

Know When to Hold 'em, Know When to Fold 'em

The OPD-Scan III helps surgeons discern their best course of action



The optical area at Eye Centers of Tennessee

As a veteran cataract surgeon, no one has to tell me how important it is to remove visually significant cataracts to help our patients see better. However, as Kenny Rogers once sang, “you got to know when to hold ‘em, know when to fold ‘em.” After 30 years in practice, I know, too, that there are times when the best decision is simply not to operate. And I believe that the OPD-Scan III wavefront aberrometer helps surgeons better recognize those times.

Multiple Helpful Features

We run two OPD-Scan III units, one each in our two highest-volume offices in Crossville and Cookeville, TN, where

we can see upwards of 120 patients a day in each office. I haven’t met an ophthalmic surgeon yet who wouldn’t appreciate the OPD-Scan III’s corneal coma and spherical aberration capabilities to help fine-tune selection of the best IOL or implant for patients.

An added bonus is that it’s also an extraordinarily good autorefractor. Need an autorefractometer on a patient but all your autorefractors are tied up? You can use the OPD-Scan III in a pinch. Another great thing is its capability to obtain corneal topography, angle alpha, angle kappa, and white-to-white measurements on every patient. What’s more, these measurements can be acquired all at once in just a matter of seconds on the OPD-Scan III.

INTEGRATED

Eye Centers of Tennessee



Two functions I especially appreciate about the OPD-Scan III are its point spread function and placido-based rings. Although they perhaps don’t get as much attention as the other bells and whistles, these two functions alone help me make the most of cataract surgery for my patients — and sometimes even avoid it altogether.

The point spread function helps with the patients who have borderline cataracts. If their cataract is minimal, they just see a dot. But, if they have a significant cataract, the dot will appear smeared. I like that the OPD-Scan III allows you to show patients what’s normal, what’s not, and how it’s affecting their vision. It’s a great educational tool.

Then there’s the placido-based rings. One of the first things I look to evaluate using the OPD-Scan III is the

patient’s cornea and tear film. If there are nice, crisp, round rings indicating a smooth, even tear film, we can proceed with cataract surgery. But often — and possibly even unbeknownst to the referring doctor — I can tell by looking at the mires that the tear film and/or the ocular surface is poor, so I stop right there. This function lets me know that we need to get the ocular surface disease under control first. Then, we can proceed with surgery.

Surgery Isn’t Always the Answer

Indeed, I’ve had more than one patient referred to me for cataract surgery, yet I wasn’t terribly impressed with their cataracts. Instead, I treated their ocular surface disease, and the patients returned, saying, “I’m seeing so much better. Is it okay if we put off the cataract surgery for now?” I often agree and point out that because of the condition of the ocular surface disease, removing the cataract alone wouldn’t have improved their vision as much as they had hoped. Beyond that, IOL calculations would be off significantly unless the ocular surface is pristine.

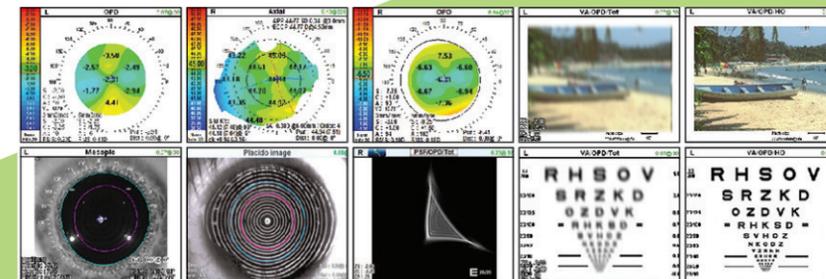
Scenarios like these have unfolded at least a hundred times in the last few years since we acquired our OPD-Scan III units. In many of these cases, the patient’s ocular surface just wasn’t where it needed to be to help ensure a high-quality outcome cataract surgery. In others, the cataract itself wasn’t the urgent problem it appeared to be, but ocular surface disease was the more significant culprit. Marco’s OPD-Scan III has helped us to make those distinctions more accurately and more often. As a result, I have had a number of very happy patients because Dr. X wanted them to have cataract surgery, and they came to me for a second

“The point spread function helps us with the patients who have borderline cataracts. If their cataract is minimal, they just see a dot. But, if they have a significant cataract, the dot will appear smeared. I like that the OPD-Scan III allows you to show patients what’s normal, what’s not, and how it’s affecting their vision.”

— Larry Patterson, MD

opinion. We ran all of our tests and concluded that it wasn’t that they didn’t have a cataract, but the cataract was so visually insignificant that they would benefit only minimally from surgery. They were thrilled that they came to a doctor who was saying, “No, I think you can wait, and I can show you why.”

Cataract surgery isn’t always the answer, and the OPD-Scan III goes a long way toward helping us identify borderline cases. ●



The OPD-Scan III can display customized maps



The OPD-Scan III

Larry Patterson, MD



Dr. Patterson co-owns Eye Centers of Tennessee, which has four locations and 100 staff, including three ophthalmologists and five optometrists, with his son, Michael Patterson, DO.