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Enhancing Your Practice of Ophthalmology

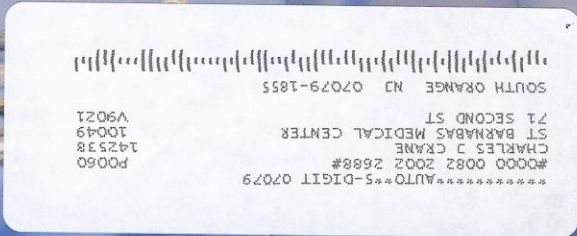


Teamwork, technology: PRACTICE CORNERSTONES

Effective communication
reduces chance of
'buyer's remorse'


Light-adjustable
technology an 'exciting'
step for premium IOLs

Do you make these
marketing mistakes?



*****AUTO**5-DIGIT 02079
#0000 0082 200Z 2688#
CHARLES J CRANE
ST BARNABAS MEDICAL CENTER
71 SECOND ST
SOUTH ORANGE NJ 07079-1855

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FROM THE PUBLISHERS OF 

PS250

Leading innovators in the field of premium IOL implant surgery.

WHAT IS THE PS250?

Some of our new readers asked us to explain further what exactly the PS250 is. Thank you for asking, and welcome again to the *Premier Surgeon* community.

The PS250 is, simply enough, a list that the editors and publisher developed to help frame the premium IOL movement. We wanted to know who are the movers and shakers of premium IOL surgery.

So, we gathered together the names of surgeons we knew were educating their colleagues about the topic at Hawaiian Eye, Kiawah Eye, OSN New York and AAO; conducting research to optimize patient clinical outcomes; digging into the diagnostic technology to assist in selecting the best patient, and the best lens for that patient; looking into the unique business aspects of premium IOL surgery; and, of course, the early adopters who saw great promise in the IOL technology.

There is no grand formula or algorithm. We went with our collected knowledge and our gut. While we know we missed a few of you, we also heard from quite a few of you that this was a good list. We hope to use this list as a dialogue opener. Want to join that dialogue? Contact us. Cara Hvidas is the PS Managing Editor (chvisdas@slackinc.com) and wants you to reach out to her.

PS is a community, and the PS250 is a tool for kick-starting conversations and expanding that community. In fact, in the list on the next page, if you were the accounting type, you just might find there are a little more than 250.

We are also pleased to share with you the results of our first PS250 survey (see right). You'll see survey results each issue as we tap the PS250 expertise to help draw ideas out and quantify them.

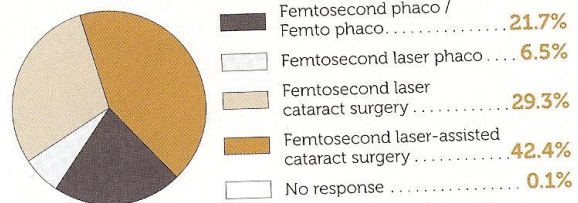
Thank you for all the excellent feedback that will help PS do even better for our community. Please keep it coming.

— Joan-Marie Stiglich, ELS
(jmstiglich@slackinc.com)

PS250 Survey

Bearing in mind that this terminology will eventually be used to describe the procedure to patients, what would be your preferred phrase to describe cataract surgery lens removal with a femtosecond laser?

92 answered question



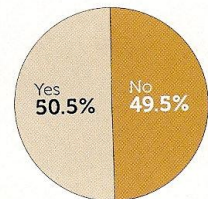
Perspective

The academic part of me naturally tends to want a very precise phrase; the problem is that, in reality, people will find very lengthy, precise terms too awkward to hear. The natural tendency is to gravitate toward something that encapsulates the idea very succinctly. "Femto phaco" seemed to me, of all the choices, to do that better, even though it is technically not precise or perfect. However, even the other lengthier choices were not technically fully correct, either. So, since we're not going to be absolutely perfect or precise in getting the terminology, we might as well go with something that's easy. That was my rationale.

With regard to the femtosecond laser-assisted cataract surgery choice, of all of them, that's probably closest to technically correct. But we've been down this road with other terminology, and every time we've had a term or a description that included the word "assisted," the word "assist" has disappeared in one or two years. And that happens – words like "enabled" and "assist" tend to disappear. So why repeat history when it's not going to last? — Roger F. Steinert, MD

In the last 6 months, have you considered adding a combined glaucoma procedure to the cataract surgeries you perform?

93 answered question



Perspective

In many instances, simply removing a cataract will lower pressure enough to manage a patient's ocular hypertension or glaucoma. In a recent study performed as part of the FDA trial for Glaukos, [researchers] found that in 47% of patients in whom cataract surgery alone was performed, they were able to reduce one medicine from a patient's armamentarium and, in fact, allow them to do okay without being dependent on glaucoma medicine. That may actually reflect this survey, in which only half the respondents were considering [adding a combined glaucoma procedure].

The other aspect is that the procedures we currently have available have a reasonable amount of morbidity and are fairly invasive. There are some newer technologies coming along that are safe and effective with very little morbidity, and as these become available to the comprehensive ophthalmologist, we will more commonly see people combining a glaucoma procedure with cataract surgery. This is a whole new area that's exploding in terms of managing mild to moderate, and even severe, glaucoma in and around the time of cataract surgery. The rationale is that the drops that people stay on are expensive, and it is hard to stay compliant in the long term. If we're looking to do our best control of pressure and hopefully reduce or avoid any optic nerve injury, the more we can do the minimizes the need for compliance and things of that nature will stan the test of time. — Kerry D. Solomon, MD

New year, newer list

It seems hard to believe, but the time has already come to flip the calendar page and kick off a new year! Similarly, as *Premier Surgeon* heads into its first full year in print, it is time to show off the newest version of the PS250 list.

As you take a glance at our compilation of esteemed surgeons, you may notice a few new names added into the mix. Or, if you are newer to the PS dialogue, you might be wondering what this list is about. So, here is a brief refresher.

The PS250 is, simply enough, a list that the editors developed to help frame the premium

IOL movement. To do this initially, we gathered the names of surgeons who we knew were educating their colleagues about the topic at Hawaiian Eye, Kiawah Eye, OSN New York and large ophthalmology meetings; conducting research to optimize patient clinical outcomes; digging into the diagnostic technology to assist in selecting the best patient and the best lens for that patient; and looking into the unique business aspects of premium IOL surgery. Of course, we also included the early adopters who saw great promise in the IOL technology. Although the list certainly does not encompass all of the talented surgeons

out there, quite a few of you have let us know it is a good list — one that we believe will continue moving the premium IOL dialogue forward. You will see PS250 Survey results in each issue, as we tap the members' expertise to help draw out ideas and quantify them.

If you would like to be a part of this list, or to nominate someone else, contact me at the e-mail address below. We are always looking to expand our community and would love to hear from you!

— *Cara Hvidas*
Managing Editor
chvidas@slackinc.com

PS250

- | | | | | | | | |
|---|--|---|---|---|--|--|---|
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