

Gain All the Advantages of Refractive Surgery Co-Management

Offer the latest options, develop a new revenue stream— and keep your patients.



By Ben Larson, OD

Surgical co-management has become routine as optometrists have taken on deeper, more

complex medical roles and shifted some of the revenue burden away from declining optical sales. It's common to co-manage cataract surgery, glaucoma procedures and other less common surgical referrals. Not all optometrists co-manage refractive surgery, however, and many optometrists hesitate to discuss refractive surgery unless patients ask. In my experience, those optometrists are losing out on significant benefits for both their patients and their practice.

Connect With Patients Through Refractive Co-Management

Co-managing PRK, LASIK, refractive lens exchange and SMILE® benefits optometric practices in numerous ways. To begin, it positions the optometrist at the forefront of care, connected to all the newest and most technologically advanced options for vision correction. Patients see that their doctor is putting their needs first and displaying honesty in presenting all the options, rather than just selling glasses and contact lenses. Patients appreciate that honesty. This connection is one reason why we don't lose patients when we refer them for

refractive surgery. They've seen firsthand that the doctor knows their eyes and their history and offers information about the latest options. The optometrist conveys the importance of an annual eye exam and screening for systemic disease, and the patient returns for scheduled visit.

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In addition, optometrists retain patients after refractive surgery because it is not a "permanent fix." I frequently see patients whose refractive surgery results last 15 or 20 years, but the visual system gradually changes. They may tend to become slightly more nearsighted, more astigmatic, and presbyopic from their 40s onward.

For the 15- to 20-year period when patients are experiencing the greatest

benefits from surgery, optometrists continue not only to perform eye exams, but also to provide computer glasses and sunglasses to protect their investment. Patients may need a weak prescription if they are not refracting a perfect 20/20. As presbyopia sets in, these patients need glasses or another refractive procedure. Through these many stages pre- and post-refractive surgery, optometrists routinely monitor patients' health, help them see better and protect their eyes.

Master Postoperative Care With or Without a Flap

Optometrists who co-manage refractive surgery need a comprehensive knowledge of the different procedures and postoperative needs. Generally speaking, we follow the healing process, ensure there are no complications and identify any need for enhancement.

With LASIK, corneal flap healing is central to postoperative care. When the cornea is flayed open and the corneal bed is exposed, organic and inorganic interface opacities can get inside. The flap must be replaced smoothly to avoid wrinkling or complete dislocation (a free cap), which requires more careful attention. I experienced the potential complications of a flap up close when, after my wife's LASIK

procedure, she accidentally grazed her cornea with a washcloth and dislocated her flap. The result was a very painful, hard-to-control infection that required surgery and irrigation with an antibiotic. Shortly after that experience, I read about SMILE (small incision lenticule extraction), a refractive procedure that is performed with the ZEISS VisuMax® femtosecond laser through a tiny incisional wound. There is no flap. The corneal integrity is intact. The outcomes looked promising.¹ I spoke to the refractive surgeon I work with about SMILE, and he was impressed enough with the literature to purchase the laser and start performing the procedure. Now, I frequently co-manage SMILE cases, without concerns about flap complications.

It is well within an optometrist's knowledge to co-manage any refractive procedure, but for those who are new to this area, SMILE is a natural place to begin. These patients are easy to manage, with only a very small superior wound and an intact, healthy cornea and stromal bed.

Start Co-managing Refractive Surgery

Co-managing refractive surgery begins with building relationships with surgeons in the area. Expanding optometric co-management of refractive surgery has been identified as a way for surgeons to capture more candidates,² so many surgeons welcome new referral relationships. As optometrists begin referring, sharing information and co-managing patients with surgeons, they develop a rapport and build trust.

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For optometrists new to co-management, the payment process will be new and will likely offer a welcome change from dealing with multiple insurers. When a patient returns to me after surgery, I code appropriately for co-managing care and the surgeon bills the insurer for the procedure. When I complete the postoperative follow-up visits, I notify the surgeon, and my practice receives a check from the surgeon for co-management care in about a month. It's very simple, with very little red tape.

Once arrangements are made with a surgeon, optometrists can start recommending refractive surgery to good candidates. The conversation often begins when a patient wants to discuss LASIK, but “LASIK” in this context is a basic term for refractive surgery. The optometrist might recommend LASIK or a newer procedure if it's a better choice for the patient's eyes. Because I like the idea of keeping the

cornea intact, I often recommend SMILE to good candidates and explain that SMILE is a newer, less invasive procedure than LASIK. Patients like the idea of being ahead of the curve.

I also try to put patients at ease by walking them through the process, from our workup to surgery day and back to my practice. I explain that they will return to me so I can monitor their results and ensure they have healthy eyes and clear vision. I continue to see my patients routinely for years after refractive surgery so I can monitor their ocular health and vision changes. Although surgery is very brief, our doctor-patient relationship is a long-term commitment for both optometrist and patient—one that is strengthened, rather than jeopardized, by co-managing refractive surgery. ■

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The statements of Dr. Larson in this article reflect only his personal opinions and do not necessarily reflect the opinions of any institution with which he is affiliated. Dr. Larson has a contractual or other financial relationship with Carl Zeiss Meditec, Inc. and has received financial support.

1. Yang X, Liu Q, Liu F, Xu J, Xie Y. Comparison of outcome between small incision lenticule extraction and FS-LASIK in eyes having refractive error greater than negative 10 diopters. *J Cataract Refract Surg. Randomized Controlled Trial.* 2020 Jan;46(1):63-71.
2. Joffe SN. The 25th Anniversary of Laser Vision Correction in the United States. *Clin Ophthalmol.* 2021 Dec;15:1163-1172.

