

Avoiding Surprises

The OPD-Scan III efficiently provides exam data, which keeps patients happy in a busy, one-ophthalmologist practice.

AN INTERVIEW WITH DWAYNE BAHAROZIAN, MD
BY JAMES KNAUB, CONTRIBUTING EDITOR

Today's patients expect exceptional visual outcomes from cataract surgery and laser vision correction. Dwayne Baharozian, MD, uses the OPD-Scan III (Marco) to gather the exam data needed to plan surgical procedures that meet those high expectations.

"You're always trying to avoid an unpleasant refractive surprise," Dr. Baharozian says. "The OPD-Scan III provides us with data we otherwise wouldn't have and this helps us achieve optimal results."

Premium IOL Candidates

At Family Eye Care Center & Optical Gallery in Westford, Mass., Dr. Baharozian's 11,000-square-foot practice – also staffed by four optometrists – the versatile OPD-Scan III is used as an autorefractor, autokeratometer, corneal topographer, pupillometer, wavefront aberrometer and anterior segment camera. Dr. Baharozian says the system has proven particularly valuable in several specific areas of his practice, specifically for cataract patients seeking premium IOLs. During cataract evaluation visits, technicians use the OPD-Scan III to measure angle kappa, corneal coma and pupil size in mesopic and photopic light. Those measurements help Dr. Baharozian assess whether the patient is a good candidate for a premium IOL.

Patients with a high angle kappa can have a plano post-op refractive error and still have vision problems because they may not be looking through the center of a diffractive IOL in different lighting conditions, Dr. Baharozian says. Similarly, a patient may not be an optimal candidate for a multifocal IOL if his pupil is too large or too small or if a patient has high levels of corneal coma.

"Each premium IOL candidate has to pass these tests or he'll be disappointed with his visual outcome and I will encounter post-op complaints," Dr. Baharozian says. He notes that patients who pay the approximately \$1,200 to \$2,500 out-of-

pocket cost for a toric or multifocal IOL, bring high expectations to the surgery suite. For patients determined to be good candidates for a multifocal IOL, accurate angle kappa data from the OPD-Scan III helps Dr. Baharozian plan procedures that meet their lofty expectations. The measurements also allow him to show patients who are not good candidates why a premium IOL isn't best for them.

"...colleagues in my area are sending their patients to my office...so this critical data can be obtained."

"Accurate advanced testing and personal, face-to-face counseling before surgery reduces the number of unhappy patients because you rule them in or out for a multifocal IOL before you put the lens in," Dr. Baharozian says, "This qualification process is a major step in achieving the ultimate goal of an accurate result and a happy patient."

If the measurements taken during the cataract evaluation suggest that a patient is a borderline candidate for a multifocal IOL, an even more detailed discussion ensues. Dr. Baharozian says he sees some patients who are very motivated to have a multifocal lens implanted but are marginal candidates. He uses information from the OPD-Scan III during consultation to convince patients to proceed with a monofocal IOL. If a marginal candidate still pushes for a multifocal IOL, the data and discussion can limit unrealistic expectations and unpleasant surprises.

The OPD-Scan III also helps Dr. Baharozian determine whether patients with irregular corneas are good candidates for toric IOLs. After surgery, it also can be used to evaluate whether the