

Gathering Pre-Surgical Measurements

The OPD-Scan III improves efficiency and outcomes



As we ophthalmologists know all too well, healthcare reimbursement is swiftly moving away from fee-for-service to value-based models. As a refractive cataract surgeon and specialist in ocular surface disease, I recognize that the success of my practice hinges on our ability to improve patient outcomes, manage resources, enhance the patient journey, and gather data quickly and efficiently.

As a result of these increasing pressures, my practice has turned to the OPD-Scan III wavefront aberrometer to gather data quickly and help maximize our cataract surgery performance metrics.

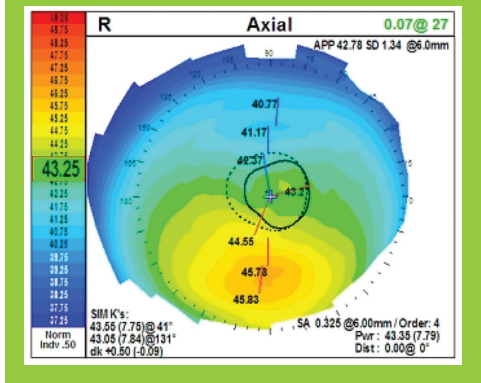
Maximizing Data Collection for Patient Outcomes

Cataract surgeons can never have too much data — and the more accurate the pre-surgical data, the better the post-surgical outcome. This holds true whether I’m matching corneal spherical aberration (SA) for a monofocal IOL or determining the magnitude and axis of astigmatism for toric IOLs. Considering today’s availability of a wide range of advanced technology IOLs, customizing IOL selection to the patient’s eye is vital.

The OPD-Scan III captures data about the tear film, physiological alignments (angle kappa and angle alpha), SA, coma and other higher-order aberrations, pupil

size (photopic versus mesopic), limbus to limbus width, contrast sensitivity, and more. This comprehensive data set directly influences my lens selection.

This is especially true with respect to astigmatism and ocular surface disease (OSD). The impact of preexisting astigmatism on cataract surgery outcomes is difficult for patients to understand. By pointing out the bowtie pattern on the axial map of the OPD-Scan III, it helps my patients “see” their astigmatism and better understand the need for toric IOLs. This helps them grasp that they have two issues — their cataract and a separate astigmatism component, the latter not being covered by insurance.



The OPD-Scan III displays customized images so that patients can “see” their treatments working

The same is true with OSD, which can be asymptomatic. If this disease isn’t diagnosed, discussed with patients, and treated before the surgical measurements, then keratometry readings in the setting of an unstable tear film may be unreliable, potentially leading to postsurgical refractive surprises. I use the OPD-Scan III’s placido disc image to show patients their preexisting dry eye disease as a means to set proper expectations. Patients can see the warped or wavy lines instead of smooth and concentric circles prior to surgery. This way, they don’t blame me for “giving” them dry eye disease after an otherwise successful cataract procedure. I treat their OSD as aggressively as warranted and have them return for repeat measurements. This additional step typically leads to more accurate pre-surgical data capture for IOL power calculation and astigmatism management.

The capabilities of the OPD-Scan III help my patients better understand why they may or may not be a good candidate for a toric or a premium IOL.

Optimizing Efficiency and Resources

The OPD-Scan III also maximizes our resources and improves our efficiency. Think about all the data I just cited. The OPD-Scan III can capture it all in less than one minute per eye. Even better — in my practice, the device is operated exclusively by our technicians. Learning to use the OPD-Scan III is simple. In fact, new technicians are able to capture good maps in no time at all.

And while these refractive analyses aren’t covered by insurance in the pre-cataract surgery setting, we find that most of our patients respond positively when provided with an explanation of how the data is

“The capabilities of the OPD-Scan III help my patients better understand why they may or may not be a good candidate for a toric or a premium IOL.”

— Cynthia Matossian, MD, FACS

critically important for us to customize the IOL selection to help them achieve their best visual potential.

Maximum Value

In my opinion, the OPD-Scan III is the best technology available to maximize value in this emerging value-based healthcare environment. ●

Dr. Matossian in her practice



Cynthia Matossian, MD, FACS



Dr. Matossian is Founder and Medical Director of Matossian Eye Associates in Doylestown, PA, and Hopewell, NJ.



The OPD-Scan III integrated wavefront aberrometer

