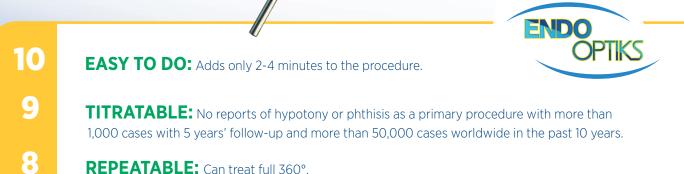
The TOP TEN reasons you should perform **ECP as a Cataract Surgeon**



- VALUE ADDED FOR PATIENTS: Phaco-ECP is proven to further decrease IOP and the number of meds than phaco alone.
- NO ADDITIONAL PATIENT FOLLOW UPS: Patients only need to be seen the same as phaco procedures alone post operatively, 1d, 1wk, 1m.
- NO LONG TERM COMPLICATIONS: No incidents of hypotony, macular edema, or retinal detachment.
- CONJUCTIVA IS LEFT UNDISTURBED: If necessary, selective laser trabeculoplasty, repeat ECP, trabeculectomy or glaucoma drainage devices can be done subsequently.
- NO EARLY OR LATE COMPLICATIONS: Unlike trabeculectomy or shunt procedures.
- **REIMBURSABLE:** CPT Code 66711 covers more than procedure costs for both surgeon and facility.
- ECP IS FUN AND INTERESTING!: A new view for surgeons, revealing a different look at cataracts, pathologic ciliary processes, zonules, capsular defects, etc.

— Brian A. Francis, MD, MS



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EASY TO DO: Adds only 2-4 minutes to the procedure.

REPEATABLE: Can treat full 360°.

VALUE ADDED FOR PATIENTS: Phaco-ECP is proven to further decrease IOP and the number of meds than phaco alone.

TITRATABLE: No reports of hypotony or phthisis as a primary procedure with more than 1,000 cases with 5 years' follow-up and more than 50,000 cases worldwide in the past 10 years.

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