



CSUupdate

Cornea Society **University** June 30, 2017

Latest cornea news from the Cornea Society

INTRODUCTION

Welcome to the ninth issue of CSU (*CORNEA SOCIETY UNIVERSITY*). This month's CSU VideoEd will focus on IOL exchange. We will also feature an article on "Incorporating new technology into your practice."

Incorporating new technology into your practice

Ophthalmology is truly at the forefront of medical innovation. ([Read more](#))

IOL Exchange

Technology in cataract surgery continues to evolve. ([Read more](#))

Stay In Touch

As your fellowship is coming to an end please be sure we have your updated contact information on file so you can continue to receive the journal Cornea and other Society publications and mailings. ([Read more](#))

SAVE the Date! CSU Dinner Series Upcoming Event

Plan to attend the CSU Dinner Program taking place on Friday November 10th in New Orleans during the AAO meeting. ([Read more](#))



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Incorporating new technology into your practice

Ophthalmology is truly at the forefront of medical innovation. New diagnostic technologies, medications, surgical instruments, surgical guidance systems, and devices are constantly being introduced in all ophthalmic subspecialties. As a cornea specialist who wants to offer cutting-edge medicine to my patients, I often struggle with new technology. How do I decide which technology is best for my practice? As new technology is introduced, when should I incorporate it into my practice? How do I incorporate the new technology? How do I get buy-in from my staff?

Why?

The first question to consider is why we should incorporate new technology into our practice. For many of you, the answer may seem obvious. We all want to provide our patients with the best care possible with cutting-edge technology. In practice, however, this is easier said than



done. We all fall into routines, and change is difficult and often time-consuming, especially in larger practices. You have to have buy-in from all of the physicians affected as well as the staff when you make changes, which brings us to our next question.

What?

What technologies should you invest in? To answer this question, you have to take a step back and analyze your practice. If your practice is concentrated on dry eye, you may want to consider investing in dry eye diagnostics and treatments. If you are a high-volume cataract surgeon, you may focus instead on diagnostics, aberrometry, or intraoperative guidance systems. Once you decide on a type of technology, you have to figure out which one best suits your practice's needs. I start this process with a lot of research. I read the available literature on the new technology to better understand the benefits and risks. I then contact the sales representatives to obtain more detailed information. If possible, I try to secure hands-on experience with the product. Lastly, I discuss the new technology with colleagues who have experience with the product. A site visit to their office to see the new technology in action is often invaluable.

When?

The next question to consider is when should you purchase new technology. New technologies and innovations are adopted at different rates by different people. Everett Rogers popularized the theory of diffusion of innovations to explain how, why, and at what rate technology spreads. He also goes on to define different adopter categories. You have to decide are you more of an innovator, early adopter, early majority, late majority, or laggard? You may find that you fall into different categories for different technologies. There are benefits and risks to being on both ends of the spectrum.

How?

The last consideration is how to incorporate new technology into a practice. Now that you've decided that this particular technology is beneficial for your practice, you need to figure out a way to ensure its adoption. I think there are three important steps in this process. The first step is to develop a plan. If you are investing in dry eye diagnostics, for example, you have to have a plan that includes when the test is performed, who performs the test, and where the units are stored. I've found that if new technology is introduced in a haphazard way, it can significantly delay patient flow, and the adoption rate among other physicians will dwindle. The next important step is finding a leader to spearhead the effort to ensure success. Having one person in charge of a project streamlines the process. The leader takes ownership of the technology incorporation and helps troubleshoot problems. The last step is to educate the support staff. I think educating the staff on the importance of a new technology helps with staff buy-in. If everyone understands the why, enthusiasm builds, and adoption follows.

This is a very exciting time to be an ophthalmologist. There are ample opportunities for innovation and early adoption of new technologies to keep us on the cutting edge of medicine.

CSU is meant to be an interactive platform where your questions and concerns are addressed. If you have a specific area or question you want us to concentrate on in future issues, please send an email to jessciralsky@gmail.com with the subject "CSU." Additionally, CSU is designed for all young cornea and anterior segment ophthalmologists, so if friends or colleagues want to be added to the listserv, please send an email to info@corneasociety.org.

IOL Exchange

Technology in cataract surgery continues to evolve. We've recently seen the introduction of femtosecond laser-assisted cataract surgery, intraoperative wavefront aberrometry,

intraoperative overlay guidance, and advanced technology intraocular lenses. All of these advancements have led to improved surgical outcomes and higher patient expectations. Developing a skill set to fix complications and exchange IOLs when necessary is important, especially for cataract surgeons who implant new technology IOLs. In this video, you will hear **Gregory Ogawa, MD**, discuss the indications, special considerations, and principles of IOL exchange. He will also show some beautiful videos of different techniques for IOL exchange.

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