

Lights, Lasers, Action
Incorporating Aesthetics into Your Practice
86397-PM (2 Hours)

Speakers:

Janelle Davison, OD

dr.davison@brillianteyesvisioncenter.com

Selina McGee, OD FAAO

drmcgee@bespokevision.org

Laura M. Periman, MD

dryeyemaster@gmail.com

concierge@perimaneyeinstitute.com

Course Description:

The course aims to equip optometrists with comprehensive knowledge about integrating treatment devices and aesthetic services into optometric clinical practice. It will encompass a thorough understanding of safe and effective minor and minimally invasive procedural treatments for various skin types and ocular surface diseases. Additionally, the course will provide insights on recommending complementary cosmetic products to optimize treatment outcomes. Eye care professionals are in the perfect position to meet the increasing patient demand for beauty enhancement services and products.

Learning objectives:

- Learn about the aesthetic landscape and the statistics on common minor procedures available in a clinical setting.
- Understand how to rate skin types using the Fitzpatrick scale and the impact of heat and energy on different skin types.
- Explore various energy devices and their effectiveness in improving ocular surface disease and reducing signs of aging.
- Discover common ocular surface disease conditions that show positive outcomes with light-based treatments, such as MGD, Chalazions, and blepharoptosis.
- Gain knowledge on managing common complications associated with popular aesthetic services.
- Obtain tips for a successful implementation process to ensure a positive return on investment (ROI) and desired patient outcomes.
- Learn how to collaborate with other healthcare professionals in the aesthetic space.

Course Outline:

1. Why Get involved? Eye care professionals are on the frontlines.

- a. 16.7 billion was spent on common cosmetic procedures in the U.S.
 - i. Blepharoplasty
 - ii. IPL
 - iii. RF
 - iv. Toxins
- b. Anti-aging products Billion-dollar industry- Lotions-Potions
 - i. Eye creams
 - ii. Cleansers
 - iii. Separate fact from fiction
- c. Great way to differentiate your practice from the competition and take comprehensive care to the next level.
 - i. Eye Spa
 1. Creating service menus
 2. Marketing your services
 - ii. Cosmetic products
 1. Determine safe products to dispense out of the optical.
 - iii. Skin care
 1. Evidence based studies.
- d. Comprehensive Eye Care- Process for managing patients from early adulthood until elderly stages.
 - i. Vision
 1. Refractive (glasses, contacts, sclerals)
 2. Presbyopia
 - ii. Eye health
 1. Dry eye clinic
 2. Myopia management
 3. Sports vision
 4. Primary care
 5. TBI/Vision Therapy
 - iii. Aesthetics
 1. IPL
 2. Radiofrequency
 3. Neurotoxins
 4. Lasers

2. Practice models best suited for adding aesthetic procedures and services. (Janelle)

- a. offering services that easily tie into ocular aesthetics and cosmetics.
 - i. High-end Optical
 1. Premium contact lenses
 2. Refractive surgical co-management
 3. Presbyopia Treatment and management
 - ii. Dry eye treatment
- b. Access to patient demographics seeking aesthetic services.
 - i. Female

- ii. 25-55
 - iii. Professional
 - iv. Aware of personal appearance
 - c. Practices exhibiting a robust referral process.
 - i. Already collaborating daily with various health care providers
 - 3. Skin analysis, skincare, and anti-aging prevention**
 - a. Skin types and which ones are safe treatment.
 - i. I,II,III, IV- Intense pulse light therapy
 - ii. V, VI- Radiofrequency
 - b. Cleansing routine and medical grade skin care regimen
 - i. Cleanse
 - 1. Offer vetted products.
 - ii. Exfoliate
 - iii. hydrate
 - c. Sun protection
 - i. Sunscreen
 - ii. Sunglasses
 - 4. Light Based Energy
 - a. Differences between IPL and Laser sources
 - b. Chromophore
 - i. molecules in each material that absorb wavelengths of visible light.
 - ii. IPL safely and effectively targets inflammation and meibum secretions.
 - 1. Caution in darker skin tones
 - 2. Longer wavelength and lower energy shown to be effective and safe in Fitzpatrick skin types V-VI.
 - a. Vergés C, March de Ribot F, Salgado-Borges J, Gonzalez J. Prospective evaluation of intense pulsed light treatment for meibomian gland dysfunction and blepharitis due to ocular rosacea. Prospective evaluation of intense pulsed light treatment for meibomian gland dysfunction and blepharitis due to ocular rosacea. *Eur J Dermatol.* 2022;32(4):505-515. doi:10.1684/ejd.2022.4301
- 5. Optometrists are in a great position to offer and provide non-surgical aesthetic procedures.**
 - a. Neurotoxins
 - b. Dermal Fillers
 - c. Lateral Rhytids
 - i. Radiofrequency
 - ii. Minimally invasive treatments
 - 1. Non-ablative laser resurfacing
 - 2. Microneedling
 - 3. Neurotoxin
 - d. Jowls, mid-face descent, orbicularis strain, and lagophthalmos.
 - i. Dermal fillers to mid face
 - ii. RF plus Deep Muscle Stimulation (DMSt) to lift the deeper tissues.
 - e. Improve skin texture and tone.

- i. Intense pulse light therapy
 - ii. Radiofrequency
 - iii. Low light level therapy
 - iv. Nonablative resurfacing.
 - v. Microneedling
- f. Blepharoptosis
 - i. Topical prescription therapy
 - ii. Radiofrequency
 - iii. Deep muscle stimulation
 - iv. Topical therapy
 - 1. UPNEEQ[®] (oxymetazoline hydrochloride ophthalmic solution), 0.1%

6. Pulling the dry eye thread, aesthetics is a natural extension of dry eye treatments.

- a. Dry eye clinical algorithms set office protocols to properly screen and treat dry eye disease.
 - i. TFOS DEWS II dry eye definition
 - a. TFOS lifestyle: Impact of cosmetics on ocular surface
 - i. <https://doi.org/10.1016/j.jtos.2023.04.005>
 - ii. Ocular surface and cosmetics
 - 1. Problem of cosmetics ingredients and detergent loads for the DED patient.
 - 2. multiple mechanisms by which cosmetics and detergents have the potential to contribute to the mechanisms of DED.
- b. Rosacea/Ocular Rosacea
 - i. IPL (intense pulse light therapy)
 - ii. Low Light Level therapy
- c. Meibomian gland dysfunction
 - i. Radio Frequency
- d. Demodex Blepharitis
 - i. Microblephroexofoliation
 - ii. IPL
 - iii. New therapeutics
 - 1. Xdemvy (lotilaner ophthalmic solution .25%)
 - iv. Iontophoresis facials
 - v. Chemical peels

7. Educating patients on safe cosmetic options and complication

- a. Lash growth serum
 - i. Avoid PG-A based serums.
 - ii. Discuss safe alternative.
 - 1. Castor oil-based products
- b. Make up preservative good or bad?
 - i. FDA cosmetic act 1938 poor regulation
 - ii. 80% of tubes have bacteria.
 - iii. Preservatives to avoid or minimize.
 - 1. Formaldehydes

- 2. Concentration, Contact time, Composition of Formula
 - c. Opportunity to increase practice revenue and establish patient credibility-dispensing products in office.
 - i. Inventory management
 - 1. How do determine what products to inventory in office
 - 2. Affiliate commission programs
 - a. Online virtual stores
- 8. Create a collaborative model to increase referrals and management opportunities.**
 - a. Oculoplastic Ophthalmologist
 - i. Blepharoplasty
 - 1. Pre-operative protocols
 - 2. CoManagement codes
 - 3. Present with post-surgical dry eye symptoms
 - ii. Conjunctivochalasis
 - iii. Thyroid Eye disease
 - 1. CAS score (Clinical Activity Score)
 - a. Spontaneous orbital pain
 - 2. Tepezza (teprotumumab-trbw)
 - 3. Presents with dry eye disease symptoms.
 - b. Dermatology
 - i. Comanage Acne patients.
 - 1. Accutane associated with MGD.
 - ii. Comanage Dupixent (dupliumab)
 - 1. Blepharitis
 - 2. Dry Eye
 - 3. Conjunctivitis (allergic)
 - c. General Ophthalmology
 - i. Dry eye management prior to cataract extraction-Optimize the ocular surface.
 - ii. ASCRS algorithm to help guide pre-opt dry eye testing to increase patient outcomes with premium algorithms.
 - 1. MMP9 and Tear osmolarity testing
 - 2. VS-Visually significant
 - 3. Non visually significant
 - iii. Dry eye management prior to refractive surgery

9. Devising a successfully implementation plan to ensure ROI.

- a. Financial investment
 - i. Consult CPA and financial advisors.
 - ii. Use ROI calculators for expected equipment payoff timeframe.
- b. Three phase approach to implement in practice.
 - i. Phase 1
 - 1. Devise, develop, and write down your protocol.
 - 2. Map the patient journey.
 - 3. Train staff
 - ii. Phase 2
 - 1. Set goals!
 - 2. Go live!
 - iii. Phase 3
 - 1. Monitor progress.

10. Marketing and branding.

- a. Internal branding
 - i. Office signs
 - ii. Email campaigns
 - 1. Patient EMR database miner
 - iii. Dedicated website.
- b. Digital marketing
 - i. SEO
 - ii. Google adwords
- c. Social media
- d. External marketing
 - i. Billboards
 - ii. Print ads
 - iii. Community vendor sponsorships