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Bulletin

NEXT MEETING

Marriott West
600 Maryville Center

Next Meeting

May 12, 2020

Hope all of you are staying safe and taking precautions in all areas of your life.

OCT Grand Rounds:

This course will highlight the interesting ways OCT can improve diagnosis and management of patients with retinal disease.
Case presentations will highlight—
Utility of OCT including—
Managing macular holes, Retinal traction, Macular edema, and Macular degeneration
This Event will be presented by :
Anthony DeWilde, OD, FAAO

This will be a ZOOM meeting. Please be sure to **preregister and RSVP.** Pre-registration will generate the link you will need to access the event on May 12. You must Pre-register to receive this automated email.
If you have any questions, please contact me. The night of the event I will be very busy verifying attendance, so try to contact met ahead of time.
paula@stlouisoptometricsociety.org
314 725-2020

Thank You Dr. Biondo, your presentation was great and attended by 101 ODs. Now that absolutely is a record attendance!

Scleral Lens Update

Presenter: **Andrew Biondo, O.D.**
Submitted by: Steven Brandstetter, O.D.

Scleral lenses offer advantages over other contact lenses including improved comfort, vision, centration, stability, health, moisture, and ease of fit. Candidates for sclerals are anyone who values RGP vision with soft lens comfort, all irregular corneas, post refractive patients, and ocular surface disease patients.

The design of a scleral lens includes the central zone, limbal zone and scleral zone. The sagittal depth of the contact lens is from the center of the lens to the plane that the edges circumscribe. When fitting sclerals, start with the central zone. Compare the thickness of the contact lens (black band) versus the central clearance (green band) when the lens is filled with fluorescein. You want to see a 1:1 ratio over the central zone. Lenses will settle 40% in the first hour.

A study done predicting estimates of oxygen transmissibility for scleral lenses discussed the oxygen demands under a scleral lens. Recommendations to reduce hypoxia-related edema include a scleral central thickness under 250 microns, a central corneal vault under 200 microns, lens Dk greater than 150, and limbal clearance kept to a minimum. A post lens tear thickness (PoLTT) of 50-400 um resulted in 1.5% edema. Anything greater than 4% is where a cornea is considered hypoxic. Comparing Dk between scleral lenses of 100, 140, and 160 showed no significant difference in corneal edema. All were under 2%.

Be sure to evaluate the entire central zone. You can use corneal topography to identify areas of elevation. Seek out the thin zone. You need a minimum of 200 microns throughout the central zone. Always do the
central zone first (inside-out) when fitting. You can use OCT to check your work. In the limbal zone you want roughly 100 microns of clearance. Excessive limal clearance will result in fogging, conjunctival chalasis and limbal hypoxia. Lastly, check the scleral zone looking for edge lift or impingement.

*****Continue on next page*****

*********Continued from Last Page**********

The sclera's shape is toric. A 10-15 mm chord averages 1 degree of toricity (60 microns). A 15-20 mm chord averages 6.6 degrees of toricity (400 microns). The scleral toricity does not match corneal toricity and varies greatly between individuals. The advantages of adding haptic toricity on scleral lenses is that it will improve comfort, centration, stability, reduced tear fogging, reduced flexure and resolve residual cylinder.

Issues that will need troubleshooting include contact lens discomfort, blurred vision, and deposits. When patients have difficulty with comfort or vision always ask if it occurs on lens insertion or as the day progresses. If the lens is uncomfortable on insertion it is from corneal touch or edge lift. If it is later in the day it is from a tight edge, excessive vault or excessive lens settling (touch). Excessive settling is the most common cause for discomfort.

Blurred vision is from an air bubble, residual cylinder, flexure, surface wetting, tear layer clouding, corneal edema. Air bubbles are quickly identified and occur from improper insertion. Small peripheral bubbles can cause issues too. Review insertion and removal with these patients. Make sure they fill the lens completely and "push" all the way on the eye.

Flexure of the lens is over .75D excessive. Over keratometry can help diagnose this issue. Residual cylinder can also be lenticular from a crystalline lens, toric IOL, or tilted IOL. It can also be from the posterior cornea. The solution is to add a front surface toric optic.

Continue on next page**

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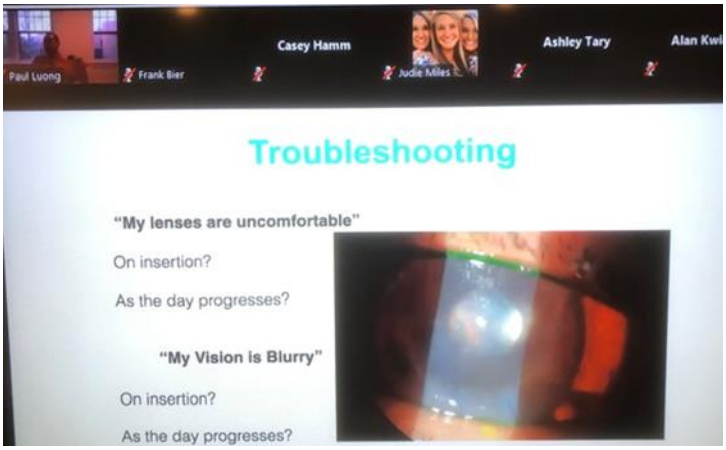

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Surface wetting and deposits can occur from many issues including ocular surface disease, poor material compatibility, poor compliance. Solutions can be to change material, change care regimen, rub the lens, condition the lens before insertion, on eye treatment with conditioner, on eye DMV squeegee, progent and Hydra-PEG.

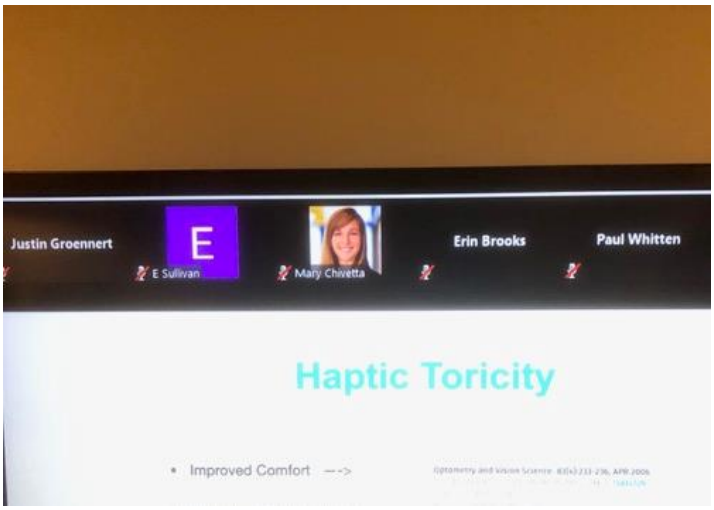
The tear layer is made up of mucin and lipid making it inconsistent. Tear layer clouding can occur from eyelid diseases, poor scleral fit and inflammatory eye disease.

A study tested whether scleral lens wear influences IOP. In the first part of the study 5 patients' IOP was taken at 8 am, 10 am, 4pm and compared IOP ounder the lens vs without the lens. 2 of 5 patients showed increased IOP. A 3.5 mmmHg increase was observed at all readings. They also compared the IOP in the AM and PM before and after inserting a scleral lens in 28 eyes at 8 hours apart. The IOP increased about 5 mmHg in the AM and 7 mmHg in the evening with scleral lens wear. They also compared IOP increase between diameters of scleral lenses (15.8 in one eye vs 18.0 in the fellow eye). A 5 mmHg IOP increase was observed in both diameters.

Application solutions include Lacripure, ScleroFil, AddiPak, Nutrifill. Lacripure is non-buffered, has a good pH, and comes in smaller vials. Cleaning disinfection, and storage include Boston Simplus, Clear care, Optimum Extra, and Progent. Clear Care original is the preferred cleaning agent. Having keratoconus or other eye diseases can influence personality. Studies show personality profiles in these patients to be less conforming, more passive aggressive, more disorganized, and higher scores on substance abuse indicators. This may be related to timing and nature of keratoconus onset in patients' psychosocial development. Studies show that these patients score lower on quality of life metrics and also correlates with lower general health scores. Doctors and staff must understand these challenges and adversities. Great these patients' frustrations with positivity.

##########

Dr. Lee Ann Barrett (moaed@moeyecare.org) would like all SLOS members with questions, concerns or thoughts pertaining to optometry and the current COVID-19 situation, as well as the passed stimulus package involving PPP and SBA loans to feel free to contact her directly with their questions answered. (moaed@moeyecare.org)
573-635-6151 MOA Office
573-864-5437 Dr Barrett cell
lbarrettod@sbcglobal.net
moaed@moeyecare.org



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Please Contact Emily Pike if you are interested in Serving on a committee
pikeev@gmail.com

REGISTRATION FOR THE MOA ANNUAL CONFERENCE IS OPEN!!! If you register for convention before June 15th, you will receive up to 3 free hours of either live streamed or web based education that will be offered in the months before convention. The first hour sponsored by Lumenis and the MOA will be APRIL 30th at 7:00pm. This is a live streamed event so will count as live education. You can register for convention and will automatically be registered for the April 30th lecture or if you do not want to register for convention now, you can register for the one hour webinar for $25. There will be 2 more webinars by Macu Health and Neurolens that will be coming soon. Same deal, free with your conference registration or $25 each. Here are the links that take you to conference registration or the webinar registration:

https://www.moeyecare.org/AnnualConferenceAttendeeRegistration

https://www.moeyecare.org/DryEyeOnlineWorkshop

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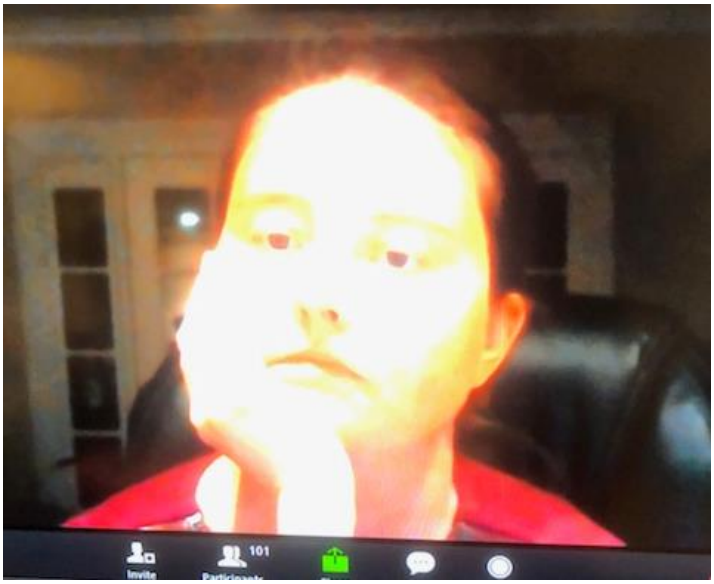

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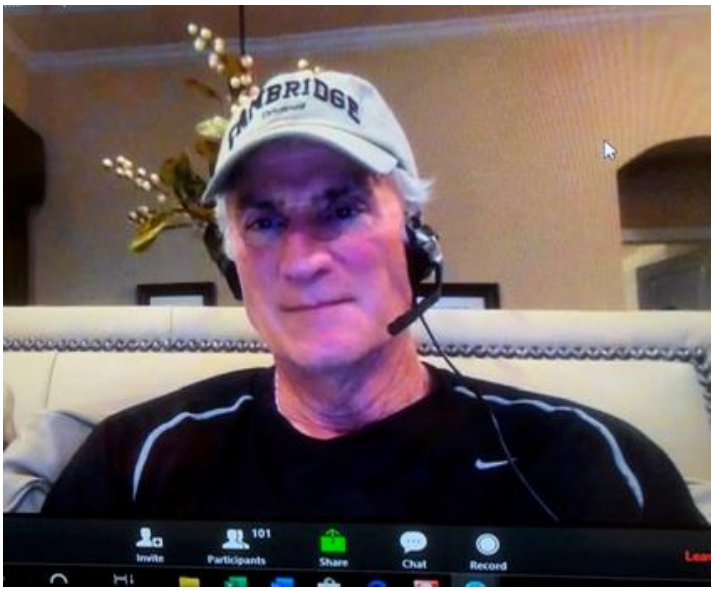

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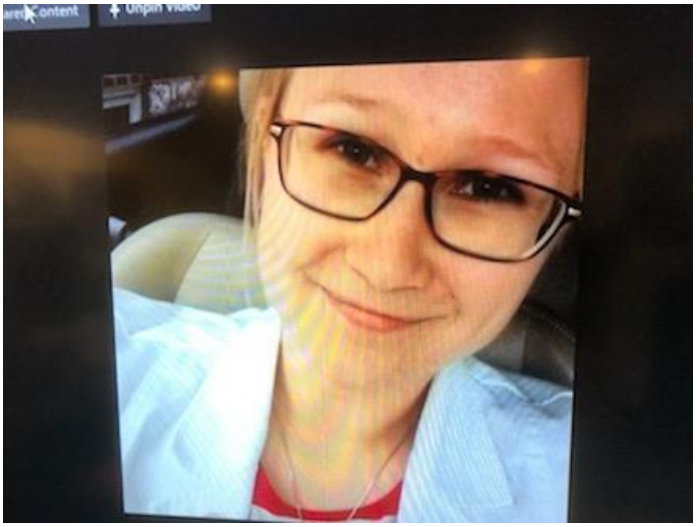

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What you need to know! Try this link for information on Coronavirus and your practice

https://www.aoa.org/optometrists

UPCOMING EVENTS

NEXT MEETING
SLOS Meeting
May 12, 7:00 pm

OCT Grand Rounds:

This course will highlight the interesting ways OCT can improve diagnosis and management of patients with retinal disease.
Case presentations will highlight—
Utility of OCT including—
Managing macular holes, Retinal traction, Macular edema, and Macular degeneration
This Event will be presented by:
Anthony DeWilde, OD, FAAO
This will be a ZOOM meeting. Please be sure to **preregister and RSVP.** Pre-registration will generate the link you will need to access the event on May 12. You must Pre-register to receive this automated email with the link to access the ZOOM event.

APRIL 30th at 7:00pm
MOA
1hour of CE Credit
sponsored by The MOA and Lumenis
See above information to register for three events being offered by the MOA and Lumenis, Macu Health and Neurolens.

I have had several members contact me with questions about how everyone else is handling this crisis. If you would be willing to share any of your thoughts, concerns, or input, I (I alone) will review your responses and compile information that could be helpful to everyone. We are all in this together, but each of you I'm sure have diffident approaches and concerns.

Quick Questions (answers will be kept *anonymous,* but could be shared in a discreet manner)

When do you plan on re-openning and how will you determine that date?
Did you completely close your office or did you stay open for certain situations?
Have you been seeing emergencies?
Have you been doing Telehealth Exams?
What have you put in place or will be putting in place prior to and upon reopenning to protect your Patients, staff, and yourself?
Did you layoff your employees? Some or all.
Were you able to apply and receive PPP and/or EIDL?
Will you rearrange your schedule and patient spacing/flow when you reopen? And How will this be handled?

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DON'T LIKE MY PICTURES? SEND YOU OWN AND LET'S SEE WHAT WE COME UP WITH!