

Eyelid Hygiene – From Office Education and Product Dispensing to Increasing Patient Compliance at Home

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Description: This course aims to educate practitioners how to increase compliance with lid hygiene in their patients by offering revenue products in their office and/or ensuring patients have access to recommended products once they leave the office

Course Learning Objectives:

To provide participants with knowledge of how to identify eyelid disease and how to choose among the various eyelid treatments available. Participants will then have a step-by-step guide on how to educate patients about his or her condition, ensure the adequate treatments are purchased and improve at home compliance and follow-up.

At the conclusion of this lecture, the attendee will be able to:

- 1.Adequately diagnose and treat eyelid disease
- 2. Adequately select the treatment among various treatments available
- 3.Improve patient compliance and follow-up

1) Introduction

- a. The healthy eyelid
- b. The importance of eyelid health on other structures of the eye

2) Eyelid Disorders

- a. Meibomian Gland Dysfunction
 - Diagnostic techniques
 - 1. LipiView II,
 - 2. LipiScan
 - 3. Oculus Keratograph 4
 - 4. Topcon
 - 5. Meibox
- b. Anterior blepharitis
 - The importance of the biofilm
 - Bacterial vs demodex

1. Diagnostic techniques

- c. Allergic conjunctivitis
 - History
 - 1. Red eye the hallmark of all forms of conjunctivitis
 - 2. Ocular itching and blurring of vision, the most prevalent symptoms of ocular allergy
 - a. Often occur simultaneously with nasal symptoms
 - Physical examination
 - Differential diagnosis
 - Papillae may be seen in the conjunctiva of the ocular surface
 - Stringy mucus threads are a common feature
- d. Other interacting pathologies
 - Seborrheic dermatitis
 - Rosacea
 - Eczema

3) Eyelid hygiene

- a. Analogy between eyelid health and dental health
- b. 3 components:
 - Warming
 - Massaging
 - Cleansing
- c. Patient education
- d. Choosing products to dispense in office
- e. Eyelid product office displays and catalogs
- f. Post-treatment patient phone calls and follow-up
 - Mild dry eye: every 8-12 months
 - Moderate dry eye: every 4-6 months
 - Severe dry eye: every 1-3 months
- g. Ensuring patient re-ordering of products at home
- h. Ensuring at home patient compliance with products

4) Conclusion

- a. We play an important role in identifying and screening patients
- b. Examination of the eyelids is the first step in ophthalmological examination
- c. Long-term, perhaps lifelong, daily eyelid hygiene is required by the patient,
- d. ECP needs to adopt a coaching role as well as a medical role to maintain compliance in the long term