PRACTICE PROFILE

REVISION LASIK AND CATARACT SURGERY CENTER

A boutique practice reinforces its high-tech reputation and designs a unique patient flow for the VICTUS femtosecond laser.



D. James Schumer, MD, is founder and medical director of ReVision LASIK and Cataract Surgery Center in Columbus and Mansfield, Ohio. *Cataract & Refractive Surgery Today* interviewed him about the VICTUS femtosecond laser (Bausch + Lomb).

What prompted you to begin using a femtosecond laser?

I'm an early adopter who embraces technology as soon as I feel it's a benefit for my patients. At an ophthalmology meeting, I saw the femtosecond laser's capabilities for making corneal incisions and very precise capsulorhexis. At the time, patterned lens fragmentation was not available, but we could see it was possible.

I have a cataract and refractive practice, and I'm first and foremost trained as a refractive surgeon. Bringing those refractive surgery toolsets to cataract surgery felt right, particularly knowing at the time that evolving IOLs were coming. It was a perfect fit that the femtosecond laser's capabilities would help us with refractive cataract surgery.

I came back from that meeting and calculated how many patients per month would need to access the femtosecond laser for us to make the payment. At the time, the answer was only 11. That was an easy decision.

With several other commercially available femtosecond lasers to choose from, why did you choose the VICTUS platform?

I was most attracted by the first-in-the-US capability of doing both corneal and cataract work. Multiple manufacturers told me that it was very difficult to perform both with one device because the femto has to focus very superficially for corneal work and much deeper for cataract work. I wanted a femtosecond laser to help with LASIK and with cataract surgery, and the VICTUS laser really fit both needs for me, so I didn't have to have two different platforms, payments, and maintenance schedules. I think we had the tenth VICTUS laser in the United States.



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How does the VICTUS laser support using Crystalens, Trulign Toric (Bausch + Lomb), and other high-technology IOLs?

I'm good at making the capsulorhexis by hand, but I'm not as good as I am with the VICTUS laser. The VICTUS laser lets me make a perfect capsulorhexis—perfectly centered, so we can treat on the lens apex and be sure that the toric or multifocal lens is centered and stable. We have the additional benefit of making very precise arcuate incisions. Also, lens fragmentation with the Stellaris Elite vision enhancement system (Bausch + Lomb) component enables me to remove the lens with less ultrasound energy and manipulation.

The VICTUS laser hardware and software upgrades just keep making the system better and better. It does edge detection of the pupil margin, the anterior capsule, and the posterior capsule. It allocates energy for the capsulorhexis across the anterior capsule. I'm very happy and comfortable with it, and it just keeps improving.

What are the advantages of the VICTUS laser for your refractive surgery patients?

The largest advantage is the added confidence. The excimer laser part of refractive surgery is straightforward—we've got trackers, and we basically push the button. However, it was always a little bit scary to create the flap with a mechanical microkeratome. We held our breath until we saw that that flap was perfect, without any buttonholes or irregularities. With the femtosecond laser, we watched it and built confidence over time. It became very comfortable to confidently make flaps at the precise depth and quality desired. When we're treating eyes that can see 20/20 or 20/15 with glasses or contact lenses, the last thing we want to do is harm the patient's vision. Having that confidence in our flaps is very important.

Has the VICTUS laser changed patient flow in the OR or your practice?

Yes. We used to do the entire LASIK procedure under the excimer laser—the mechanical microkeratome, followed by the laser. Now we have two stations; patients move from the femtosecond laser to the excimer laser. The flow goes smoothly for us, and it isn't a burden for LASIK patients, who are generally young and healthy. "I'm good at making the capsulorhexis by hand, but I'm not as good as I am with the VICTUS laser. The VICTUS laser lets me make a perfect capsulorhexis—perfectly centered, so we can treat on the lens apex and be sure that the toric or multifocal lens is centered and stable."

When it comes to cataract surgery, we take a unique approach, in part because space is limited. We do the entire procedure in the VICTUS laser bed. We prep and drape the patient in the VICTUS laser bed. All the interfaces for the femtosecond portion of cataract surgery are sterile, so we can swing the patient under the femtosecond laser and do that portion of the procedure. It's a great scope, with beautiful optics and retroillumination. The patient doesn't have to move. We've put the hand control on the floor, so I can manipulate the bed's x, y, and z positions with my left foot. I think in the future, femtosecond lasers will be cataract workstations where the patient lies down and we do everything in one bed—that approach is working very well for us already.

Does the VICTUS laser sway some patients toward premium cataract surgery?

A lot of visiting doctors come through our practice. They watch me do some femto cataracts, and then they watch me do some cataracts by hand. I ask them, "Which way do you want surgery on your eye?" Not one person has chosen surgery done by hand.

I'm not here to twist arms and talk people into this technology or premium IOLs. That's not my practice stance. What we do is educate patients about their choices. We let them ask questions, and then they choose. We can confidently back up what we're presenting to patients because we have all of the skills sets and all of the technology. That's a fun way to go about it, and we have a lot of happy patients as a result.

What is the clearest strategic advantage to your practice using the VICTUS laser?

Again, I'm an early adopter, and as a result, we have one of the most sophisticated eye operating rooms in the entire state. All of our technologies help our boutique practice build a reputation for embracing the latest advances to achieve the best outcomes for our patients. It's good business, and for me, it's the fun part of being a practice owner and an ophthalmologist. "I think in the future, femtosecond lasers will be cataract workstations where the patient lies down and we do everything in one bed—that approach is working very well for us already." "All of our technologies help our boutique practice build a reputation for embracing the latest advances to achieve the best outcomes for our patients. It's good business, and for me, it's the fun part of being a practice owner and an ophthalmologist."



Has adding the VICTUS laser to your practice affected the work of your OR staff?

My staff loves doing what we do. It's all about the patients. It's all about outcomes. It's all about the happy responses we get. We make sure that even staff members who don't see patients post-operatively hear about how they've helped changed patients' lives.

We choose staff whose personalities reflect the desire for continual improvement to make the best possible experience for patients having surgery. The OR staff have to be trained, so they need to like learning. Everybody in our OR can run the VICTUS laser, the excimer laser, and Stellaris Elite. They are constantly challenged and constantly learning, and the driver of all of that is patient outcomes.

What advantages or procedures do you envision for the VICTUS laser in the future?

I'm a cornea specialist, so I'm really excited about the potential for more corneal applications with the VICTUS laser. For instance, when we do deep anterior lamellar keratoplasties and have to create a big bubble to peel away Descemet's from the back of the stroma, I think the femtosecond laser could create a channel for us deep into the stroma. We could apply an air bubble deep into the stroma to help with that procedure.

I'd also like to see the VICTUS femtosecond laser perform the incision for corneal transplant, with the flexibility of doing either a circular, oval, or star-shaped penetrating keratoplasties. If we could make that incision on the eye bank tissue and on the patient's eye, the fit would be a perfect match. Our biggest nemesis when we're doing corneal transplants is postoperative astigmatism. These patterns and techniques could help us avoid that problem and be enhanced with the femtosecond laser.

What advice would you offer other surgeons who are considering using a femtosecond laser?

I'd say, do your homework. It has to make financial sense, and you can calculate how that will work for you, but it begins with the clinical perspective. Visit a center that's using femtosecond technology and experience its capabilities yourself. See if it fits with your practice philosophy. When I visited a practice to observe a femtosecond laser in action, I knew it would fit into the patient experience and outcomes our practice wants to deliver.

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