



ASCRS  
BUSINESS *of* REFRACTIVE  
CATARACT SURGERY  
— SUMMIT —

# The Frustrated Patient

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# Financial Disclosures

- ACE Vision – A, C
- Alchemy Vision- C
- Alcon- A, C, R
- Allergan/Abbvie- C, S
- Bausch & Lomb – C, S
- Bruder - C
- Epion – R, C
- Eyesafe- A, O
- Eyenovia- C
- Glaukos- O, C
- iOR Partners - C
- Johnson & Johnson- C
- Lensar - C, R
- Lenstec- C
- NovaBay - A
- Oculotix – A, C, O
- Ocuphire - C
- Radius XR- A, C, O
- Santen – S
- STAAR- C
- Tarsus- C
- Trefoil Therapeutics - C
- Trukera – C
- Vialase - C
- Visus Therapeutics- C

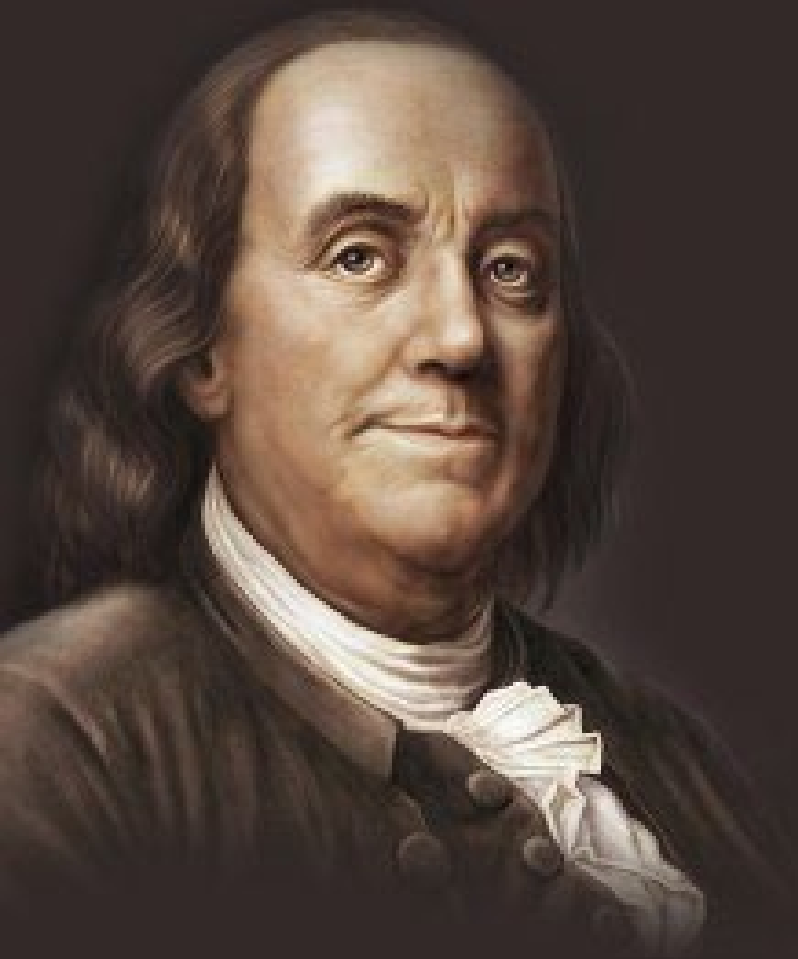
A = advisor

C = consultant

S = speaker's bureau

R = research

O = stock owner/options



In this world  
nothing is certain  
but ~~death and taxes.~~  
unhappy patients

Benjamin Franklin

“If you haven’t had a surgical complication,  
then you haven’t done enough surgeries”

# Reasons for an Unhappy Cataract Postop

1. Something went wrong (on surgeon's end) – “medical error”
2. Something went wrong (on patient's end) – poor compliance, unexpected response/healing, unrealistic expectations
3. Limitations of technology – glare/haloes at night, limited range of vision, decreased contrast sensitivity, etc.
4. Unrelated to medical care – poor customer service, long wait times, etc.

**The majority of cases**

It's usually not something that **YOU** did wrong.

# Higher Stakes in Premium Cataract Surgery

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1. Patients pay out of pocket
2. Non-pathologic baseline/used to good vision



Higher expectations



# You can do *perfect* surgery and have an *imperfect* result...

## UDVA

- OD 20/20
- OS 20/20

## UNVA OU J1+

### Reasons for dissatisfaction:

1. Inherent to surgery
  - Refractive miss
2. Inherent to patient
  - Ocular surface issues
  - Posterior pathology
  - Vitreous opacities
  - Unrealistic expectations
  - Personality issues
3. Inherent to technology
  - Dysphotopsias
  - Decreased contrast sensitivity
  - Limitations in vision range



# The Unhappy 20/20 J1+ Cataract Postop

## Preop UDVA

- OD 20/30-
- OS 20/20-2
- OU J16

## Preop MRx

- OD +1.00 – 0.50 x 073 20/25
- OS +0.75 – 0.50 x 118 20/20

## POM#6 s/p uncomplicated CEIOL with trifocal OD

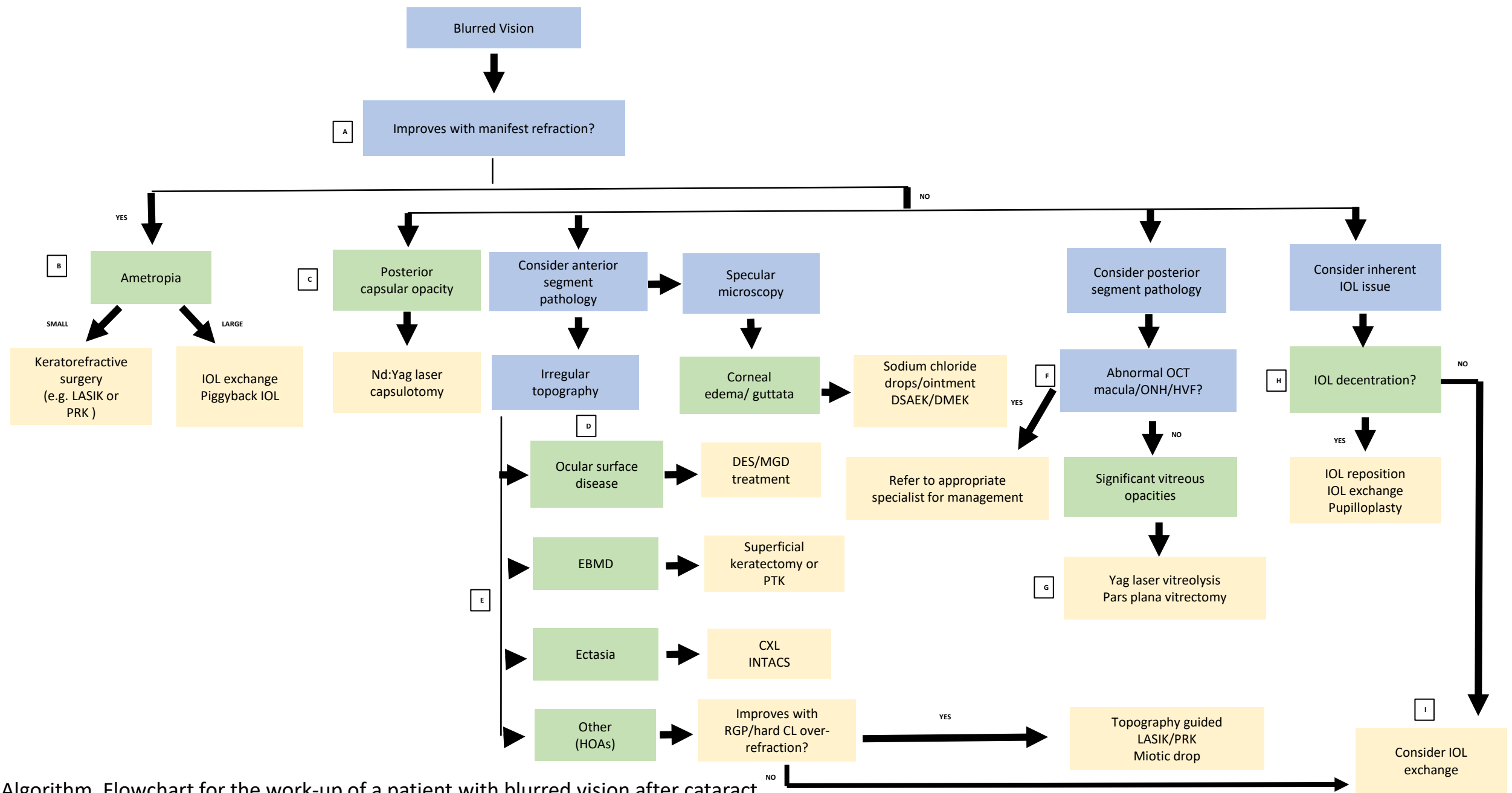
20/20 J1+ OD

“My right eye feels blurry far and near”

- OD +0.25-0.25 x 130 20/20 J1+ blurry
- IOL perfectly centered
- 1-2+ PCO noted on slit lamp exam

What would you do?





Algorithm. Flowchart for the work-up of a patient with blurred vision after cataract surgery. Decision Making in Ophthalmology. Friedman N. 2024

# YAG capsulotomy OD was performed...

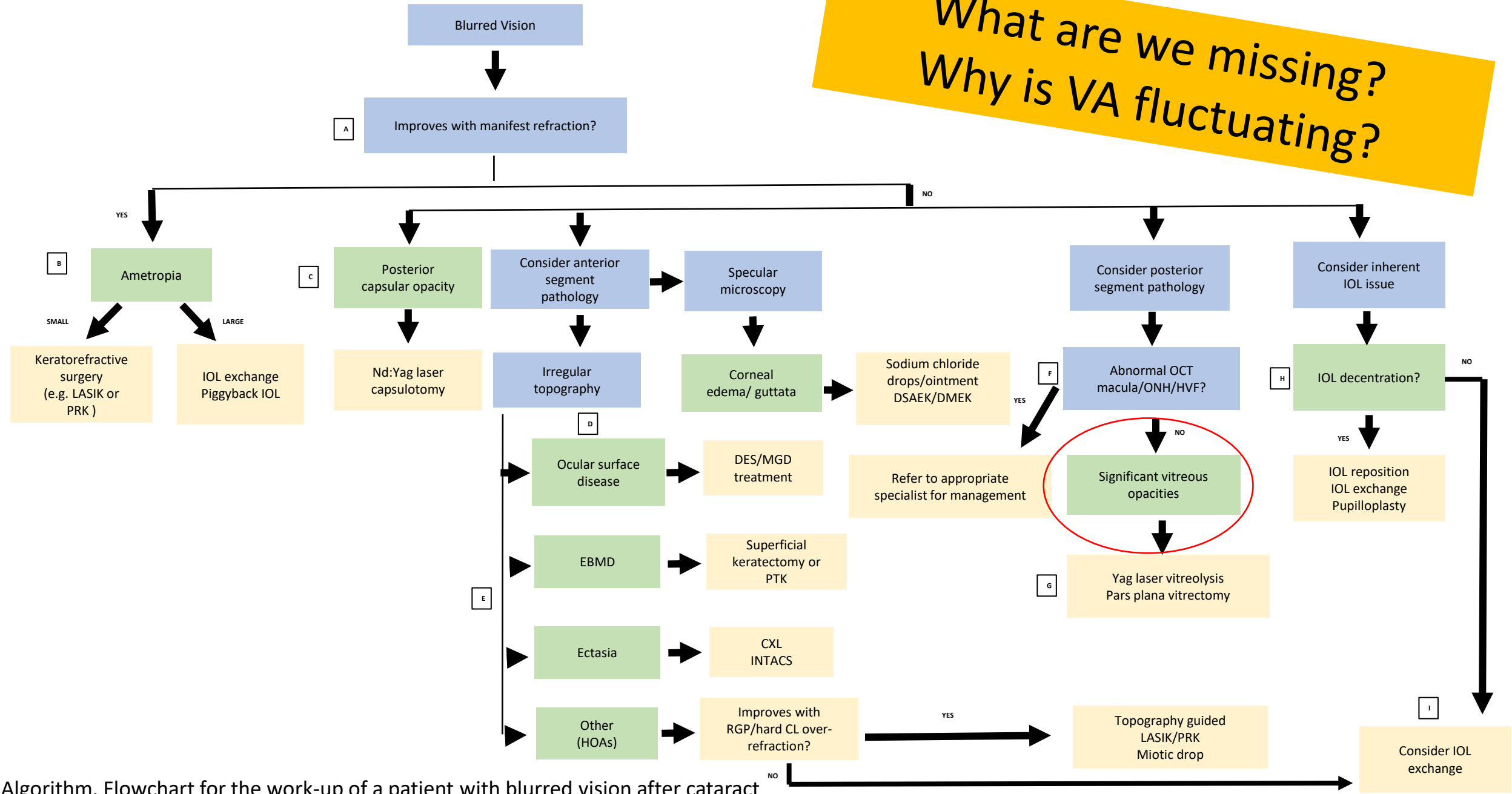
- “My right eye is still blurry. It’s actually worse!”
- MRx +0.75-0.75 x 060 **20/40**
- IOL perfectly centered
- Ocular surface wnl
- OCT macula wnl



Now what?

...Patient is unhappy

**What are we missing?  
Why is VA fluctuating?**



Algorithm. Flowchart for the work-up of a patient with blurred vision after cataract surgery. Decision Making in Ophthalmology. Friedman N. 2024

# Upon further questioning...

- “I feel a ***tela*** (film,
- “I need to blink or comes back.
- SLE: 4+++ Vitreous

ocks my vision.”  
vision, but it always



# Visual acuity vs Contrast sensitivity

**E**  
**F P**  
**T O Z**  
**L P E D**  
**P E C F D**  
**E D F C Z P**  

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**F E L O P Z D**  
**D E F P O T E C**  

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**L E F O D P C T**  
**F D F L F O H O**  
**F E E O L C F T T**

“In-Office”

**H S Z D S N**  
**C K R Z V R**  
**N D C O S K**  
**O Z K V H Z**  
**N H O N R D**  
**V R C O V H**  
**C D S N D C**  
**V V V V V V**

“Real World”

ORIGINAL ARTICLES | VOLUME 244, P196-204, DECEMBER 01, 2022



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## Vitreotomy Improves Contrast Sensitivity in Multifocal Pseudophakia With Vision Degrading Myodesopsia

Justin H. Nguyen • Kenneth M.P. Yee • Jeannie Nguyen-Cuu • Jonathan Mamou • J. Sebag  

Published: May 10, 2022 • DOI: <https://doi.org/10.1016/j.ajo.2022.05.003> •  Check for updates

 PlumX Metrics

- N = 180 eyes of 180 patients (55 MFIOL, 60 monofocal intraocular lenses [MIOL], 65 phakic)
- Vitreous echodensity (QUS) was the same in all lens cohorts, yet CSF was 25% worse in MFIOL eyes ( $P < .001$ ).
- Postoperatively, vitreous echodensity decreased by 55%, 51%, and 52%, whereas CSF improved by 37% 48% in and 43% in MFIOL, MIOL, and phakic eyes, respectively ( $P < .0001$  for each).
- NEI Visual Function Questionnaire analyses showed improved visual well-being.

# The Remedy

- Patient was referred to a retina specialist for pars plana vitrectomy
- POD#1 – Patient feels much better and sees 20/20 uncorrected!
- POM#1 – Patient is thrilled and sees 20/20 J1+ uncorrected!

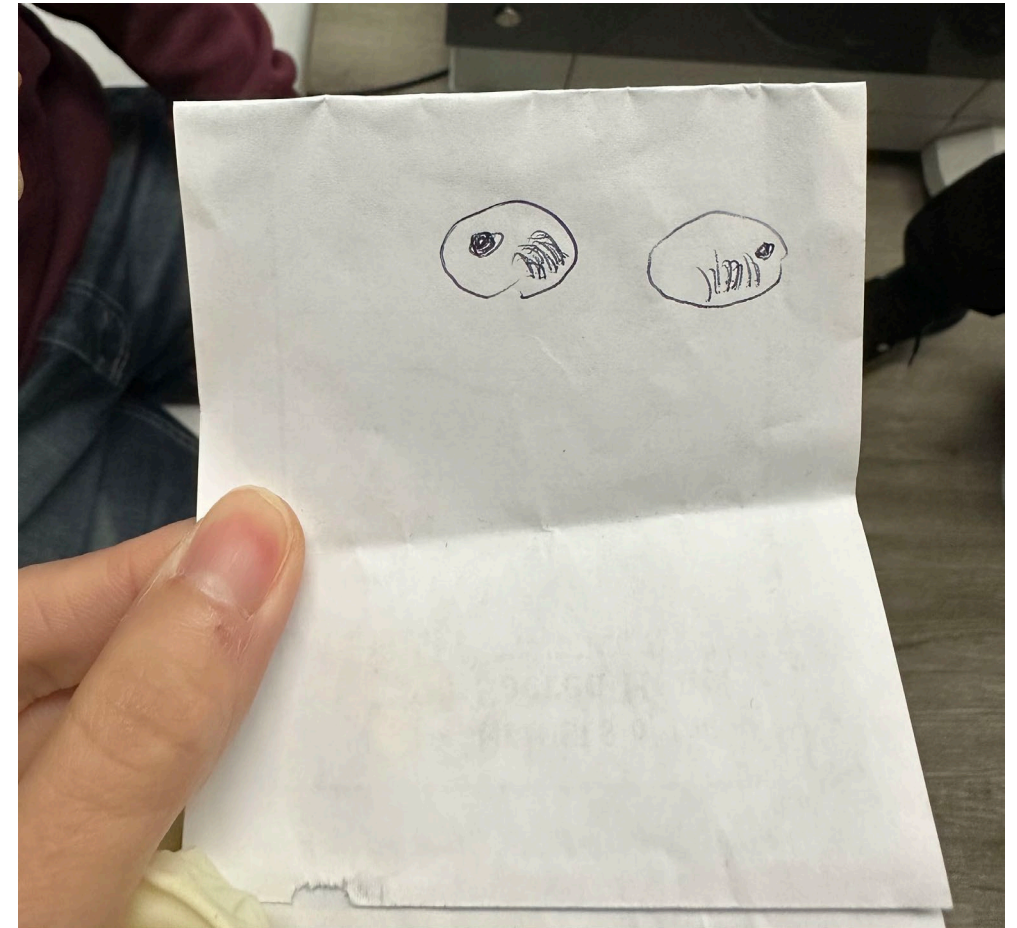
IOL exchange avoided!!!



# Vitreous Opacities: What the Patient Sees

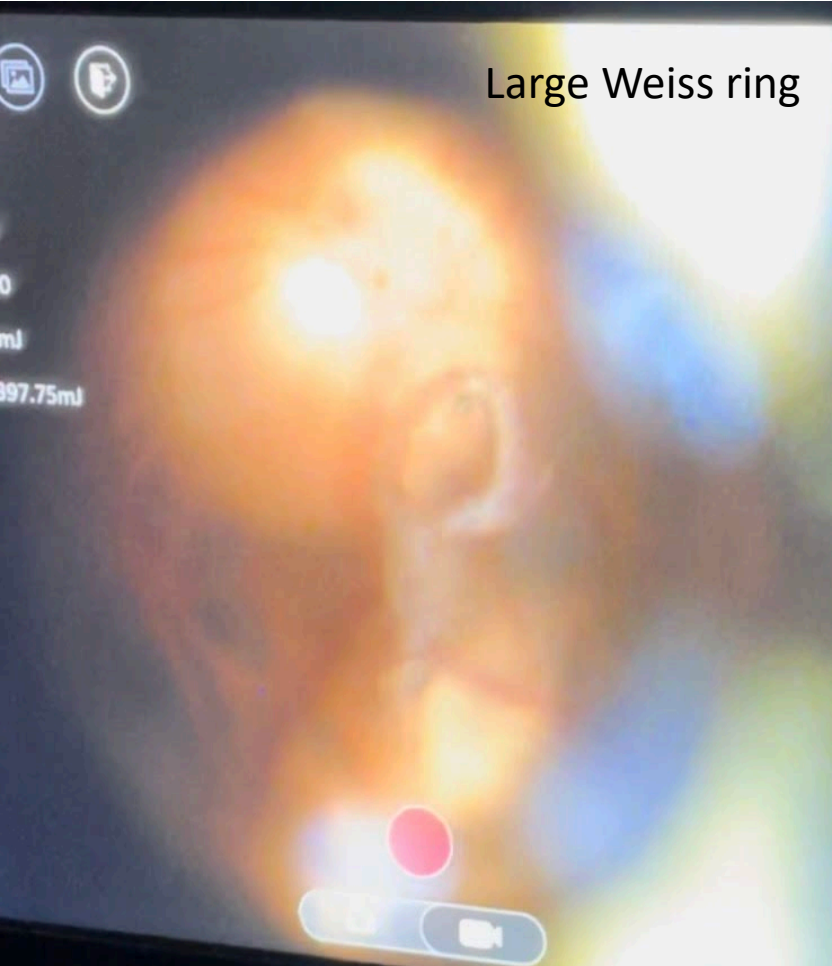
- “Blurry”
- “Film”
- “Cloud”
- “Cobweb”
- “Moves”
- “Blocks”
- “Comes and goes”

**Note that patient does not always use the word “FLOATER”**





# Vitreous Opacities: What the Doctor Sees



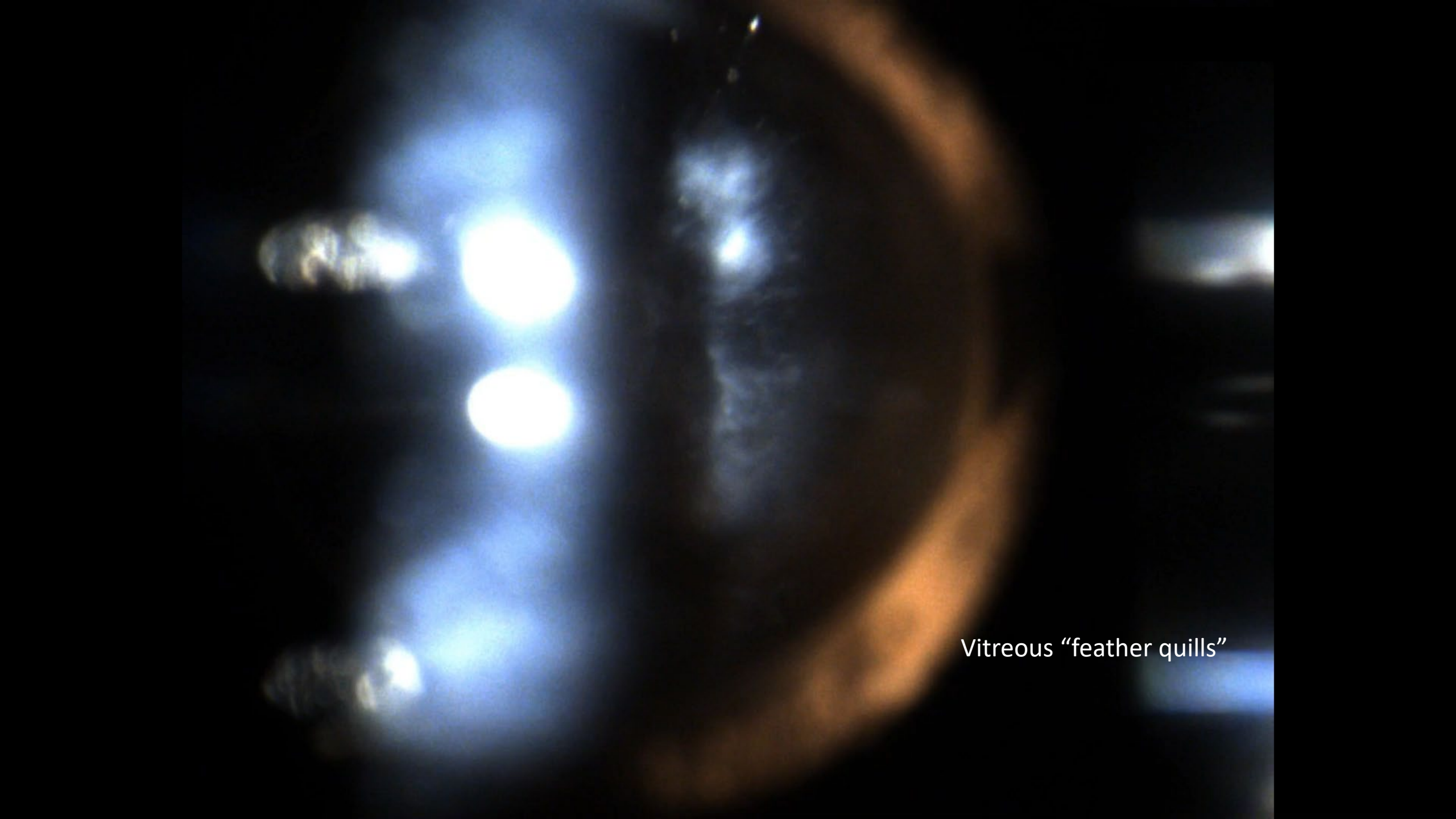
# A Case Series: YAG Laser Vitreolysis

## Presented at ASCRS 2023

- N = 77 eyes of 62 patients (71% trifocal IOL, 29% EDOF IOL)
- 75% eyes noted improvement after 1 treatment
- 37% of eyes/patients elected additional treatment
- No change in mean UDVA or BCDVA
- 1 patient (2 eyes) experienced an IOP spike >30 (resolved with glaucoma drops)

## Tips:

- Use mid-vitreous lens
- Focus back and forth across multiple planes to better identify opacities
- Break up tx into multiple sessions (max energy 5.0 mJ; spots 500)
- Prednisolone Acetate QID and timolol/dorzolamide BID x 1 week. IOP check in 1-2 weeks.



Vitreous "feather quills"

**Only 2-5 min to test each eye**

\*slide courtesy of Dr. Luis Lesmes, PhD

# Things they don't teach you in training

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- Running a practice
- Coding and medical billing
- Personal finances
- 
- 
- 
- 
- 
- Managing the unhappy patient


# Top 10 Tips to Managing Unhappy Patients

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## #1 Carefully select patients and set realistic expectations ahead of time

A +2.00 50-year old is not the same as a -2.00 50-year old

*“No technology is perfect. Nothing in this world is 100%. You will never see like you did when you were 20 years old, BUT...”*




# Top 10 Tips to Managing Unhappy Patients

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## #2 Welcome negative patient feedback

*“If you’re **HAPPY** with the way we treat you, tell your friends.  
If you’re **UNHAPPY** with the way we treat you, tell us.”*



# Top 10 Tips to Managing Unhappy Patients

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## #3 Validate the patient's complaints

*"I'm so sorry you're going through this. I hear you. It must be so frustrating."*

*"Yes, I've had a handful of patients who have described a similar issue."*





## #4 Start by addressing all variables you CAN control

### The “easy stuff”


- Residual refractive error (place temporary CL to help patient function)
  - Posterior capsular opacity/IOL centration/tilt
    - Vitreous opacities

# Top 10 Tips to Managing Unhappy Patients

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## #5 Acknowledge issues early and address them promptly

*“It’s easier to defuse a ticking bomb than to contain an explosion”*

- See patients back in a few days to weeks—not months!
  - Schedule enhancements/IOLX sooner rather than later
- 

# Top 10 Tips to Managing Unhappy Patients

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## #6 Provide reassurance and instill confidence re: a solution

*“The good news is your surgery was done perfectly. Your eye looks healthy.  
There’s nothing dangerous going on.”*


*“Patients with similar complaints as yours have improved with time, dry eye  
treatment...”*

# Top 10 Tips to Managing Unhappy Patients

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## #7 Clearly lay out the next steps in a joint plan

*“Let’s talk about where to go from here. First, try these drops and give your eyes more time to heal. Then we can re-evaluate and schedule a touch-up”*



# Top 10 Tips to Managing Unhappy Patients

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## #8 Show the patient you're on the same team

*“Dry eye disease is a challenging problem. Let's find a solution together.”*

Help out wherever you can (especially financially—samples, free enhancements, refunds)




## #9 Establish an “unhappy patient” protocol

- Get your staff on board
  - Streamline communication channels
- Set aside a special time and space for follow-ups  
(KAFO: Keep Away From Others)

# Top 10 Tips to Managing Unhappy Patients

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## #10 Refer to a trusted colleague for a second opinion

- Have your local retina, glaucoma, neuro-op, etc colleague on speed-dial
  - Likewise, be courteous and professional when other patients seek you out for a second opinion
- 

# Harvard Business Review

Analyzed 175,000 survey comments  
from surgical patients

## Positive Themes

- Courtesy
- Respect
- Empathy
- Coordination
- Communication

## Negative Themes

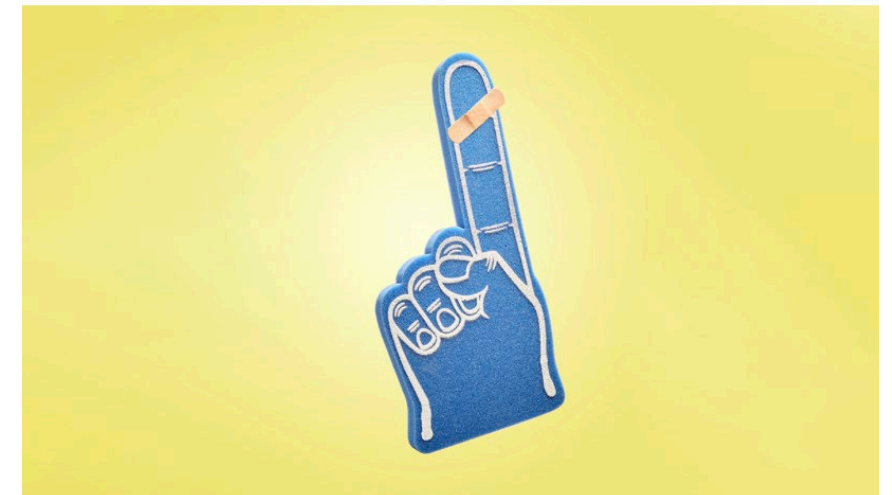
- Long wait times
- Disorganization
- Poor environment

Operations

## Understanding Unhappy Patients Makes Hospitals Better for Everyone

by Senem Guney, Zach Childers, and Thomas H. Lee

April 02, 2021







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