

Jan 15, 2026

"Cataract Assistant" Product Architecture Review Session-2 - Transcript

Srinivasan H: Uh yeah, I'll share my screen. Uh the before two uh 3 days we discussed about the patients view doctor's view, right? So I have some done some updates. So I just wanted to quickly display and make corrections

gitanjali baveja: Okay.

Srinivasan H: there.

gitanjali baveja: Is it possible for you to make that bigger than the screen

Srinivasan H: Uh, which one? Uh,

gitanjali baveja: sharing?

Srinivasan H: I think you have a full screen option here. Can you see here? You might get a

gitanjali baveja: Okay, now I see. Okay, got it. Yeah, that's much better.

Srinivasan H: U. Yes. Okay. Uh so uh I have added the middle name and uh the age gets automatically calculated based on the date of birth as you mentioned.

00:54:34

Srinivasan H: Uh but I don't think so in the EMR we have a middle name. All right.

gitanjali baveja: No, we don't have one.

Srinivasan H: Ah

gitanjali baveja: I have a question under the top part where it says consider intraoperative

Srinivasan H: okay.

gitanjali baveja: aberometry. Why do we have that?

Srinivasan H: Uh where

gitanjali baveja: on the right on the right hand side all the way up in the yellow

Srinivasan H: yes.

gitanjali baveja: section it says it says consider intraoperative

Srinivasan H: Okay. Alert. Huh?

gitanjali baveja: aberometry. Why?

Srinivasan H: So, it was given by the AI to generate that kind of thing like uh I'm not

sure what that means. Uh I had told the AI to generate based on the alert. So, it has given that. So,

gitanjali baveja: Oh, I see.

Srinivasan H: what do you think is it wrong?

gitanjali baveja: Because of the stigmatism.

Srinivasan H: Uh do you think is it wrong or

gitanjali baveja: Yeah. I mean,

Srinivasan H: uh

gitanjali baveja: everybody doesn't have intraoperative eperometry capabilities.

00:55:39

Srinivasan H: okay so the thing is I have mentioned uh alerts I've mentioned the AI to generate alerts based on uh the aigmatism or something. So it just it gives a a header and for that it gives a small description kind of something. So uh it has generated this kind of thing. So if we want we can remove this or we can uh instruct it properly to

gitanjali baveja: Leave it for now cuz the alert is correct because of the difference in a

Srinivasan H: give okay

gitanjali baveja: stigmatism. So just leave that for now.

Srinivasan H: uh

gitanjali baveja: I'll I'll leave it as a demonstration. That's

Srinivasan H: okay uh so middle name age has been added uh and

gitanjali baveja: fine.

Srinivasan H: uh and medical conditions uh

gitanjali baveja: And the age is a calculation,

Srinivasan H: systematic Yes,

gitanjali baveja: right? It's not pulled from the EMR.

Srinivasan H: because you even you cannot change it because it's automatically calculating from the day

gitanjali baveja: Okay.

Srinivasan H: of and uh we had a discussion we need to

00:56:35

gitanjali baveja: Okay.

Srinivasan H: separate systematic condition uh we need to bring ROS allergies and

uh current medications if anything are there in the medical

gitanjali baveja: Yes. Oh, we needed to separate eye medications from

Srinivasan H: profile uh uh that we have in uh

gitanjali baveja: systemic. Oh, okay.

Srinivasan H: other place I'll just show you that so uh in clinical context uh I have separated between left eye and

gitanjali baveja: Okay. You separated the left and the

Srinivasan H: right uh so what do you think I'm not sure whether this is correct this

gitanjali baveja: right.

Srinivasan H: uh UVCA and BCVA is this required

gitanjali baveja: Uh, BCVA is good to have on there. Um, UCVA is not necessary.

Srinivasan H: Uh okay.

gitanjali baveja: I would just say

Srinivasan H: Um okay.

gitanjali baveja: BCVA.

Srinivasan H: Uh and then the master I have put uh like this. You can see this the axis you mentioned

gitanjali baveja: Right.

Srinivasan H: previously.

gitanjali baveja: But we need we needed I'll tell you there's a couple of things on the I

Srinivasan H: I have added

00:57:57

gitanjali baveja: master we we put axial length anterior chamber depth white to white we didn't we forgot that it's part of

Srinivasan H: white to white. Okay. Okay, I think that okay,

gitanjali baveja: the do you want to bring

Srinivasan H: it's part of

gitanjali baveja: up the eyeball master and I can tell you what's important

Srinivasan H: uh yes, one screen. Yeah, I think I forgot the W. Uh I think I put it some. Just let me check whether I have extracted it or not. Okay.

gitanjali baveja: right there.

Srinivasan H: Um, this is this

gitanjali baveja: Let me look it a little bit closely. Oh, so down there there's a white to white wtw.

Srinivasan H: Wait, wait. Okay. Okay. I missed this. Sorry for that.

gitanjali baveja: That's okay.

Srinivasan H: Uh, yes. Okay.

gitanjali baveja: The other thing is you see how this a stigmatism has a negative and

a positive number. Sorry, it's a it's a negative sign there.

Srinivasan H: H

gitanjali baveja: under TK total keratometry.

01:00:21

gitanjali baveja: Yeah,

Srinivasan H: you

gitanjali baveja: it's -2.75 at 102 or what if you just

Srinivasan H: H

gitanjali baveja: It's actually -2

Srinivasan H: uh but last time you told it differs from one clinic to clinic,

gitanjali baveja: 72.

Srinivasan H: right? It can either be negative or

gitanjali baveja: Yeah.

Srinivasan H: positive.

gitanjali baveja: But whichever one for example if it's negative cylinder at what did we put on our thing 102 102° so

Srinivasan H: Uh yes. Uh 102

gitanjali baveja: if it's positive if you put positive cylinder which you put on this you described it as pos you didn't put the negative sign right so it's actually not 102 It's 102

Srinivasan H: Yes.

gitanjali baveja: - 90°. So you have It's very important to put the negative or the positive because the axis flips if it's you see what I'm

Srinivasan H: Okay. Yes. Yes.

gitanjali baveja: saying?

Srinivasan H: So, it should be minus 90 here. Either I need to do minus 90 or add a minus uh here.

gitanjali baveja: Yeah.

Srinivasan H: Okay.

gitanjali baveja: So I would just if keep it simple extract whatever it extracted from the I master as is.

01:01:45

gitanjali baveja: If the IO master shows as a negative, use negative.

Srinivasan H: Okay. So, - 2 something.

gitanjali baveja: And the pentac might have shown

Srinivasan H: Okay.

gitanjali baveja: positive.

Srinivasan H: Uh uh. Where do I see

gitanjali baveja: Um, and the pentacam is the next one,

Srinivasan H: that?

gitanjali baveja: the colored images. So there you're seeing um, hold on a second.

Okay. So if you can you move it a little bit so I can see the actual actual Hold on a second. All right. So um you see the steep axis is 11.8° up there under corneial front.

Srinivasan H: Yes. Huh? 9.8° .

gitanjali baveja: And so it's 1 7 at 11.8° . 8.

Srinivasan H: 1.7

gitanjali baveja: So that's plus 1.7 because the word steep means plus cylind plus cylinder. Flat is minus cylinder. So as soon as you use the word steep, they're using plus cylinder. Um so plus 1.7 at 11.1.

Srinivasan H: Okay.

gitanjali baveja: So if you look at let's look at our sheet how we extracted

01:03:34

Srinivasan H: Okay.

gitanjali baveja: it. So it's plus 1.7. So we need to show the plus because think about 1 11.8° 8. If you did 10 and two at the top axis and you subtracted 90, what do you

Srinivasan H: H

gitanjali baveja: get?

Srinivasan H: I'm trying to get

gitanjali baveja: It's close to what you got from the pentac, right?

Srinivasan H: Yes. 11.8° in Pentium. We have

gitanjali baveja: So 102 -

Srinivasan H: 11.8°

gitanjali baveja: $90^\circ = 12^\circ$. Right?

Srinivasan H: H.

gitanjali baveja: So that's why in the pentagram they use plus cylinder

Srinivasan H: Okay.

gitanjali baveja: but in the eyeball master you have they used minus cylinder minus 2.72° that's why they use the 102 axis.

Srinivasan H: Okay.

gitanjali baveja: So we need it doesn't matter what we use. We just need to be consistent. So because they used minus cylinder in the IRL, we need to keep the minus sign on that aigmatism.

Srinivasan H: H. Okay.

gitanjali baveja: We need to show that's minus 2.72 at 102. If we showed it was plus 2.72,

Srinivasan H: H.

01:05:14

gitanjali baveja: we would have to show plus 2.72 at 12,

Srinivasan H: Okay.

gitanjali baveja: right?

Srinivasan H: Got it.

gitanjali baveja: So we need to carry the sign

Srinivasan H: Okay.

gitanjali baveja: forward.

Srinivasan H: Okay. Noted. So here also we need to carry the sign. Okay.

gitanjali baveja: Yeah.

Srinivasan H: Uh okay. Uh here also like in pentacam I don't think so. Right. It is

gitanjali baveja: Uh pentac is already uh it's already plus in pentacam.

Srinivasan H: already

gitanjali baveja: If you look at they didn't use the they didn't say plus or minus they said steep. Steep means plus.

Srinivasan H: H.

gitanjali baveja: Some pentagrams will sh say flat.

Srinivasan H: Okay.

gitanjali baveja: If they wrote flat then you have to use minus.

Srinivasan H: Okay. Got it.

gitanjali baveja: Um we didn't have the right

Srinivasan H: And uh you can see on the right for the

gitanjali baveja: yet.

Srinivasan H: uh so it is not so it will just show an I uh

gitanjali baveja: So on the way.

Srinivasan H: kind of thing for you.

01:06:20

gitanjali baveja: Yeah.

Srinivasan H: If you want you can enter it manually. What about this one? Is it top

gitanjali baveja: Oh,

Srinivasan H: B?

gitanjali baveja: let's look at the let's look at the um

Srinivasan H: Uh where do I find

gitanjali baveja: the D constant at the bottom right.

Srinivasan H: that

gitanjali baveja: That's correct.

Srinivasan H: 93? Uh yes. Okay.

gitanjali baveja: And then on the on the pentacan,

Srinivasan H: Uh so uh

gitanjali baveja: did we use the total aigmatism or if you go back to the f the first page of pentac? Not this page, the first page. Okay, that's fine. That's fine.

Srinivasan H: So at clinical context uh left eye right eye separation we have uh pathology IL master pentam top and uh this will be optional right or uh do every clinics have this pentac should we show This option for all the clinics.

gitanjali baveja: Um we lot a lot of clinics will not have pentacam but they'll have a different model of topography. So they can call it we can maybe you know

01:08:03

Srinivasan H: H.

gitanjali baveja: we can put pentagram topography most have it now but some will have an older

Srinivasan H: Okay.

gitanjali baveja: version of pentagram but it might but I'll just leave it for now.

Srinivasan H: Okay. Then okay.

gitanjali baveja: um coorbidities,

Srinivasan H: Uh and here we have the ocular thing.

gitanjali baveja: but I wanted to go back to I master to make sure we didn't forget anything.

Srinivasan H: Oh

gitanjali baveja: Um we did white to white,

Srinivasan H: yes.

gitanjali baveja: anterior chamber depth, axial length. We did axial length, right?

Srinivasan H: Oh yes. Actual length is there. Uh

gitanjali baveja: And then

Srinivasan H: Uh yes. Uh as per last time I remember you mentioned three things in I master the K values WTW and topography from the color

gitanjali baveja: heat.

Srinivasan H: picture uh bell uh whatever you told uh I think

gitanjali baveja: Yeah. So we have I think we have it and then I think it's we have axial

length and we put

Srinivasan H: yesh

gitanjali baveja: anterior chamber depth right

01:09:40

Srinivasan H: where is Let me

gitanjali baveja: this ACD we need one one more I for I think that's on both pentacam and I measure a CCT central corial thickness

Srinivasan H: Uh, where does that

gitanjali baveja: There it comes under both like if you see the um on the

Srinivasan H: come?

gitanjali baveja: top it says under axial length or CCT for the right eye is 495 and for the left is 494.

Srinivasan H: Okay.

gitanjali baveja: And if I'll show you on the pentacam for a second I'll show you where that is. It should be keep Oh, I can you enlarge it? I can't see it. Uh, it says center.

Srinivasan H: Yes.

gitanjali baveja: It's the 521 number.

Srinivasan H: People center

gitanjali baveja: Let's see the next one. Oh, you don't have the right left one. Um, yeah.

Srinivasan H: Yeah.

gitanjali baveja: See thin right there. Pemmetry thin. Um, 521. You see where it says 521?

Srinivasan H: Okay.

gitanjali baveja: So that's the CCT equivalent on Pentac is right there. So on I will master CCT was 495 on Penticam it was

01:11:42

Srinivasan H: H.

gitanjali baveja: 521.

Srinivasan H: Okay. So, we need to show both

gitanjali baveja: Yeah. Yeah. So, pentacam is where it says pachy thin. Um, and that's equivalent to CCT. CCT is central corial

Srinivasan H: Okay.

gitanjali baveja: thickness.

Srinivasan H: Um, okay. Just Okay, got it. And the ocular part we have here. And uh the surgery as well. I think I have added here. Surgical history ocular and nonocular.

gitanjali baveja: Okay. Um we'd probably under that surgical put maybe have two columns type of surgery and date approximate date.

Srinivasan H: Okay. So, will that be mentioned in the EMR or because

gitanjali baveja: It should

Srinivasan H: I'm because here uh I'm not able to see anything.

gitanjali baveja: like

Srinivasan H: So, I'm not sure how it looks here because here it is none,

gitanjali baveja: Yeah.

Srinivasan H: right?

gitanjali baveja: So people will say I had um you know appendix or appendectomy in 1995 whatever you

Srinivasan H: Okay.

gitanjali baveja: know

Srinivasan H: So, okay.

01:13:32

Srinivasan H: The date we need to also add a date for

gitanjali baveja: which is approximate

Srinivasan H: that.

gitanjali baveja: date.

Srinivasan H: Okay.

gitanjali baveja: So somebody can put the year or the month and the year, whatever they want to put, you know, they could type that in, right?

Srinivasan H: Okay. Okay. Yeah,

gitanjali baveja: Or it'll extract it by itself from the

Srinivasan H: they can type in I will uh after

gitanjali baveja: email.

Srinivasan H: extracting should it be just like a uh sentence or we need to uh give a calendar kind of thing to pick or change it in

gitanjali baveja: I don't think we should do a calendar like nobody remembers the exact dates of their surgery,

Srinivasan H: calendar. Just extract it and display it.

gitanjali baveja: right?

Srinivasan H: Right. That's it. Okay. Got it.

gitanjali baveja: I think that should be sufficient just so somebody's looking at it, they can

Srinivasan H: Okay.

gitanjali baveja: tell.

Srinivasan H: Okay. Uh then uh the lifestyle the teacher here. Oh, you can check those ones.

01:14:52

gitanjali baveja: What is that? Visual goals.

Srinivasan H: visuals. Uh I mean uh the vision zone which they want spectacle independence or

gitanjali baveja: Um I would say instead of primary vision zone I would say range of primary r no visual goals

Srinivasan H: H

gitanjali baveja: uh primary range of Okay. You can put zone. I would say range.

Srinivasan H: primary range.

gitanjali baveja: Range.

Srinivasan H: Vision

gitanjali baveja: Yeah.

Srinivasan H: range.

gitanjali baveja: But I don't I don't think that like spectacle independence high low is not enough. Like do they want spectacle independence from distance and reading just distance? You know, like it's not clear enough with this,

Srinivasan H: H.

gitanjali baveja: right?

Srinivasan H: Okay.

gitanjali baveja: You could be spectacle independence. Hi.

Srinivasan H: H.

gitanjali baveja: But hi from what? Like what is the patient's like? I I don't mind wearing my glasses to drive, but I don't want to wear my glasses to read. So, we should say spectral spectacle independence for distance

Srinivasan H: Okay.

gitanjali baveja: only, reading only.

01:16:27

gitanjali baveja: or all ranges of vision, you know, like where do they want their spectacle to? It should have a drop

Srinivasan H: Okay.

gitanjali baveja: down

Srinivasan H: Okay. Got it. I'll add that extra thing. But we not get this in the EMR,

gitanjali baveja: or right right they

Srinivasan H: right? It should be the counselor who will do this.

gitanjali baveja: can they can select. So spectacle independence we should just have four categories.

Srinivasan H: Okay.

gitanjali baveja: Um it's basically yes or no. They want spectacle independence from and there's no yes or no. Spectacle independence, distance only, reading only, distance and reading, distance and computer or all of the

Srinivasan H: H.

gitanjali baveja: above or none of the above. I don't mind wearing glasses, right?

Srinivasan H: Okay. Okay. Yes. Okay. Got it. Then I don't think so. We need to attach this as well.

gitanjali baveja: No,

Srinivasan H: Rest tolerance.

gitanjali baveja: you don't do that.

Srinivasan H: Okay.

01:18:02

Srinivasan H: Okay. Uh that's it, right? Any more changes here in visual lifestyle.

gitanjali baveja: No, think

Srinivasan H: Okay.

gitanjali baveja: so.

Srinivasan H: Uh okay. Uh now the surgical plan. So uh initially I've given an option whether both eyes because last time when we discussed like one eye can have different and other can have different.

gitanjali baveja: Wait.

Srinivasan H: So here we will just ask is it same for both eyes and uh if we have given yes then uh it's just a matter of picking which uh lens it is if not if it differs from I to I then for each I they need to pick like this I so you can tell your viewers on

gitanjali baveja: on the you've you have to put monop focal also as a

Srinivasan H: this

gitanjali baveja: canon that's one

Srinivasan H: I'm going to focus

gitanjali baveja: range of vision if they just choose the traditional lens

Srinivasan H: Okay. You wanted to show that as well.

gitanjali baveja: Okay.

Srinivasan H: What I have done in the algorithm is like if they don't choose anything

then it is monopocal.

01:19:15

Srinivasan H: Uh you want me to give that option as well?

gitanjali baveja: Yeah,

Srinivasan H: Yeah.

gitanjali baveja: because I want them like some people will specifically

Srinivasan H: So

gitanjali baveja: want and we don't we didn't we have to put extended

Srinivasan H: yes

gitanjali baveja: depth of vision edof

Srinivasan H: off. Okay.

gitanjali baveja: Oh, remember there these are not so we got to do. So let me give you the um options for this patient. Uh, let me where's the let me look at a chat.

Always forget how to find the chat function. Okay. So we have monop focal distance monopocal monof focal

Srinivasan H: Mhm. Uh Keith I I think I've not explained you this properly. You can just uh look at the screen once. Uh I think sorry if I'm not explaining that. I'll just explain you what is done and based on that you can tell me the changes.

gitanjali baveja: Okay.

Srinivasan H: Uh so here we have the option whether it is same for both eyes.

gitanjali baveja: Okay.

01:20:47

Srinivasan H: Right? So let's say uh the patient has same for both eyes. Now okay.

So then uh we are asking the uh doctor whether uh initial packages to offer is monopocal. We have here monopocal.

gitanjali baveja: Well,

Srinivasan H: Okay. Uh the base one uh the packages to offer. Now the doctor will click no he is eligible for multif focal. He's uh he's he also needs to he

gitanjali baveja: what I was telling you that these that's not enough categories that you put for

Srinivasan H: also

gitanjali baveja: eligibility.

Srinivasan H: Okay.

gitanjali baveja: That's why I was trying to write the categories for you. So,

Srinivasan H: Okay.

gitanjali baveja: I was saying um Okay. and actually just put multifocal. You don't have to put multifocal. Don't worry about

Srinivasan H: Okay.

gitanjali baveja: before

Srinivasan H: Sorry.

gitanjali baveja: I take it back. Keep it. Might want to keep it in the package,

Srinivasan H: Okay.

gitanjali baveja: but I'll see.

Srinivasan H: Okay.

01:23:33

Srinivasan H: Uh I think I have added I think I'm not shown you properly. Uh just uh you can see this once. Uh so how this is designed is uh I understand what you're telling uh the monofocal multifocal the monofocal edge is missing your is what you are mentioning right uh so first

gitanjali baveja: Most the monofocal is missing and monopocal toric can be

Srinivasan H: thing huh

gitanjali baveja: either multifocal or monopocal

Srinivasan H: uh huh got it got it I understand I think we have discussed this last time

gitanjali baveja: toric.

Srinivasan H: I just wanted to uh for now uh you can uh not uh don't look into this Just uh look here packages to offer. Okay. Currently we have standard multifocal which is covered by insurance and if he wants on top of it we he can add laser. Right. This is one option. Now let's say the doctor feels correct me if I'm

gitanjali baveja: Can you make Can you make it bigger?

Srinivasan H: wrong.

gitanjali baveja: I can't see it.

01:24:29

Srinivasan H: Uh yes yes. Okay. Now okay.

gitanjali baveja: Yeah.

Srinivasan H: uh now uh currently the doctor will be able to see only the monofocal if let's say the doctor feels uh he is capable for uh light adjustable lens. Okay. So the doctor clicks this. So when he clicks this he gets this option what is there in uh this

thing and he can select this for the patient. If uh he can select everything for the patient if he wants. Let's say if the patient if the doctor feels this is not applicable only the uh he's capable for multif focal. When he clicks on multif focal you can see automatically in the packages to offer he gets these options the ed and multif focal. In the edof he gets the basic one and the laser one. In the multif focal the doctor gets the option for multif focal and with laser.

gitanjali baveja: Okay.

Srinivasan H: So here he has the option to Yes.

gitanjali baveja: But but going way too fast like those are not the correct labels for those options is what

01:25:29

Srinivasan H: Yes.

gitanjali baveja: I'm trying to tell you.

Srinivasan H: Uh uh here here you are mentioning it.

gitanjali baveja: Yeah. The um so that's why I want to correct those before we go forward.

Srinivasan H: Okay.

gitanjali baveja: I I still can't see it very well because it's very small on my

Srinivasan H: Okay.

gitanjali baveja: screen.

Srinivasan H: Uh wait. I'll just enlarge it more now.

gitanjali baveja: Okay, that's better. Yeah, that's better. So let's go through each one of them to make sure the labels are correct.

Srinivasan H: Okay, got it.

gitanjali baveja: So one should definitely be monopal, right?

Srinivasan H: Yes. Monop focal.

gitanjali baveja: So and if you look, let's look at the monopocal package.

Srinivasan H: Uh, yes.

gitanjali baveja: Standard monopocal or with laser.

Srinivasan H: Hm.

gitanjali baveja: Okay.

Srinivasan H: Yes.

gitanjali baveja: And then let's go down one more.

Srinivasan H: Uh, you want to see the toric option?

gitanjali baveja: Not yet. We're in monop focal still. So you have monop focal and loader laser.

Srinivasan H: Okay.

01:26:30

Srinivasan H: I'll Okay.

gitanjali baveja: Okay. Not toric. That's

Srinivasan H: Uh,

gitanjali baveja: tutoriic.

Srinivasan H: I'll click on toric and I'll get the toric options now. Yes.

gitanjali baveja: I would say that's incorrect right there. toric IOL.

Srinivasan H: Okay.

gitanjali baveja: Um, so, oh yeah, and then toric IOL with fto second laser.

No, I would say so you need to say Torric IL traditional cataract

Srinivasan H: H.

gitanjali baveja: surgery is 1,800 and TOIC with FEMTOC laser need to specify

Srinivasan H: Okay.

gitanjali baveja: that those are the two

Srinivasan H: Okay. The descript.

gitanjali baveja: packages and I would say make that

Srinivasan H: Okay.

gitanjali baveja: 2500.

Srinivasan H: this one.

gitanjali baveja: Yeah. Toxic IL without fem.

Srinivasan H: Okay.

gitanjali baveja: I just say took traditional surgery. Torric ol with femtoc laser

Srinivasan H: Uh okay.

gitanjali baveja: surgery.

Srinivasan H: Traditional. Okay. Product. Uh so I have to remove all this asatic correcting everything.

gitanjali baveja: Yeah.

Srinivasan H: I just need to put okay got

01:28:04

gitanjali baveja: The toric is a stigma a correct a

Srinivasan H: it.

gitanjali baveja: stigmas.

Srinivasan H: And here I have to remove this laser. I have to just put toric uh plus femto.

gitanjali baveja: So toric I first one will be toricol with traditional cataract surgery.
The other one would be toricol with fempto second laser.

Srinivasan H: Huh? Got it.

gitanjali baveja: Okay. So, that's

Srinivasan H: Okay. Uh,

gitanjali baveja: good.

Srinivasan H: okay. Uh, we are uh monopal it is proper, right? Standard monop focal.
Uh, here. What do I need to change for monopal?

gitanjali baveja: That's fine. ones I would say monopocal with traditional surgery

Srinivasan H: uh standard monopocal traditional or uh you want to remove the
standard itself.

gitanjali baveja: takeaway standard just say put monopocal with traditional cataract
surgery and then

Srinivasan H: Okay.

gitanjali baveja: monopocal with femtoc laser

Srinivasan H: Uh one thing do you want this monop focal to keep on repeating
everywhere because it is

gitanjali baveja: No,

Srinivasan H: already mon focal.

gitanjali baveja: you don't.

01:29:27

gitanjali baveja: You don't. It's already there. So,

Srinivasan H: So

gitanjali baveja: monopocal stat uh traditional. Just put traditional. And this one
would be ftoc laser with

Srinivasan H: H

gitanjali baveja: LRI.

Srinivasan H: okay.

gitanjali baveja: But you need to use the word ftoc.

Srinivasan H: Got it. Got it. Uh got it. Uh, okay. Uh, monop focal. Got it. Uh, let me
click on multif focal. If the patient has multif focal, he gets these options,

gitanjali baveja: And you don't have don't you don't want to use the word triocal
remember.

Srinivasan H: right?

gitanjali baveja: So take away that

Srinivasan H: Okay.

gitanjali baveja: Okay. And then you want to use multif focal.

Srinivasan H: Okay.

gitanjali baveja: The packages are multifocal um

Srinivasan H: Okay. The same thing.

gitanjali baveja: traditional.

Srinivasan H: Multifocal with phento.

gitanjali baveja: Exactly.

Srinivasan H: Hello. Hi Ali.

gitanjali baveja: Yeah.

Srinivasan H: Uh so multifocal traditional multifocal fto or

gitanjali baveja: Mhm.

Srinivasan H: anything.

01:31:05

gitanjali baveja: And then we've edof. We already did EDF.

Srinivasan H: So here also same thing of traditional lead

gitanjali baveja: There's no at the top.

Srinivasan H: of

gitanjali baveja: You didn't have that as a selection.

Srinivasan H: uh uh where exactly?

gitanjali baveja: All the way at top. Scroll up.

Srinivasan H: Okay.

gitanjali baveja: You see there's no

Srinivasan H: Okay. Got it.

gitanjali baveja: EDF.

Srinivasan H: What I thought was if we click multifocal automatically I will show both here uh both eat off

gitanjali baveja: No, because that's not that's not considered a multi it is a multiple range of vision,

Srinivasan H: and

gitanjali baveja: but it's not a multifocal lens.

Srinivasan H: Got it. Got it. Okay.

gitanjali baveja: It's a it's a separate

Srinivasan H: I'll I'll Yeah. Okay. I'll put it in a separate category. Sure. Got it.

gitanjali baveja: categorize.

Srinivasan H: Uh need of separate category. Yes, got it. Uh, ED of I'll put it as separate category and uh all the description names I need to change with traditional

01:32:02

gitanjali baveja: Yeah.

Srinivasan H: and uh I need to add them to laser everywhere. Right.

gitanjali baveja: Um

Srinivasan H: Okay. Uh let me deselect this.

gitanjali baveja: yeah,

Srinivasan H: Uh now if I click ll this is just one thing right? No no

gitanjali baveja: and then yeah, but I forgot for the TOIC.

Srinivasan H: huh.

gitanjali baveja: It needs to say distance only. It's only single range of vision for distance

Srinivasan H: Okay.

gitanjali baveja: correction.

Srinivasan H: So, where should I put this description? Here.

gitanjali baveja: Yeah,

Srinivasan H: Okay, got

gitanjali baveja: corrects I wouldn't say corrects corial aigmatism.

Srinivasan H: it.

gitanjali baveja: It doesn't correct coral aigmatism. It removes the lenticular. So you don't need to write that. Just you already said toric aigmatism. That's enough. It just put um distance correction for distance correction.

Srinivasan H: only for single range of

gitanjali baveja: Distance and distance and a stigmatism correction.

Srinivasan H: distance. Okay, got it.

gitanjali baveja: So they know they're just getting one range of vision

01:33:42

Srinivasan H: H Okay, got it.

gitanjali baveja: to

Srinivasan H: And uh yes uh yes okay I got the changes which you had mentioned. So whichever the doctor feels and just click of it we we will get which the doctor selects. So let me tell you the flow of this. I think we discussed this last time as well like the doctor will choose whatever packages he is available for is preferred for him.

gitanjali baveja: Starting.

Srinivasan H: So this will be displayed for him in the patients view and there he will get an option which to select. So he will select one of the uh uh let's say he selects multifocal with uh toric. So the doctor will get an alert here and uh when doctor clicks we will show a popup or something that patient has selected this correct and

then once uh you uh get that what I'll do is like uh we will show a drop-down of whatever uh the lens inventory we have uh you had told multiple companies which you prefer lens from right we will display those options and we will make the doctor to select that that's it right flow.

01:35:02

Srinivasan H: Got it.

gitanjali baveja: Right.

Srinivasan H: Uh okay. Still the patient view I have not uh worked on. Uh I thought I'll correct everything here.

gitanjali baveja: Okay.

Srinivasan H: Whatever is there and then we'll implement it. Uh okay.

gitanjali baveja: Okay.

Srinivasan H: Uh just minimize it. Okay. The surgical plan. Uh okay. Uh this is for if the patient has in both eyes. Okay. So let's say uh here if I disable this so we get uh left eye right eye separately. So again uh okay got it sure

gitanjali baveja: We'll make the same thing for the left eye and right eye.

Srinivasan H: understood.

gitanjali baveja: Right.

Srinivasan H: Uh okay uh here you can see once the patient has selected we will get the list of option he has selected and we have given some status here.

gitanjali baveja: Okay.

Srinivasan H: I will still update it better and uh I'll fix this. Okay. Okay. Got it. Uh uh next is the medications plan.

01:36:01

gitanjali baveja: Okay.

Srinivasan H: Uh huh. Uh like preop we just have antibiotic. uh so if the doctor chooses combination drop uh then uh it is just one drop for both preop and post-op as you had mentioned in the last meet right uh so I'm not sure whether to keep this or remove this if you want I can remove these options and put any other options or uh ah okay and we have the

gitanjali baveja: Just leave it. It's for demo purposes so we can build it for them.

Srinivasan H: paper schedule as well uh the select they can select the paper and if not combination

gitanjali baveja: Right.

Srinivasan H: drop it will automat it will go to standard drops I mean

gitanjali baveja: And we we put a start date for that 3 days before surgery.

Srinivasan H: for yes if you want you can change it here uh even the frequency is also selected by the doctor we have

gitanjali baveja: Okay.

Srinivasan H: the thing here as well

gitanjali baveja: What do you have for antibiotic?

Srinivasan H: and

gitanjali baveja: Why do you have 3 days and one week?

01:37:11

gitanjali baveja: Like why do you have duration is 3 days?

Srinivasan H: uh it is generally 3 days right fixed I just gave an option if you want I'll remove that

gitanjali baveja: Antibiotic is usually one week.

Srinivasan H: just okay it is usually one week

gitanjali baveja: You start it 3 days before surgery and you continue it for the week after surgery.

Srinivasan H: uh that comes under post operation right after

gitanjali baveja: Oh yeah,

Srinivasan H: surgery uh it is just

gitanjali baveja: preop. I see what you're saying. Preop. Okay. Three days. Yeah,

Srinivasan H: preop here comes the posttop for posttop we have

gitanjali baveja: that's fine. That's fine. Three days.

Srinivasan H: antibiotic uh anti-inflammatory

gitanjali baveja: Okay. I stare.

Srinivasan H: Uh so we have this and we have the taper and uh here this is glucom

gitanjali baveja: Okay.

Srinivasan H: or if the doctor selects gluc then they have this to

gitanjali baveja: Doctor says the options.

Srinivasan H: select. Okay.

gitanjali baveja: Okay.

Srinivasan H: Uh uh okay. Uh documents have not added anything yet.

01:38:15

Srinivasan H: Okay.

gitanjali baveja: Are there there one more thing?

Srinivasan H: H.

gitanjali baveja: There should be somewhere the doctor can type in any

Srinivasan H: Okay.

gitanjali baveja: additional instructions for surgical drops like uh I forgot a lot of patients are on dry eye medications like Zadra oris or but

Srinivasan H: Okay. So, it is an

gitanjali baveja: maybe maybe just have a box where there's a free place to free type any additional

Srinivasan H: additional

gitanjali baveja: instructions.

Srinivasan H: Okay. Is it a drop or instruction for the patient?

gitanjali baveja: I think under the drops for the pre and posttop drops have a box and just

Srinivasan H: Okay.

gitanjali baveja: say any additional instructions and the doctor can write whether they want to add a new medication or just put an instruction or it just can be handwritten whatever they want to put.

Srinivasan H: Okay.

gitanjali baveja: I think there should be, you know, just in case something is different, right? You never know. Every patient's

Srinivasan H: Got it. Uh and

gitanjali baveja: different.

Srinivasan H: box. Okay.

01:39:22

Srinivasan H: Uh got it. Uh uh and it's the documents. Uh okay. Uh okay. I've got the changes. uh and uh what I wanted. So I need to add the WTW uh the aimatism the plus and minus things I need to handle the CCT I need to extract uh ACD and uh the main things and in lifestyle uh some changes I need to add the categories and uh in the lens options uh the monopocal and descriptions all I need to change and uh medications. This is one particular thing. Okay.

gitanjali baveja: Do we have a day of surgery

Srinivasan H: Uh day of

gitanjali baveja: instructions?

Srinivasan H: surgery. Which one exactly? I didn't get you here.

gitanjali baveja: If you go down a surgical

Srinivasan H: Uh yes.

gitanjali baveja: plan,

Srinivasan H: Yes.

gitanjali baveja: where's the pre? Where's the pri and posttop instructions?

Srinivasan H: pre-op and posttop instruction.

gitanjali baveja: Where is that?

Srinivasan H: Uh preop and posttop instruction usually comes in the uh it is general for everyone right?

01:40:53

gitanjali baveja: No, but where is it in

Srinivasan H: It is not there here it is there in clinical data. Once

gitanjali baveja: here?

Srinivasan H: again one just you missed staff packages lens inventory medications one second I it is directly in uh uh the patients view one second

gitanjali baveja: This in the patient view,

Srinivasan H: just I've directly put it in the patients view should I thought it is common for

gitanjali baveja: right? Okay, that's fine.

Srinivasan H: everyone so I have put it directly in the patient's

gitanjali baveja: That's fine. That's fine.

Srinivasan H: view

gitanjali baveja: I just want to make sure it's incorporated

Srinivasan H: okay

gitanjali baveja: somewhere.

Srinivasan H: uh huh uh the okay uh the clinical data have uh made the UI changes and I've uh I'll show you this as well so uh Here clinical data this is for the entire clinic right it uh uh doesn't matter for patient to patient. So here we have the profile section section of the clinic uh and

gitanjali baveja: All right.

Srinivasan H: uh contact information and uh uh for clinic also I have given if you upload any documents we will extract it and uh uh populate if not the counselor

01:42:19

gitanjali baveja: Yes.

Srinivasan H: has to do it manually. So the staff sections we have uh this is all for general if we want we can add these availability or anything or else we have just kept it for the UI purpose as of now if we want we can do it later. So for each staffs we

have uh we can add the staff's data as well. Uh and uh the packages huh here uh we have added the

gitanjali baveja: Well, I if you put the staff right now, like if you put a name right now, what did you put down?

Srinivasan H: If I click on add staff,

gitanjali baveja: No, but you had a name Ashley or So,

Srinivasan H: uh

gitanjali baveja: we don't want to use these names because we don't want to make up some names. These are real people in this clinic. We don't want to get in trouble by using their

Srinivasan H: okay. Okay,

gitanjali baveja: names.

Srinivasan H: it automatically extracted from the Okay,

gitanjali baveja: Right. Right. Right. But I'm just saying um if you could just Yeah,

01:43:18

Srinivasan H: I'll remove this. I'll delete this view.

gitanjali baveja: just say it'll automatically extract. You know, I would just change those names just so that if anybody saw this,

Srinivasan H: Got it. Got it. Got

gitanjali baveja: they like I don't care if I use my name,

Srinivasan H: it.

gitanjali baveja: but they don't want their name on some kind of document, right?

Srinivasan H: Okay. Okay. Sure. Understood.

gitanjali baveja: My mom doesn't care.

Srinivasan H: Uh okay. Uh starts uh the packages. Uh okay. So uh here uh we have all the base packages which is applicable for that particular uh uh uh clinic.

gitanjali baveja: clinic.

Srinivasan H: Uh I'll show you one thing here.

gitanjali baveja: Great.

Srinivasan H: Uh so initially how this is how it looks for a clinic uh when they open this page. So here uh we have all these standard packages already. If they want they can click it here and uh they will automatically get that package here and if they want they can edit it.

01:44:24

gitanjali baveja: Okay.

Srinivasan H: If they don't want they can add their custom package here by clicking on it. They can enter it. Okay.

gitanjali baveja: Okay.

Srinivasan H: Uh okay. So uh the first thing for the clinic is uh they have to uh update the packages here. So when we update the packages here that is when uh when we open any particular patient and click on a patient right we will extract uh the uh packages from there and display it here in our uh uh surgical things you you get it right

gitanjali baveja: Okay. Yeah. And this Robert Thompson is a makeup

Srinivasan H: h this is I have just uh for

gitanjali baveja: name.

Srinivasan H: uh random names I've given and just to test how it works uh it's not

gitanjali baveja: Okay. Good. Okay.

Srinivasan H: L and

gitanjali baveja: Good. I just want to make sure.

Srinivasan H: uh uh lens inventory uh huh this is for the clinic.

gitanjali baveja: That'll be for the clinic because we can right we can put the manufacturers.

01:45:24

Srinivasan H: So under monop focal uh uh the lens

gitanjali baveja: Okay,

Srinivasan H: models they can put the lens models description and future we will add the cost

gitanjali baveja: good.

Srinivasan H: as well like that is there uh and the medications part. So here whatever medications we part in the saw in the doctor's section right which we were able to show

gitanjali baveja: Right.

Srinivasan H: in the drop down everything is coming from here.

gitanjali baveja: Okay.

Srinivasan H: So once we update

gitanjali baveja: So, this is their this is their kind of like the key to their map.

Srinivasan H: this. Huh?

gitanjali baveja: They fill this out first,

Srinivasan H: Yes. Yes.

gitanjali baveja: right?

Srinivasan H: So everything should be updated here. Then we will extract it from here and display it in

gitanjali baveja: Come here for their for their purpose of their Yeah.

Srinivasan H: the So this have all the medications

gitanjali baveja: Okay.

Srinivasan H: part preop, posttop, gluccom, medications, the combination drop uh everything uh dropless surgery option everything comes from here. Okay. Uh and uh building uh I think this part is the only thing which is

01:46:22

gitanjali baveja: Right.

Srinivasan H: left. I mean the insurance part since you told we will go with the basic as of now. So I've kept this for end. We will keep it for end.

gitanjali baveja: Right.

Srinivasan H: Uh okay. So now uh what I'll do is uh the changes whichever you have told I will change it and uh I will make all these things dynamic. This is all uh static. Now I'll make these things all dynamic and I will improve the UI a bit.

gitanjali baveja: again.

Srinivasan H: Uh I need to improve the UI of the left side and the header everything I'll improve in the homepage and I will uh deploy it and I will give it to you. Okay. So uh what I want you to do is because if you go through this particular uh data you will understand what changes needs to be done. So it'll be better for me.

gitanjali baveja: Right.

Srinivasan H: So I'll deploy it and I'll give it to you. You can go through the data.

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