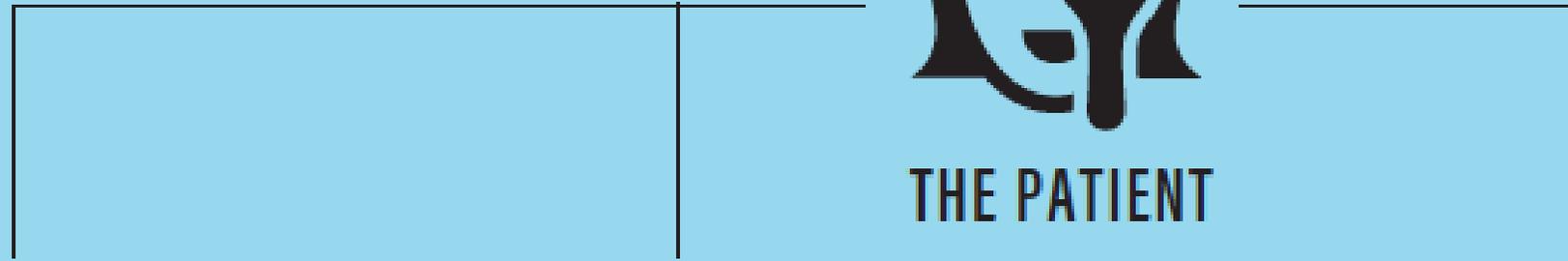
# Medically integrated eye care professional

- **•PARTICIPATING IN INTEGRATED CARE IS GOOD FOR YOU, FOR THE PROFESSION AND MOST IMPORTANTLY FOR THE PATIENT**
- **•DEVELOPMENT OF A STRONG RELATIONSHIP WITH A QUALIFIED SURGEON PROVIDES YOUR PRACTICE WITH OPPORTUNITY TO GROW**
- **•DIVERSIFIES YOUR MEDICAL PRACTICE AND REVENUE IN DIAGNOSTIC TESTING (OPTIMIZE OPTOS, OCT)**
- **•REFRACTIVE SURGERY COLLABORATIVE CARE IS A PROFITABLE EXPERIENCE. IT GENERATES REVENUE WITH MINIMAL CHAIR TIME WHILE PROVIDING A UNIQUE AND LIFE-CHANGING PATIENT EXPERIENCE**
- **•PAYER MIX DIVERSITY – MEDICARE REIMBURSES A LARGER PERCENTAGE THAN A TRADITIONAL VISION PLAN**
- **•CO-MANAGEMENT AS A PRIMARY SERVICE OFFERING**

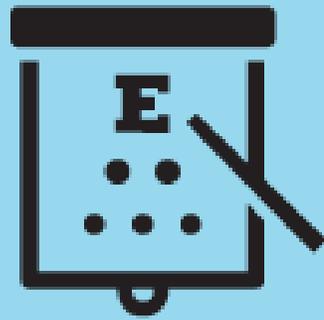
# FOUR PRIMARY PLAYERS IN COLLABORATIVE CARE



THE PATIENT



▶ The ophthalmic surgeon



▶ The independent community optometrist who provides primary eye care



▶ The in-house partner optometrist who functions alongside the surgeon

# LASIK at Dougherty Laser Vision

- DLV, **prides themselves on excellence in technology and surgical skill.** Accordingly, **they have three different lasers**, each with a unique specialization, that allows the surgeons to pair the best technology to your unique eye. This allows them to truly customize your Lasik procedure.
- **DLV** has done over **45,000 refractive** surgery procedures, and are known as the doctor to the doctors (having done surgery on over **300 physicians**) and **internationally** known.
- **There are THREE options for your procedure, which are essentially a price technology trade off. The price increases along with the technology you opt for.** The goal of ANY LASIK procedure is to reduce dependency on glasses. Think of your procedure as an iPhone. The iPhone 6 is an iPhone, however, it lacks the qualities and attributes of an iPhone11.
  - Option one- **The physician creates the corneal flap with a MicroKeratome hand blade.** The procedure is **safe, effective, and has been done for over 10 years.** It is still used in close to half of the procedures today.
  - **All LASER Lasik- The physician creates a corneal flap with the laser** (Hence- all Laser LASIK). The benefits are:
    - Faster vision recovery
    - Less risk of dry eye (the laser allows us to take less corneal tissue which results in a lower risk of dry eye)
    - Reduced swelling
    - Enhanced precision
  - **All LASER LASIK with Topography Guided/ Custom Technology-** This is the best procedure DLV offers. The benefits are:
    - **Higher likeliness of super vision (20/15 or better)- 50% of patients in the study got 20/15 or better.**
    - Treats higher order aberrations- **most people think of your eye as a marble but it is more like a moon with dips and craters.**
    - Custom smooths out the irregularities
    - Improved night vision- studies showed that patients with Topography Guided LASIK saw better than they could at NIGHT than with glasses or contacts

# LASIK at Dougherty Laser Vision

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\$3950-\$4950 at DLV depending on type of LASIK

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All laser vs microkeratome and standard lasik vs custom lasik (topography guided)

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MK LASIK: &3950-\$4950

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Z-LASIK: \$4950-\$5950

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Financing offering through Alpheon

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36 months 0% interest if approved

# REFRACTIVE SURGERY ALLIANCE SOCIETY (RSA)

- GLOBAL ORGANIZATION THAT BRINGS THE BENEFITS OF REFRACTIVE SURGERY TO MORE PEOPLE BY CREATING AN ALLIANCE OF HIGHLY QUALIFIED, ETHICAL REFRACTIVE SURGEONS, ALONG WITH THEIR COLLABORATIVE CARE & EXECUTIVE SUPPORT TEAMS, TO HELP PROMOTE REFRACTIVE SURGERY THROUGH EDUCATION, RESEARCH, MANAGEMENT, AND PATIENT CARE.
- RSA GRAND ROUNDS - FOUNDED BY GUY KEZIRIAN – MD, MBA, FACS
  - 13 WEBINARS BY TOP PRACTITIONERS – OPTOMETRISTS & OPHTHALMOLOGISTS
  - 12 MODULES – 90 MINUTES, 3<sup>RD</sup> WEDNESDAY AT 5PM PT.
- COMPREHENSIVE OVERVIEW OF THE MAJOR TOPICS IN REFRACTIVE SURGERY
- PARTNER WITH OPTOMETRY ON A HIGHER LEVEL – WORK DIRECTLY WITH OPTOMETRY SCHOOLS TO PROVIDE EDUCATIONAL CONTENT



# REFRACTIVE SURGERY ALLIANCE SOCIETY (RSA)

- PARTICIPATE IN REFRACTIVE PATIENT MANAGEMENT – COMPLETING BECOMES ELIGIBLE FOR:
  - CLINICAL INTERNSHIPS
    - AVAILABLE IN US AND ABROAD
    - 6-WEEK CONSECUTIVE POSITION WITH PRACTICE FOR NEW GRADUATE ODS
    - 2 WEEKS NONCONSECUTIVE FOR PRACTICING ODS
    - WEEKLY ROUNDS
    - MIDTERM & FINAL QUIZ
    - (REQUIRED) COMPLETE THE ASSESSMENT AT [HTTPS://WWW.SURVEYMONKEY.COM/R/RSA GR 2020 1](https://www.surveymonkey.com/r/RSA_GR_2020_1)
  - A CERTIFICATE OF ACHIEVEMENT FROM THE COLLEGE OF REFRACTIVE SURGERY
    - COMPLETION OF ALL 12 MODULES & INTERNSHIP
    - CERTIFICATION FROM THE COLLEGE OF REFRACTIVE SURGERY
    - (REQUIRED) REGISTER FOR THE NEXT 12 GRAND ROUNDS AT [HTTPS://US02WEB.ZOOM.US/WEBINAR/REGISTER/WN\\_MGZzGL5QRiuARIVAUwmJWw](https://us02web.zoom.us/webinar/register/WN_MGZzGL5QRiuARIVAUwmJWw)



# Post-Operative Complications of LASIK

# Under corrections or Overcorrections

1. Under corrections is more common than overcorrections
2. Tends to occur with improper pre-operative refractions
3. Myopic under corrections easier to deal with than hyperopic corrections
4. Irregular astigmatism is more difficult to deal with
5. Relift enhancement can be performed after 3 months of stability

# Dry eyes

1. More common complication after LASIK
2. Causes: Multifactorial- Pre-existing dry eyes, autoimmune conditions, severing of corneal sensory nerves with flap creation
3. Patients with dry eye disease are not ideal candidates for LASIK surgery
4. Dry eyes post LASIK is usually temporary
5. Treatment depends on the severity of the dry eye disease
6. Treatment includes Artificial tears, Punctual plugs, Xiidra or Restasis, and steroid therapy

# Night-time Visual Disturbances

1. Glare & halos at night are due to pupils dilating under night conditions
2. Residual refractive error can also occur
3. Spherical aberrations typically occur in dim light when the pupil dilates larger than the cornea that was fully corrected by the laser treatment
4. Brimonidine & Pilocarpine are two options for managing large pupils
5. PROWL studies showed glare/halos decreased vs pre-op- 88% of aircraft carrier pilots say night vision is better after LASIK (Tanzen 2013)

# Flap Striae

## **Microstriae**

Microscopic, superficial wrinkles in Bowman layer and corneal epithelial membrane. Best seen on retro-illumination. Seen in post myopic & astigmatism correction. Not visually significant

Treatment: Tends to self resolve.

## **Macrostriae**

Full thickness stromal folds in the cornea that typically impair vision

Treatment: Surgical intervention typically needed. Refloat and Bandge contact lens or may become permanent

# Epithelial Ingrowth

Typically occur within first 3 months of lasik surgery

Epithelial cells cluster into stromal interface

Usually seen with relift-enhancements

The patient may experience a decrease in vision secondary to astigmatic changes from topographic alterations produced by the invading cells.

A diagnosis is usually made during the slit-lamp examination, which reveals pearly white aggregates with a smooth outline

If the epithelial ingrowth is located away from the visual axis or pupil, the patient may be observed, and the complication may resolve on its own. If the epithelial ingrowth is visually significant or larger than 2 mm, then surgical intervention is required with lift and scrape.

# Diffuse Lamellar Keratitis (DLK) Sands of Sahara

- Rare, noninfectious, sterile inflammatory reaction to antigens on the corneal interface. DLK typically presents 1 to 2 days after LASIK
- Its location is usually superior, which means it is often missed if the eyelid is not retracted during the postoperative examination
- At the slit lamp, DLK is characterized by white, grainy cells underneath the LASIK flap interface (Figure 2). In its severe stages, DLK can cause corneal scarring, vision loss, and stromal melting. Patients with DLK often experience pain, foreign body sensation, photophobia, and blurry vision.
- 0.3% incidence
- Causes: Toxins from gloves, mechanical keratome cleaning issue, epithelial defect
- DLK is treated aggressively with steroids, one drop administered every 1 to 2 hours. I generally prescribe prednisone acetate rather than difluprednate ophthalmic emulsion 0.05% (Durezol, Alcon)

# Corneal Ectasia

- Corneal ectasia is a rare but devastating complication after LASIK. In terms of prevention, properly calculating the residual stromal bed (acceptable range, 250–300  $\mu\text{m}$ ) and assessing topography for asymmetry are critical components of the preoperative evaluation. Additional risk factors are young age, low preoperative corneal thickness, and high myopia.
- Treatment: Prevention with proper screening
- Corneal ectasia treatment mirrors that for keratoconus and pellucid marginal degeneration. Scleral contact lenses, rigid gas permeable lenses, and hybrid contact lenses can improve quality of vision. Intrastromal corneal ring segments can improve visual function. CXL can strengthen the cornea and halt ectatic progression.

# Conclusion

- LASIK over 20 years of study has been shown to be wildly successful procedure
- With any surgery risks, complications may occur
- ODs are the gatekeepers of refractive surgery
- ODs perform 85% of comprehensive eyecare yet only 20% of ODs co-manage with refractive surgeons
- LASIK should be offered to every patient
- The key to avoiding most of these issues is a complete and thorough pre-operative evaluation.



# Zoom 1:1 Meetings with Dr. Qadri or Dr. Dougherty

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- Discussion on how to talk about refractive surgery
- Discussion of Pre-Operative & Post-Operative care
- Discussion on how to talk refractive surgery with patients
- Discussion on how to co-manage
- If interested contact Ron Zepeda or Matt Liff to book an appointment

Thank  
you

Questions?

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