Did you hear about the cataract surgeon with mediocre outcomes?

Not many people have — and that’s kind of the point. Providing excellent visual outcomes to patients is the best way to build a practice. Top-quality outcomes start with accurate data. The better the information the surgeon has to thoroughly assess a patient’s visual needs and plan surgery, the better job he can do for that patient in the operating room.

Richard Tipperman, MD, a cataract and refractive surgery specialist with Ophthalmic Partners in the Philadelphia area, starts his surgery planning with accurate exam data from Marco’s OPD-Scan III. The highly automated OPD makes it easy to collect precise autorefraction, corneal topography, wavefront aberrometry, keratometry, and pupillometry data, which is then automatically transferred to the practice’s NextGen EMR system.

“By the time I see patients before cataract surgery, they’ve had their axial length measurement done and an OPD exam,” Dr. Tipperman says. “You need the axial length measurement to select the strength of the implant. The axial length measurement also will tell you if someone has an extreme level of myopia or hyperopia, but it doesn’t really tell you much else. The OPD tells you a tremendous amount about the patient’s tear film and provides corneal topography data, using Placido disc topography, to measure the regularity of the cornea.”

Ophthalmic Partners, a 12-ophthalmologist multispecialty group based in Bala Cynwyd, operates four practices and an ambulatory surgery center in Philadelphia in its suburbs. The group includes partners who specialize in glaucoma, pediatric ophthalmology, corneas, and external disease in addition to its cataract and refractive surgeons.

Advanced Technology IOLs

“We use the OPD as part of our screening evaluation and it is really helpful to us,” Dr. Tipperman says. “I call it the Swiss Army Knife of diagnostic tools. In one short click, my techs collect most of the information I need to make a determination about what options we can offer and what lens technology might be best for a particular patient.”

Dr. Tipperman says approximately half of his cataract surgery patients ultimately receive some type of advanced technology procedure. He believes the capability to show patients their topography maps and astigmatism is a powerful tool that helps them understand why a toric IOL is the right choice for them and makes them more confident in that choice.

Similarly, for a patient who is a potential candidate for a multifocal IOL, the OPD-Scan III’s accurate pupil size measurements in low light and bright lighting identify patients whose pupils may be too large to be good candidates for a multifocal IOL. The data on high-order aberrations and the patient’s angle kappa also help identify good candidates for a multifocal IOL. Dr. Tipperman says the OPD’s capability to efficiently provide data about a patient’s high-order aber-
rations, pupillometry, and angle kappa measures were what initially drew the practice toward purchasing an OPD-Scan III. “The OPD helps make toric and multifocal IOL evaluations easy,” Dr. Tipperman says. “When you’re seeing people for an evaluation and they have a high degree of astigmatism kertatometrically, you can look at their map and see how irregular things are and evaluate the volume of their tear film.”

Ophthalmic Partners uses the OPD autorefractor and opted to integrate with Marco’s companion Epic Refractive System (with TRS-5100), according to Dr. Tipperman. “One thing I think people overlook when they talk about advanced technology lenses is that the OPD is a very good autorefractor,” he adds. “The wavefront refraction it provides for both the photopic and scotopic pupil in one quick exam is very helpful clinically.”

**Refractive Surgery**

Tipperman and Ophthalmic Partners also offer refractive surgery procedures, including LASIK and PRK. “The OPD Scan III provides data for planning refractive procedures, as well, since it provides very robust topographic data,” Dr. Tipperman says.

The OPD-Scan III also proves its value when working with cataract patients who have previously undergone refractive surgery. Dr. Tipperman points out that patients who were previously willing to have refractive surgery to improve their vision expect similar excellent outcomes from their cataract procedures. He uses the patient’s average pupillary power data from the OPD-Scan III in the ASCRS Post Keratorefractive Calculator for IOL power to achieve excellent outcomes for those patients.

Dr. Tipperman says the practice also sees numerous cataract patients who have had prior laser refractive surgery and they commonly have some cylinder sculpted into their cornea, presumably to treat some lenticular astigmatism. When those patients have their cataract removed, Dr. Tipperman says that astigmatism often manifests, making them potential candidates for a toric IOL. He adds that the baby boomer population of post-refractive surgery patients is expected to create a wave of cataract candidates with this issue in the coming years.

**Accurate Data = Happy Patients**

For Dr. Tipperman and his colleagues at Ophthalmic Partners, the OPD-Scan III efficiently provides accurate data so his team can successfully plan a wide range of cataract and refractive procedure.

“The OPD gives you so much information all at once,” Dr. Tipperman says. “It’s easy for the techs to acquire the data and easy for me to evaluate. That streamlines the whole process and allows us to provide much better care. The OPD helps provide a very high quality level of care and that helps build your practice over time.”

High-quality care with excellent visual results is how cataract and refractive surgeons get noticed, remembered, and referred to by patients who have been pleased with their efficient, high-tech experience and excellent visual outcomes.

We use the OPD-Scan III as part of our screening evaluation and it is really helpful to us. I call it the Swiss Army Knife of diagnostic tools. In one click, my techs collect most of the information I need to make a determination about what options we can offer and what lens technology might be best for a particular patient.

— Richard Tipperman, MD