

Guatemala 2011: PalmScan A

Thank you so much for loaning the PalmScanA instrument to our group. I have never seen this technology before and was blown away by how portable, fast, easy to use, and helpful it was for calculating the power of the intraocular lens (IOL) needed for our operation. This device helped provide information for 38 patients at the Clinica Maxena in Santo Tomas la Union, Guatemala from November 14 to November 18, 2011.

This device has multiple advantages:

- It takes less than 5 minutes to learn how to use the device and can be easily taught to nurses and technicians, if needed. I, myself, am not that tech savvy and was able to learn quite fast from Dr. Fishman.
- The A scan acquires data in less than 30 seconds and only requires a topical anesthetic drop.
- It can take less than 5 minutes total to get an IOL power: this includes inputting the patient's name, doing the A scan, inputting the K readings and calculating the IOL power

(If the argument is that the physician does not have the time to perform the K&A so the technicians should do the measurement, I would argue that it is so fast and convenient, that it would be easier for the physician and also more convenient for the patient to use the PalmScan A at the end of the pre-operative appointment).

The only disadvantage is that some patients thought that the blinking red light WAS the cataract operation. I explained that though the PalmScan A could not perform the operation, that the technology played an integral role for knowing the power of the artificial lens that would be implanted during the operation.

Not only was this technology helpful in a small town in Guatemala, but I also realized how nice it would be to have this device at our county hospital and even at the VA. At Santa Clara Valley Medical Center (SCVMC) in San Jose, a common complaint is that there is no time to do the K&A's (the nurses and technicians are booked with visual field and photography appointments, and the MD's do not perform the IOL measurements because either we never learned how to use the A scan or IOL master or it's in a another room way down the hall and takes too long to perform). Sometimes patients will even show up to the OR and the information for their lens is not available or was never done. This would be an incredible asset to have because we already have a portable automated keratometer, and with the use of the PalmScan A the measurements could even be performed in the pre-operative area on the day of surgery.

I will be giving a grand rounds about our trip to Guatemala and will take a poll on how many physicians who perform cataract surgery know about this device. I would even be interested to conduct a study on the use of this device at SCVMC to see if the device helps improve patient flow.

Sincerely,

Lauren Crow, M.D.
Post Graduate Year 4 Resident
Byers Eye Institute at Stanford