Tips for Keeping Your Refractive Business Current

SMILE can help one to run a successful refractive center.

BY PAVEL STODULKA, MD, PHD



I have witnessed firsthand the importance of keeping a refractive practice up-to-date. As the first surgeon in the Czech Republic to offer LASIK and femtosecond LASIK (femto-

LASIK), I understand the importance of offering the latest techniques and treatments to my patients. Therefore, in the past few years, I have closely watched the development of small incision lenticule extraction, or SMILE, the latest innovation in laser refractive surgery, in the hopes of one day offering it to my patients.

After listening to presentations, reading articles, and talking to my colleagues about SMILE, I decided to do a wet lab in 2012 to gain initial experience with the procedure. I was intrigued by the easy handling of the lenticule, but I waited to incorporate the technique into my practice. Meanwhile, published studies showed that postoperative results were similar to those of LASIK, and this made me eager to incorporate SMILE into my clinic. I finally started offering this procedure in my clinic in 2014.

THE PATIENT PERSPECTIVE

In my experience, patients generally like to have different surgical options to choose from. With the popularity of social media, patients nowadays are well informed about the latest developments in refractive surgery and search actively for information on these procedures. Therefore, I have found that many of my patients have heard of and are interested in SMILE. The concept of minimally invasive surgery is familiar to them, thanks to other surgical procedures like endoscopic abdominal and joint surgery.

Patients come to our clinic already understanding that SMILE requires much less cutting on the corneal surface than LASIK, but I take time to explain the procedure's clinical benefits. I also share that the patient interface of the VisuMax femtosecond laser (ZEISS; Figure 1) attaches by vacuum to the cornea, and not to the conjunctiva like all the other refractive femtosecond lasers, meaning they should feel little or no discomfort and the risk of conjunctival bleeding is minimal.

Patients also like the idea of using only one laser for the entire procedure. We like it, too, because it increases our efficiency in



Figure 1. The VisuMax femtosecond laser, as set up in one of the Gemini Eye Clinics facilities.

the operating room and shortens the procedure time, as there is no need to transfer the patient from the femtosecond laser to the excimer laser.

THE SURGEON PERSPECTIVE

I enjoy performing SMILE because it is a change from my typical daily surgical routine. I have truly enjoyed learning how to perform SMILE, and I like the using the femtosecond laser to create the lenticule (https://youtu.be/chhzaEAZGzY). During my learning curve, the procedure took longer than a standard LASIK case; however, after gaining experience with the technique, a typical SMILE procedure takes about 3 minutes.

Based on my experience with SMILE, I have developed several surgical instruments with Rumex International. The set, consisting of the Stodulka ReLEx SMILE double spatula (for opening the incision and dissecting the lenticule) and Stodulka forceps, support lenticule extraction through a 2-mm incision (https://youtu.be/Kyqll6niXQc; Figure 2).

WHEN TO OFFER SMILE

Our primary indication for SMILE is myopia and myopic

astigmatism from -4.00 to -10.00 D of spherical equivalent. For low myopia, we use femto-LASIK, and for myopia higher than -10.00 D we perform phakic IOL implantation. Another option for the treatment of high myopia is to combine SMILE with CXL. This can provide additional corneal stability above and beyond what the biomechanical advantages of SMILE already offer.

Since most of our patients fall into the category of moderate to high myopia (-4.00 to -10.00 D), SMILE fits nicely into our portfolio and has reached the market as the 3rd generation of laser vision correction after PRK and LASIK. We market SMILE as LASIK ReLEx SMILE because we do not want to pin LASIK as an old-fashioned and dangerous method as some of our competitors do. This harms the whole field of refractive surgery, and patients lose confidence in not only LASIK but in laser refractive surgery in general.

CONCLUSION

Thus far, our approach to SMILE has been successful. Patients are happy after surgery and generally share their experiences with other potential patients. Therefore, adding SMILE to our portfolio of refractive laser vision correction options was one of the best decisions I have ever made. Not only I can satisfy the demand of offering the latest refractive laser vision correction techniques, but my well-informed patients and I can both benefit from the advantages that SMILE offers.

Word-of-mouth advertising is our major source of new patients. Since the introduction of SMILE in my practice, I have been able to keep my practice volume constant despite the overall decrease of LASIK procedures in my country. ■

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