



Session II: The Premium Practice Journey Preparation

As you embark on creating a successful refractive cataract practice, preparation is key. Learn the power of a premium practice, the impact of a team-first approach, and the marketing and development principles you'll need to implement a new business plan.


**BUSINESS of REFRACTIVE
CATARACT SURGERY**
— **SUMMIT** —

The Art of Giving an Implant Recommendation: The Vision for Life Talk

William Trattler, MD

Panel:

Patti Barkey, COE
Blake Williamson, MD

Special thanks to Rob
Weinstock, MD

Financial Disclosures

- William Trattler, MD:
 - Alcon: Consultant/Advisor
 - Allergan: Consultant/Advisor,
 - Aperta Bio: Consultant/Advisor,
 - Avedro/Glaukos: Consultant/Advisor,
 - Azura: Consultant/Advisor,
 - Bausch and Lomb: Consultant/Advisor; Speaker
 - Beaver Visitec International : Consultant/Advisor
 - Blink Energy: Consultant/Advisor,
 - Centricity Vision: Consultant/Advisor
 - Dompe: Consultant.Advisor
 - EpiOn: Consultant/Advisor, Lecture Fees/Speakers Bureau, Grant Support
 - Horizon Therapeutics: Consultant/ Advisor
 - Johnson & Johnson Vision: Consultant/Advisor
 - Lensar: Consultant/Advisor
 - Novartis, Alcon Pharmaceuticals: Consultant/Advisor
 - Ocular Science: Consultant/Advisor
 - Oculus: Speaker/consultant
 - Orasis Pharmaceuticals: Consultant/Advisor
 - Sight Sciences: Consultant/Advisor,
 - Sun Ophthalmics: Consultant/Advisor,
 - Tarsus: Consultant/Advisor
 - Visus: Consultant/Advisor
 - Zeiss: Consultant/Advisor

Case 1: Goal with cataract Surgery: Reduce need for glasses

CTIVE
ERY

Case: 67 year old Male with history of cataract surgery OD

Reports he does not drive a lot at night

Uncorrected VA OD: 20/20

MR OS: $-0.50 + 0.50 \times 090 = 20/50$

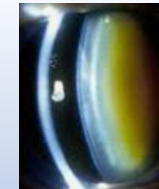
Slit lamp:

OD: **Monofocal IOL**

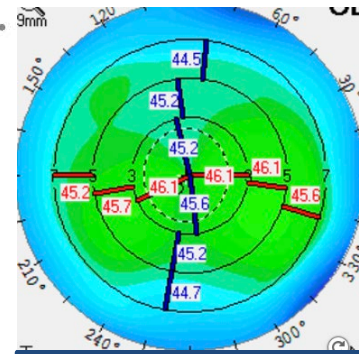
OS: 2+ NS (dominant eye)



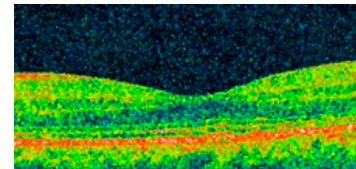
Monofocal IOL
OD



Cataract
OS



Topography = normal



OCT = normal

No previous history of
contact lens wear or
refractive surgery

Panel Question: What IOL options can we consider for OS?

1. Trifocal OS
2. Multifocal IOL OS
3. EDOF IOL OS
4. Adjustable IOL OS targeting distance to -0.75
5. Monofocal IOL OS targeting distance
6. Monofocal IOL OS targeting intermediate/near (Monovision)
7. Wait for small aperture IOL

Case 2:

- 52 year old commercial pilot presents for a refractive evaluation
- Struggles with glasses and can't function without. Wants to get rid of them as much as possible
 - OD: MR: +2.25 +1.00 x 75 = 20/20
 - OS: MR: +2.50 +1.00 x135 = 20/20
- Unremarkable eye exam

Panel:
What technology would you recommend?

Case 3: Trifocal planned OD (dominant eye), Posterior capsular tear encountered intraop

Case 3: 71 year old Male – excited for a trifocal IOL (first eye)
(wife previously had trifocal IOL and is very happy with her result

During surgery – PC tear encountered.

Panel Question: What would you do?

1. Continue with planned Trifocal
2. Switch to 3 piece monofocal IOL in the sulcus
3. Switch to 3 piece Light Adjustable IOL in the sulcus
4. Scleral fixate 3 piece monofocal IOL



Presbyopic IOL OU

Case 4: RLE candidate?

- 48 year old attorney presents for vision correction consult
- History of high myopia long-standing RGP wear.
 - Becoming intolerant to contact lenses & can't wear them more than 8 hours
- BCVA
 - OD -11.00 + 3.00 x90 = 20/20
 - OS -12.00 + 3.25 x85 = 20/20
- Corneal topo matches refractive cylinder
- Normal eye exam

Panel:

What technology would you recommend?

Conclusion:

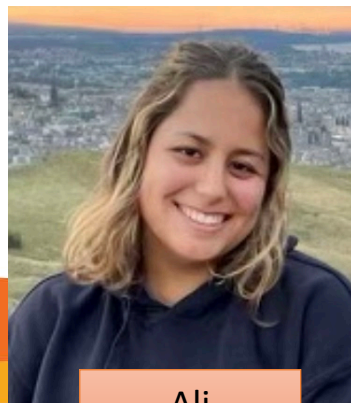
- **Make a recommendation**



Danny:
3rd yr in ski school

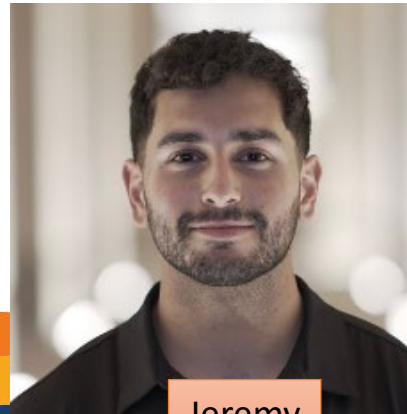


Univ of Denver
Masters in Social Work



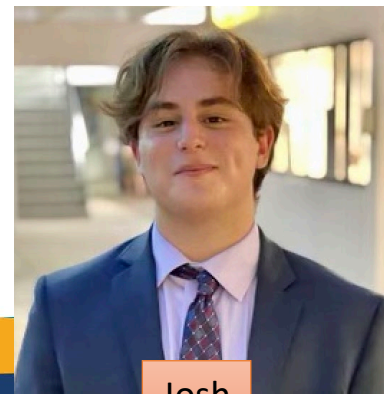
Ali

Senior at
Santa Clara University



Jeremy

Sophomore at UC Davis for
Aerospace Engineering



Josh

Danny. (age 5)