



Make yourself special

New Zealand practitioner **Dr Alan Saks** arrives in the UK this month to deliver the sixth BCLA Pioneers' Lecture. Here he makes the case for using specialist lenses and management techniques in contact lens practice

In this era of single-use disposable lenses, with internet sales of boxes of 'commodities', it is clear that contact lens practice has changed considerably from the days of our pioneers, over half a century ago.

Commercialisation of contact lenses – and optometric practice in general – means that practitioners are facing many challenges. Maintaining high ethical standards while facing economic reality is not always easy.

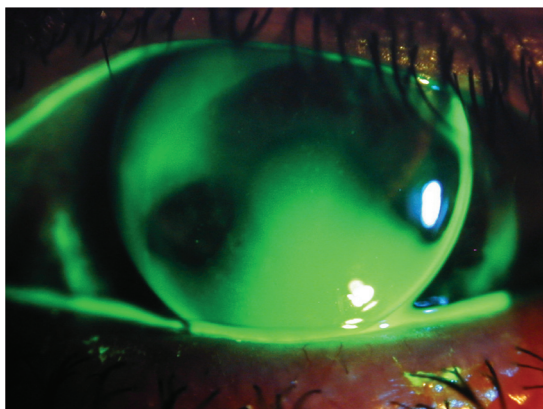
One of the best ways to counter these problems and indeed flourish in these challenging times is to develop a subspecialty. Chain stores and more commercial outlets are not easily able to mimic speciality practice and indeed are not geared to, or really interested in such modes, as it does not fit a 'recipe' system.

Speciality contact lens practice and management has been part and parcel of contact lens care since contact lenses were developed. Many of the earliest attempts by contact lens pioneers were indeed related to complex cases such as keratoconus and high ametropias.

Take keratoconus – with a one in 2,000 incidence and assume an average practitioner needs a demographic of around 10,000 patients – then we see that the average practitioner may only stumble upon five cases every year or two. Many tell me they only see a few cases a year. That's not really enough to maintain a speciality practice. Specialist practitioners on the other hand may see five keratoconics in a day!

We all have to start somewhere. There are many areas of speciality contact lens practice. Conditions such as post-Lasik keratectasia, penetrating and Descemet's level lamellar keratoplasty, cornea plana, irregular astigmatism, trauma, scarring, nystagmus, high astigmatism, myopia and hyperopia are all conditions that require specialist care. Although there are no longer many aphakes out there, we still need to fit a few. If you add all these cases up then there are certainly many people needing, and indeed

Dr Saks: motivating practitioners to undertake specialist fittings



seeking, specialist practitioners.

Presbyopia is also a key area for practice growth. We have a myriad of multifocal rigid gas-permeable and soft lenses, as well as monovision, to help us grow this facet of speciality practice. Piggybacking is also a growth area, as are contact lens applications in sport. As technology advances so do our options.

Managing inflammatory lid conditions, dry eye, solution intolerance, corneal staining, red eyes, a myriad of visual problems, computer vision syndrome, children's vision, low vision and paediatric optometry are also key areas for the contact lens practitioner to make a mark. Utilising, explaining and disseminating digital imaging and corneal mapping techniques are also important factors in building and maintaining a speciality contact lens practice.

Marketing and communication

are essential tools. Detailed reports to optometric and ophthalmological colleagues and successful outcomes are excellent ways of informing these colleagues of the fact that you are available to handle their tricky cases. They are often more than happy to send you many such referrals.

Satisfied, enthusiastic patients are probably the best source of referrals. Making sure they have your business cards, website and email for their friends and co-workers is an obvious and easy, low cost step. Seeding the internet, online *Yellow Pages* and other sites with keywords relating to your areas of expertise is another key area for referrals.

Writing for local magazines and newspapers, speaking engagements, lecturing to optometric groups and associations and so on all help add to potential referral sources.

In my BCLA Pioneers' Lecture I will elaborate on key aspects of some of these specialist contact lens and management techniques. Some are straightforward common sense, while others take time to hone and perfect. Experience has shown that those who employ some or all of these techniques not only survive but continue to thrive, often over a number of decades.

It behoves us to share our specialist knowledge and to help motivate and develop the next group of specialist practitioners and pioneers. They are critically necessary to care for the never-ending supply of complex conditions that require specialist care.

I hope I can motivate practitioners to undertake specialist fittings and techniques and provide some take-home strategies that can be applied from the very first day back at the coal-face. ●

● **Dr Alan Saks** will deliver the BCLA Pioneers' Lecture and co-host the half-day Pioneers' Conference in London on November 26. More details at www.bcla.org.uk. Specialist contact lens fitting will also be the topic for a series of BCLA-sponsored CET articles in *Optician* throughout 2010

Three-point fit of a keratoconic