

# Customize Your Data

Optimize results with customization features provided by the OPD-Scan III

BY JOSEPH GOLD, MD

**G**oing into surgery, physicians need the most relevant and accurate data possible so they can be confident that the procedure will yield the results the patient wants. Pre-op planning involves interpreting the data and engaging with the patient to make the best decision for treatment. The OPD-Scan III provides all of the information necessary to make these determinations through customized maps that are generated automatically each time a patient is scanned.

## Customized Data

The customized maps available from the OPD-Scan III are invaluable resources in my practice. After a scan, I immediately receive maps with the data that will help me make informed decisions about diagnosing the patient and deciding on a treatment plan. For example, through a number of different criteria provided on the cataract evaluation map, we can determine before the procedure whether the patient will have a poor, questionable, or reasonably good result with a particular multifocal lens.

There are several key data points — such as the angle kappa, corneal coma, aberration, and topography — that can greatly influence outcomes. Typically, our maps include not just topography, but also the internal OPD results and the combination of the internal and topographical OPD results. These data points allow us to see what exists on the surface of the eyes as well as what exists internally. Understanding the eye internally before surgery helps us to avoid certain IOLs that could

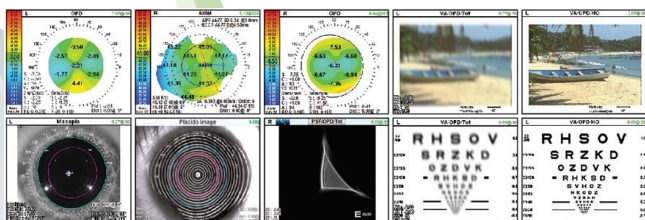
make the condition worse. For example, if someone has a great deal of spherical aberration in one direction or the other, then we would avoid certain implants that could worsen their vision post-op because of increased spherical aberration. Any aberrations, irregularities, or astigmatism that may be attributed by the cataract itself are made evident in the maps. With this customized information, we can make a more informed decision about multifocal lenses or any IOL.

Because there are many different maps available, you can customize the settings to provide



whatever information you need to make a decision.

We have a number of other physicians who recently joined our practice and they are very interested in the OPD-Scan III. It's great that they can each personally customize the data, so the maps will suit their particular needs and preferences.



### Marco Support

Because the settings are customized for my purposes and preferences to provide all of the information I need, I rarely need to change any settings to retrieve different data types. Initially, I worked closely with representatives from Marco. They have been an invaluable resource over the years. We were able to design the perfect mix almost from the beginning because they knew what I wanted and what I look for, and their suggestions helped me consider what other information might be beneficial to me.

Beyond helping us set up the program, the Marco support team also helps us troubleshoot when we aren't able to identify an issue in a particular patient. They learn from other physicians' experiences so they have a deep database and knowledge base, which can help us navigate difficult cases.

### Engaged Patients

The maps are very valuable — not only clinically for assessing data and selecting an IOL — but also for demonstrating to the patient what is going on with their eyes and how the planned procedure will help. With the maps, we can show what the cataract looks like, what the topography looks like preoperatively, as well as if an IOL is tilted or if there is a reason for unanticipated visual phenomena postoperatively. My patients have responded very favorably to the technology. Engaging patients in the data discovery and diagnosis is important so that they understand what is going on with their eyes and why certain treatment decisions are made.

### Key Benefits

In my experience, the key benefit of the OPD-Scan III is its ability to help us to more accurately determine who is a good candidate for multifocal lenses, and, further, which type of multifocal lens might be best. Since acquiring the OPD-Scan III, I haven't had to explant any IOLs due to post-op discovery of an irregularity, an angle kappa problem, or wavefront aberration problem. With the OPD-Scan III, I'm able to identify any potential problems before surgery so I can make an educated assessment and proper recommendation to my patients.

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There was a patient whose acuity changed over time causing distortion. The OPD-Scan III was able to show that the anterior capsule was actually tilting the IOL due to capsular phimosis. As a result, we were able to perform an anterior capsulotomy to release tension on the implant, which allowed it to move into a more normal position, ultimately decreasing the patient's visual complaints.

### Better Data = Better Results

With data that can be customized to fit my specific needs, I am able to diagnose and treat patients more efficiently and effectively. Better data leads to better post-operative results, which, in turn, leads to greater patient satisfaction. ●

**Dr. Gold** moved to the Berkshires in 2001 to begin his own private practice in Great Barrington, MA, where he has served for many years on the Medical Executive Committee and more recently as Chief of Surgery at Fairview Hospital.

