

Making the transition to SMILE has benefited my patients and my practice

By Robert T. Lin, M.D.

I first became interested in small incision lenticule extraction or SMILE® (Carl Zeiss Meditec AG) about four years ago. I was intrigued by the possible advantages of a procedure that provided equivalent visual outcomes to LASIK, but without its principal drawbacks in terms of flap creation and postoperative dry eye. After researching further and reading all the key peer-review studies concerning SMILE as well as discussing with many international colleagues who had already made the transition to SMILE, I became convinced that this represented a clear advance on LASIK and could serve as a catalyst of growth for my practice, 95% of which is devoted to refractive surgery.

After travelling to China in 2017, I was able to observe Lenticule Extraction being performed with SMILE on the VisuMax® (Carl Zeiss Meditec AG), and I was further convinced that this was a technique which would prove a valuable addition to my practice. I performed my first SMILE surgery in 2018 and witnessed first-hand how it delivered excellent outcomes and a smooth postoperative experience for my patients.

From that point onward, my practice became more and more SMILE oriented. It was almost a natural progression as I became convinced of the benefits of this solution and became more proficient at performing the surgery. My practice includes twelve offices in California which is a very competitive market for refractive surgery. We have been in business since 1999 and have built up a successful and well-known practice with significant market share in the industry. In that time, I have performed over 60,000 LASIK procedures, and even underwent successful LASIK surgery myself, so opting to embrace a new refractive surgery procedure was not a decision that I took lightly.

MAKING THE CHANGE

The refractive surgery market in the United States is LASIK dominated, and there is very little awareness of SMILE or any other alternative options. From my perspective, there had to be a really clear benefit to my patients in making the transition to a SMILE-dominated practice. I think that has to be the starting point for any change: the surgeon has to believe 100% in the procedure and have total confidence in the visual outcomes it will deliver for his or her patients.

Based on the international experience with SMILE, I felt that I could get excellent results for my patients and I diligently learned the technique. The learning curve is not too steep and surgeons can attain LASIK-like results very quickly. I think most surgeons will be comfortable performing SMILE once they have performed a few procedures, but will continue to get even better results with more cases if they are critically evaluating their techniques and outcomes.

However, we do not recommend performing SMILE until the surgeon has a thorough understanding of the VisuMax laser. My advice for starting with SMILE is to follow the ZEISS SMILE onboarding process accompanied by a regional clinical application specialist from ZEISS. This proprietary laser system can also be used to create a flap, just as in LASIK procedures, under a very low-pressure system. This means that patients are much more comfortable during the procedure. I would recommend following the ZEISS onboarding process by doing about 50 cases of the flap procedure prior to starting SMILE just to become more familiar with the laser.

As part of the learning process, it is important to be diligent and to watch the videos of other surgeons as well as record your own performance. I watched every single one of my videos after my initial surgeries to see how we can possibly improve in order to get the best possible results. Technically SMILE is slightly more difficult than LASIK, but it is still much easier than cataract surgery. If you are diligent and persevere you will get these excellent results in the early post-operative period. The bottom line is that it may take a little bit of time to master the procedure, but the return on investment can be huge for your practice. The reduced enhancement rates and increase in patients makes learning the new procedure worth it.

RETHINKING THE BUSINESS

Making the transition to SMILE entailed much more than a surgical decision – it essentially meant overhauling our practice management from top to bottom. It involved everything from developing appropriate marketing and educational materials to staff training and customer care. This is where ZEISS was very supportive, helping with all the key aspects of practice development including staff training, customer service and

marketing in order to ensure that SMILE was fully integrated into our practice and that everyone understood their role in relation to this new technology. The ZEISS Practice Development Consulting (PDC) was very beneficial in helping us fine-tune our marketing strategy and in drawing up a business plan to facilitate regional educational events in both northern and southern California for optometrists. This led to many educational events over the last few years to include educational evenings, continuing education events, multiple optometrists undergoing the procedure with SMILE themselves, and an increase in overall practice revenue through new co-management leads and treated cases.

The optometrists were really excited that there is now a procedure that has no flap, as they have been concerned about flap-related complications and incomplete healing. Due to less cornea nerve disruption the cornea has the potential to stay stronger with SMILE which showed less dry eye symptoms post-operatively in my clinics.

Overall, the ZEISS PDC was very helpful and a real collaboration that enabled us to grow our market share in a very competitive landscape. I think the Practice Development Consulting is something that definitely helps the culture of the company. We are a 95% refractive surgery practice. There are many practices that are not as focused as we are, and they would probably benefit even more from the ZEISS PDC expertise. This is because some basic features that the PDC offers would make a major difference for a less focused clinic. For us, what it did was supplement the training that we were already doing and took it to the next level. We were already at a very high level and the PDC just raised the bar a bit higher. ZEISS really exceeded my expectations in terms of the back-up and support services they offered at all stages of the transition to SMILE. They were very accommodating and were very responsive to any questions I had. The clinical trainers were always available whenever they were needed and service support was also on hand to field queries and ensure that everything was and still is running smoothly. In terms of marketing support, ZEISS was very helpful letting us know the type of strategies that worked in other successful markets. The PDC also helped with our overall customer service and how to improve sales conversion. A practice needs to have that type of support when incorporating a new technology, and it proved very beneficial for us.

REAPING THE DIVIDENDS

We were also able to introduce SMILE gradually, launching it first in our northern California office where the LASIK volume was not as high. Having observed the excellent outcomes and positive patient feedback we also incorporated it in southern California. Confidence is key in making the transition work. The more the surgeon performs SMILE surgery, the more confident he or she becomes with the technology. This confidence transmits to the staff and the patients as well once everyone

sees the first-rate results that are being obtained with SMILE time after time. Our clinic used to be almost exclusively LASIK. About 90% of our patients today that qualify for either LASIK or SMILE, choose to undergo surgery with SMILE. The other 10% percent that don't opt for SMILE usually do so for financial reasons, as we charge slightly more for SMILE. We explain to them that this new technology required considerable investment, and that we have had to re-train our staff, create new marketing materials, and invest in new technology. This is why it is about 10% more expensive than a LASIK procedure.

The key is to build trust and for the patient to have confidence that you want the best for them. At the consultation, we tell them LASIK is an excellent procedure and explain how it differs from SMILE, and the pros and cons of each approach. Patients will then usually ask which solution we recommend, and we tell them that we recommend SMILE based on our experience, the results we have obtained, and the potential advantages it offers. Now that we have performed a critical mass of procedures with SMILE the patients are posting their amazing experience and patients are asking for SMILE and not LASIK.

Moving our practice to SMILE has turned out to be an excellent decision for our patients and ultimately our business. Our results are consistently excellent with a higher percentage of patients obtaining 20/15 uncorrected vision after SMILE than they achieved preoperatively with glasses or contact lenses. The results are also very predictable and stable over the long term as borne out by studies in the peer-reviewed literature. Our LASIK enhancement rate is about 1%, while that for SMILE touch-ups is only about 0.2%. As word spreads about the visual outcomes we have been achieving, we have seen a definite increase in demand.

I estimate that SMILE has increased our revenue by at least 20%. However, the real reward is seeing just how happy our patients are after their SMILE surgery. Converting to SMILE for purely financial reasons is probably not a viable strategy. Surgeons need to do their research and to really understand what the benefits are for their patients. Once they believe in that, and start to see the results, everything else will follow, including financial success.

Dr Robert T. Lin founded IQ Laser Vision in 1999 and has successfully performed more than 60,000 refractive procedures over the past 20 years. Dr Lin received his undergraduate education from UC Berkeley and medical training at UCLA. He completed his ophthalmologist residency at the prestigious Jules Stein Eye Institute at UCLA where he is currently an Assistant Clinical Professor.



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