By Diana Canto-Sims, OD

I have heard ODs and opticians say, "Lost another patient to an online sale. I think I am going to buy $5 frames and offer glasses online to my patients. If you cannot beat them, join them!"

Even though the loss of revenue or fear of the loss of revenue is the reason for this sentiment, I want to give you five reasons why the grass is not always greener on the other side.

5 reasons to not sell frames online

1. You are already late to the party. The big boys (Essilor, Luxottica, Amazon, Warby Parker, and Zenni) have entered the game, and smaller practices likely have little chance against them. Zenni advertises complete glasses starting at $6.95, so the theory of buying cheap frames makes it almost impossible to compete.

2. Implementing a strategic plan helps create revenue for your practice. Selling online without a plan can lead to lost time and resources that could have been used more effectively.

3. Selling glasses online may not be the answer for ODs. This approach may not align with the overall goals of your practice, and it may not provide the same level of service and consultation that you can offer in-person.

4. Why it's important to have a marketing plan

5. See Marketing plan on page 12

Selling glasses online may not be

 Prep ocular surface

Don’t let Irritating Lens Face ruin your patients’ important moments.

Recommend OPTI-FREE® Puremoist® with HydraGlyde® Moisture Matrix to help your patients stay comfortable in their contact lenses from morning ‘til night.1

fewer patients report end-of-day dryness2*

*Compared to habitual lens care solutions (at baseline); Based on patient responses to a survey after trying OPTI-FREE® Puremoist® solution for 2 weeks; n=10,602

By Diana Canto-Sims, OD

I have heard ODs and opticians say, “Lost another patient to an online sale. I think I am going to buy $5 frames and offer glasses online to my patients. If you cannot beat them, join them!”

Even though the loss of revenue or fear of the loss of revenue is the reason for this sentiment, I want to give you five reasons why the grass is not always greener on the other side.

5 reasons to not sell frames online

1. You are already late to the party. The big boys (Essilor, Luxottica, Amazon, Warby Parker, and Zenni) have entered the game, and smaller practices likely have little chance against them. Zenni advertises complete glasses starting at $6.95, so the theory of buying cheap frames makes it almost impossible to compete.

Implementing a strategic plan helps create revenue for your practice

By Carl H. Spear, OD, MBA, FAAO

For many, the grind of a day-to-day practice and the responsibilities of being the doctor, procurement officer, human resources specialist, sales trainer, staff trainer, janitor, and so on leave little time for important things like planning and analysis.

We now look at developing a strategic marketing plan. Marketing your practice can help create revenue for your practice.

Why it’s important to have a marketing plan

By Leslie E. O’Dell, OD, FAAO

The ocular surface is the first refracting surface of the eye; therefore, the tear film provides the basis for good vision. An unhealthy tear film can cause an almost 1.00 D fluctuation in visual acuity. In the case of patients undergoing cataract or refractive surgery, optometrists ensure a stable ocular surface before the surgeon performs preoperative calculations. In my practice, I evaluate patients using a tear break-up test and vital dye staining of the cornea and conjunctiva, and then if necessary, schedule them back for a presurgical dry eye disease (DED) examination.

My full DED evaluation includes meibomian gland dysfunction with wild inflammation and mild hyperosmolarity.

See Preparing the ocular surface before surgery on page 26

See Online glasses on page 30

See Ocular surface on page 26

See Marketing plan on page 12

A 51-year-old Caucasian female presented with reduced vision because of progressive cataract. Pre-surgical ocular wellness exam included dry eye testing with dry eye questionnaire, LipiView II imaging, meibography, lipid layer thickness and blink analysis, InflammaDry, and an ocular surface evaluation using vital dyes. She was found to have dry eye disease, predominantly evaporative, due to obstructive meibomian gland dysfunction with mild inflammation and mild hyperosmolarity. Prior to surgery, she elected treatment with LipiFlow thermal pulsation in addition to lifitegrast (Xidra).
Are you tired of....

...countless prior authorizations with repeat denials?

...handing out stacks of coupons that often don’t work for many of your patients?

...multiple call backs from pharmacies and patients taking up your valuable time?

We have the solution for you and your patients:

**TOTAL TEARS**

**Cyclosporine 0.1% / Chondroitin Sulfate Ophthalmic Emulsion**

(preservative-free) 5.5mL Bottles

First 3 bottles **$99.99**

No Prior Authorizations  |  No Coupons  |  No Pharmacy Call Backs

Learn more at www.imprimisrx.com/OptTimes2018
I write this month’s editorial just after returning from SECO. I am filled with gratitude for the opportunity to engage with so many of my optometric colleagues. Whether it was in meaningful and tangible conversation regarding the future of optometry or just sharing funny stories about school with old friends, I left with a desire to have more interpersonal communication with my colleagues.

I had the opportunity to spend time at the Optometry Times booth in the exhibit hall, and I found it enlightening to speak to others interested in our publication. Besides a 15-hour jaunt to Chicago for the 2017 American Academy of Optometry annual meeting, this was my first opportunity to engage in such an activity while wearing my chief optometric editor hat, and I enjoyed it immensely.

ODs are people persons

As I continue to get comfy in my role as chief optometric editor, I look forward to more engagement with conference attendees. Compliment and critique are always welcome as we are here to serve and aim to enlighten.

Compliment and critique are always welcome as we are here to serve and aim to enlighten.

I also appreciated the turnout and engagement during the courses which I taught. Topics such as normal tension glaucoma and drug diversion can be dry, indeed. However, I had great questions during and after my lectures, and some people in the audience even went so far as to laugh at my jokes—much appreciated, pity or not.

All in all, I left SECO this year with a reaffirmation of the fact that, by and large, optometrists are just people persons. We are a generally approachable and collegial group of professionals, and I would hope that our patients view us in the same manner.

I was grateful for the opportunity to meet with and engage in meaningful discourse concerning the future of optometry while wearing my Optometry Times hat, but I was also grateful for the opportunity to laugh and cut up a bit with my friends. The next conference I will be attending will be Optometry’s Meeting in Denver.

So, if you run into me there, stop and shake hands, and let’s hang out for a minute or two. I’d love to hear your thoughts on the future of optometry, your own experiences, or anything, for that matter.

Stop, say hello, and shake my hand.
Cosmetic dangers: Part 2—Products banned by the FDA, worsen ocular surface disease

In Part 2 of her three-part series on cosmetic dangers, Tracy Schroeder-Swartz, OD, MS, FAAO, focuses on the dangers found in cosmetics—particularly cosmetics banned by the FDA and those that may exacerbate ocular surface disease.

OptometryTimes.com/CosmeticDangersPart2

TOP SOCIAL
See what others are reading on Facebook, Twitter, and Instagram.

1 5 tips to enhance the patient contact lens experience
OptometryTimes.com/EnhanceCLExperience

2 How sleep affects the ocular surface
OptometryTimes.com/OcularSurfaceAndSleep

3 Helping patients through the dry eye season
OptometryTimes.com/HelpPatientsDryEye

TOP HEADLINES
Check out what your colleagues are reading.

1 8 apps I can’t live without
OptometryTimes.com/MustHaveApps

2 Diagnosing and managing patients with narrow angles
OptometryTimes.com/NarrowAngles

3 5 reasons ODs don’t fit toric contact lenses
OptometryTimes.com/FitToricCLs

3 tips to improve doctor-driven dispensing as a student

Third-year student Shelby May gives her three tips to improve doctor-driven dispensing skills as a student. She explains how ODs can differentiate themselves from their online competitors.

OptometryTimes.com/DoctorDrivenDispensing

ModernMedicine Network Optometry Times is part of the ModernMedicine Network, a Web-based portal for health professionals offering best-in-class content and tools in a rewarding and easy-to-use environment for knowledge-sharing among members of our community.

Optometry Times blogs
Optometry Times offers weekly blogs from some of the leaders in the optometric profession. Haven’t read them yet? Here’s what you’re missing.

Content

- CONTENT CHANNEL DIRECTOR: Grelcyh M. Bailey, MCCL, FAAO
- ASSOCIATE EDITOR: Giovanni Castelli
- VP, CONTENT & STRATEGIST: Sara Michael
- GROUP CONTENT DIRECTOR: Mark L. Diogies
- SENIOR GRAPHIC DESIGNER: Licia A. Landis
INDICATIONS AND USAGE
TRAVATAN Z® (travoprost ophthalmic solution) 0.004% is indicated for the reduction of elevated intraocular pressure (IOP) in patients with open-angle glaucoma or ocular hypertension.

Dosage and Administration
The recommended dosage is one drop in the affected eye(s) once daily in the evening.

TRAVATAN Z® Solution should be used concomitantly with other topical ophthalmic drug products to lower IOP. If more than one topical ophthalmic drug is being used, the drugs should be administered at least 5 minutes apart.

IMPORTANT SAFETY INFORMATION
Warnings and Precautions
Pigmentation—Travoprost ophthalmic solution has been reported to increase the pigmentation of the iris, peribital tissue (eyelid), and eyelashes. Pigmentation is expected to increase as long as travoprost is administered. After discontinuation of travoprost, pigmentation of the iris is likely to be permanent, while pigmentation of the peribital tissue and eyelash changes have been reported to be reversible in some patients. The long-term effects of increased pigmentation are not known. While treatment with TRAVATAN Z® Solution can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly.

Eyelash Changes—TRAVATAN Z® Solution may gradually change eyelashes and vellus hair in the treated eye. These changes include increased length, thickness, and number of lashes. Eyelash changes are usually reversible upon discontinuation of treatment.

Intraocular Inflammation—TRAVATAN Z® Solution should be used with caution in patients with active intraocular inflammation (e.g. uveitis) because the inflammation may be exacerbated.

Macular Edema—Macular edema, including cystoid macular edema, has been reported during treatment with travoprost ophthalmic solution. TRAVATAN Z® Solution should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

Angle-closure, Inflammatory, or Neovascular Glaucoma—TRAVATAN Z® Solution has not been evaluated for the treatment of angle-closure, inflammatory or neovascular glaucoma.

Bacterial Keratitis—There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent corneal disease or a disruption of the ocular epithelial surface.

Use with Contact Lenses—Contact lenses should be removed prior to instillation of TRAVATAN Z® Solution and may be reinserted 15 minutes following its administration.

Adverse Reactions
The most common adverse reaction observed in controlled clinical trials with TRAVATAN® (travoprost ophthalmic solution) 0.004% and TRAVATAN Z® Solution was ocular hyperemia, which was reported in 30% to 50% of patients. Up to 3% of patients discontinued therapy due to conjunctival hyperemia. Ocular adverse reactions reported at an incidence of 5% to 10% in these clinical trials included decreased visual acuity, eye discomfort, foreign body sensation, pain, and pruritus.

Additional adverse reactions have been identified during post approval use of TRAVATAN® or TRAVATAN Z® in clinical practice. The reactions, which have been chosen for inclusion due to either their seriousness, frequency of reporting, possible causal connection to TRAVATAN® or TRAVATAN Z®, or a combination of these factors, include: arrhythmia, vomiting, epistaxis, tachycardia, and insomnia. In postmarketing use with prostaglandin analogs, periorbital and lid changes including deepening of the eyelid sulcus have been observed.

Use in Specific Populations
Use in pediatric patients below the age of 16 years is not recommended because of potential safety concerns related to increased pigmentation following long-term chronic use.

For additional information on TRAVATAN Z® Solution, please refer to the Brief Summary of Prescribing Information on the following page.

*Safety and efficacy data from the Travoprost BAC-free Study Group. Lewis RA, Katz GJ, Weiss MJ, et al; for Travoprost BAC-free Study Group. Travoprost 0.004% preserved with benzalkonium chloride (BAK) and TRAVATAN Z® Solution after 3 months of treatment in patients with open-angle glaucoma or ocular hypertension. Mean baseline IOPs were 27.0 mm Hg (n=322), 25.5 mm Hg (n=322), and 24.8 mm Hg (n=322) at 8 AM, 10 AM, and 4 PM for TRAVATAN Z® Solution. At the end of month 3, the TRAVATAN Z® Solution group had mean IOPs (95% CI) of 18.7 mm Hg (-0.4, 0.5), 17.7 mm Hg (-0.4, 0.6), and 17.4 mm Hg (-0.2, 0.8) at 8 AM, 10 AM, and 4 PM, respectively. Statistically equivalent reductions in IOP (95% CIs about the treatment differences were entirely within ±1.5 mm Hg) were demonstrated between the treatments at all study visits during the 3 months of treatment.*
BRIEF SUMMARY OF PRESCRIBING INFORMATION

INDICATIONS AND USAGE
TRAVATAN Z® (travoprost ophthalmic solution) 0.004% is indicated for the reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.

DOSAGE AND ADMINISTRATION
The recommended dosage is one drop in the affected eye(s) once daily in the evening. TRAVATAN Z® (travoprost ophthalmic solution) should not be administered more than once daily since it has been shown that more frequent administration of prostaglandin analogs may decrease the intraocular pressure lowering effect.

Reduction of the intraocular pressure starts approximately 2 hours after the first administration with maximum effect reached after 12 hours.

TRAVATAN Z® Solution may be used concomitantly with other topical ophthalmic drug products to lower intraocular pressure, if more than one topical ophthalmic drug is being used, the drops should be administered at least five (5) minutes apart.

CONTRAINDICATIONS
None

WARNINGS AND PRECAUTIONS

Pigmentation
Travoprost ophthalmic solution has been reported to cause changes to pigmented tissues. The most frequently reported changes have been increased pigmentation of the iris, perilimbal tissue (eyelid), and eyelashes. Pigmentation is expected to increase as long as travoprost is administered. The pigmentation change is due to increased melanin content in the melanocytes rather than an increase in the number of melanocytes. After discontinuation of travoprost, pigmentation of the iris is likely to be permanent, while pigmentation of the perilimbal tissue and eyelash changes have been reported to be reversible in some patients. Patients who receive treatment should be informed of the possibility of increased pigmentation.

The long term effects of increased pigmentation are not known. Iris color change may not be noticeable for several months to years. Typically, the brown pigmentation around the pupil spreads concentrically towards the periphery of the iris and the entire iris or parts of the iris become more brownish. Neither nail nor tackle of the iris appear to be affected by treatment. While treatment with TRAVATAN Z® (travoprost ophthalmic solution) 0.004% can be continued in patients who develop noticeably increased iris pigmentation, these patients should be examined regularly.

Eye Changes
TRAVATAN Z® Solution may gradually change eyelashes and vellus hair in the treated eye. These changes include increased length, thickness, and number of lashes. Eye changes are usually reversible upon discontinuation of treatment.

Intraocular Inflammation
TRAVATAN Z® Solution should be used with caution in patients with active intraocular inflammation (e.g., uveitis) because the inflammation may be exacerbated.

Macular Edema
Macular edema, including cystoid macular edema, has been reported during treatment with travoprost ophthalmic solution. TRAVATAN Z® Solution should be used with caution in aphakic patients, in pseudophakic patients with a torn posterior lens capsule, or in patients with known risk factors for macular edema.

Angle-closure, Inflammatory or Neovascular Glaucoma
TRAVATAN Z® Solution has not been evaluated for the treatment of angle-closure, inflammatory or neovascular glaucoma.

Bacterial Keratitis
There have been reports of bacterial keratitis associated with the use of multiple-dose containers of topical ophthalmic products. These containers had been inadvertently contaminated by patients who, in most cases, had a concurrent corneal disease or a disruption of the ocular epithelial surface.

Use with Contact Lenses
Contact lenses should be removed prior to instillation of TRAVATAN Z® Solution and may be reinserted 15 minutes following its administration.

ADVERSE REACTIONS

Clinical Studies Experience
Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in the clinical studies of a drug cannot be directly compared to rates in the clinical studies of another drug and may not reflect the rates observed in practice. The most common adverse reaction observed in controlled clinical studies with TRAVATAN (travoprost ophthalmic solution) 0.004% and TRAVATAN Z® (travoprost ophthalmic solution) 0.004% was ocular hyperemia which was reported to 30 to 50% of patients. Up to 2% of patients discontinued therapy due to conjunctival hyperemia. Ocular adverse reactions reported at an incidence of 5 to 10% in these clinical studies included decreased visual acuity, eye discomfort, foreign body sensation, pain and pruritus. Ocular adverse reactions reported at an incidence of 1 to 4% in clinical studies with TRAVATAN or TRAVATAN Z® Solution included abnormal vision, blepharitis, blurred vision, cataract, conjunctivitis, corneal staining, dry eye, iris discoloration, keratitis, lid margin crusting, ocular inflammation, photophobia, subconjunctival hemorrhage and tearing.

Ocular adverse reactions reported at an incidence of 1 to 5% in these clinical studies were allergy, conjunctivitis, eye pain, foreign body sensation, headache, increased IOP, irritation, itching, lacrimation, lid crusting, lid margin crusting, ocular irritation, photophobia, red eye, tearing, upper lid margin crusting, visual acuity decrease.

In clinical studies with prostaglandin analogs, periorbital edema and lid changes including deepening of the eyelid sulcus have been observed.

USE IN SPECIFIC POPULATIONS

Pregnancy
Pregnancy Category C
Teratogenic effects: Travoprost was teratogenic in rats, at an intraocular (IV) dose of 10 mcg/kg/day (30 times the maximal recommended human ocular dose [MRHD]), evidenced by an increase in the incidence of skeletal malformations as well as external and visceral malformations, such as fused sternebrae, deformed head and hydrocephaly, Travoprost was not teratogenic in rats at IV doses up to 3 mcg/kg/day (75 times the MRHD), or in mice at subcutaneous doses up to 1 mcg/kg/day (25 times the MRHD). Travoprost produced an increase in post-implantation losses and a decrease in fetal viability in rats at IV doses > 3 mcg/kg/day (75 times the MRHD) and in mice at subcutaneous doses > 0.3 mcg/kg/day (7.5 times the MRHD).

In the offspring of rats that received travoprost subcutaneously from Day 7 of pregnancy to lactation Day 21 at doses of ≥ 12.5 mcg/kg (5 times the MRHD), the incidence of postnatal mortality was increased, and neonatal body weight gain was decreased. Neonatal development was also affected, indicated by denied eye opening, skin detachment and preputial separation, and by decreased motor activity.

There is no adequate and well-controlled studies of TRAVATAN Z® (travoprost ophthalmic solution) 0.004% administration in pregnant women. In animal reproductive studies are not always predictive of human response, TRAVATAN Z® Solution should be administered during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers
A study in lactating rats demonstrated that radioabeled travoprost and/or its metabolites were excreted in milk. It is not known whether this drug or its metabolites are excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when TRAVATAN Z® Solution is administered to a nursing woman.

Pediatric Use
Use in pediatric patients below the age of 16 years is not recommended because of potential safety concerns related to increased pigmentation following long-term chronic use.

Geriatric Use
No overall clinical differences in safety or effectiveness have been observed between elderly and other adult patients.

Hepatic and RenalImpairment
Travoprost ophthalmic solution 0.004% has been studied in patients with hepatic impairment and also in patients with renal impairment. No clinically relevant changes in hematology, blood chemistry, or urinalysis laboratory data were observed in these patients.

NONCLINICAL TOXICOLOGY

Carcinogenesis, Mutagenesis, Impairment of Fertility
Two-year carcinogenicity studies in mice and rats at subcutaneous doses of 10, 30, or 100 mcg/kg/day did not show any evidence of carcinogenic potential. However, at 100 mcg/kg/day, male rats were only treated for 82 weeks, and the maximum tolerated dose (MTD) was not reached in the mouse study. The high dose (100 mcg/kg) corresponds to exposure levels over 400 times the human exposure at the maximum recommended human ocular dose (MRHD) of 0.04 mcg/kg, based on plasma active drug levels. Travoprost was not mutagenic in the Ames test, mouse micronuclear test or rat chromosome aberration assay. A slight increase in the mutant frequency was observed in one of two mouse lymphoma assays in the presence of rat S-9 activation enzymes.

Travoprost did not affect mating or fertility indexes in male or female rats at subcutaneous doses up to 10 mcg/kg/day/250 times the maximum recommended human ocular dose of 0.04 mcg/kg/day on a mcg/kg basis (MRHD). At 10 mcg/kg/day, the mean number of corpora lutea was reduced, and the post-implantation losses were increased. These effects were not observed at 3 mcg/kg/day (7.5 times the MRHD).

PATIENT COUNSELING INFORMATION

Potential for Pigmentation
Patients should be advised about the potential for increased brown pigmentation of the iris, which may be permanent. Patients should also be informed about the possibility of eyelash skin darkening, which may be reversible after discontinuation of TRAVATAN Z® (travoprost ophthalmic solution) 0.004%.

Potential for Eye Changes
Patients should also be informed of the possibility of eyelash and vellus hair changes in the treated eye during treatment with TRAVATAN Z® Solution. These changes may result in a disparity between eyes in length, thickness, pigmentation, number of eyelashes or vellus hairs, and/or direction of eyelash growth. Eye changes are usually reversible upon discontinuation of treatment.

Handling the Container
Patients should be instructed to avoid allowing the tip of the dispensing container to contact the eye, surrounding structures, fingers, or any other surface in order to avoid contamination of the solution by common bacteria known to cause ocular infections. Serious damage to the eye and subsequent loss of vision may result from using contaminated solutions.

When to Seek Physician Advice
Patients should also be advised that if they develop an intercurrent ocular condition (e.g., trauma or infection), have ocular surgery, or develop any ocular reactions, particularly conjunctivitis and eyelid reactions, they should immediately seek their physician’s advice concerning the continued use of TRAVATAN Z® Solution.

Use with Contact Lenses
Contact lenses should be removed prior to instillation of TRAVATAN Z® Solution and may be reinserted 15 minutes following its administration.

Use with Other Ophthalmic Drugs
If more than one topical ophthalmic drug is being used, the drops should be administered at least five (5) minutes between applications.

Rx Only
U.S. Patent Nos. 5,637,287, 5,889,952, 6,017,062, 6,235,791, 6,503,497, and 6,849,253

Alcon LABORATORIES, INC.
Fort Worth, Texas 76134 USA
Optometry must change with the times

If the profession is not moving forward, we will be left behind

By Scott Sikes, OD

Whenever I am in a group of optometrists, it seems the hot topic of conversation is online optical sales. Who lost a sale to which online company, how much money is being lost, the bad quality, the list goes on and on.

So, let’s get this out of the way. I choose not to worry about online product sales. No matter how much I try to educate my patients on quality concerns or how many times I adjust my pricing to be more competitive, it will just never work.

Online sales aren’t going anywhere. If anything, I believe they will become more prevalent with time as technology increases. The question becomes, what now?

When it makes sense

No one wants to shut down his optical or abandon contact lenses completely because glasses and contact lenses are needed by patients and they are a portion of our livelihood as optometrists.

So, what do we do?

I still educate my patients on the differences between high quality and thereby more expensive materials vs. lower quality, less expensive options. Let’s face it, you get what you pay for. Having said that, if your -1.00 D sphere OU patient likely won’t notice as much difference between those spectacle lenses as a high prescription progressive patient.

I also educate patients there is a time and place for everything. I have a fairly large contact lens-wearing patient base who has no intention of wearing glasses unless absolutely necessary. I have frequently been told, “I wear my contact lenses only and don’t own a pair of glasses.” While I understand their point of view, I don’t have to agree with it. This is an instance in which online glasses sales might make sense.

An inexpensive back-up pair of glasses is much better than no glasses and the increased risk to eye health with contact lens abuse. Would I like to sell them the glasses too? Of course, who wouldn’t? However, I don’t have frame and lens packages in my office that start at $6.95.

Capture rate

We can’t compete with online sales, and we shouldn’t try. I still value glasses and I think the general public as well as some optometrists have forgotten our core training

I SHOULD ONLY GO TO THE EYE DOCTOR IF I AM EXPERIENCING VISION PROBLEMS.

Being proactive about eye health can prevent an individual’s exposure to unnecessary risk. The American Optometric Association (AOA) recommends adults have a comprehensive eye exam at least every two years between the ages of 18 and 60, and annual exams for seniors age 61 and older.

EYECARE MYTHS

CARROTS IMPROVE EYE HEALTH.

Spinach is actually the best food to improve eye health because it is packed with lutein and zeaxanthin. Diets rich in these two types of carotenoids can help block the amount of blue light from reaching the underlying structures in the retina, which reduces the risk or slows the progression of macular degeneration (AMD).

DARK SUNGLASSES PROTECT YOUR EYES.

The shade of your sunglasses doesn’t mean more eye protection. Look for sunglasses that provide protection against UVA and UVB rays. By blocking out both types of rays, this minimizes the risk for cataract development and age-related vision loss.

Source: Robert G. Devenyi, MD, FRCSC
Moving forward
Continued from page 7

Our office capture rate; the average private practice has a capture rate of 50 to 60 percent

65%  Our office capture rate: the average private practice has a capture rate of 50 to 60 percent

contact lens sales. We try to accommodate as many patients as possible with a variety of pricing and style choices, but no matter what you do you’ll never have a 100 percent capture rate.

According to VSP, “A good capture rate targets 70 percent to 80 percent or better. This number will never be 100 percent because you will have patients without prescriptions or there will be contact lens patients who already have adequate back-up glasses. There will be patients that have no prescription change. The goal is not to focus on the number and ‘100 percent of patients who come in’ but to satisfy all potential buyers’ varying eyewear needs.”

Per VSP, private practices see a capture rate of 50 percent to 60 percent. Our office capture rate is about 65 percent.

Patient education works
I think the general public as well as some optometrists have forgotten our core training. We are doctors of optometry. We are trained to diagnose and treat medical eye conditions. In recent history, contact lenses in particular have become a mere commodity and are no longer perceived as a medical device. Patients don’t want to be bothered with coming to your office for what they see as a pointless exam just so they can order more lenses online.

This is where I think we have failed our profession. We have to educate our patients more thoroughly about why we do what we do and why it matters that they have an annual eye exam.

I have found that narrating my exam tells the patient what I’m looking for. Then I can explain in detail items of importance or answer specific questions. Unless you have a scribe, I don’t recommend calling or answering specific questions. Unless you can explain in detail items of importance—and are no longer perceived as a medical device, you won’t have patients without prescription change. The goal is not to focus on the number and ‘100 percent of patients who come in’ but to satisfy all potential buyers’ varying eyewear needs.”

In my office, we manage all traditional ocular diseases such as glaucoma, macular degeneration, as well as chronic dry eye, foreign body removal, and when needed injections for chalazion/hordeolum. In the future, I hope to practice to the full extent of my training—I have taken additional continuing education courses on injections, benign eyelid removal, and laser procedures including YAG laser, selective laser trabecuoplasty (SLT), and argon laser trabecuoplasty (ALT).

Our office is preparing for the future of optometry, and so should yours. Never forget that we are doctors of optometry. Just as other professions morph and change with time, we have to do the same. If we aren’t moving forward, we will be left behind.

Dr. Sikes is a past president for the South Eastern District of the North Carolina State Optometric Society and is currently serving as the Chairman of the North Carolina State Optometric Society Para-Optometric Education Committee. Reach him at j.scottsikes@gmail.com.

REFERENCE

SightLife Surgical acquires Kamra inlay
IRVINE, CA—AcuFocus, Inc. and SightLife Surgical announced they have agreed to terms for acquisition of the AcuFocus Kamra inlay. The Kamra inlay was the first to receive approval from the U.S. Food and Drug Administration for the surgical correction of presbyopia. The terms of the agreement were not disclosed.

“As part of our mission to eliminate corneal blindness by 2040, we have been actively searching for safe, effective, and reliable corneal surgical technologies to enhance and expand our portfolio of products and services for surgeons,” says Monty Montoya, president and CEO of SightLife Surgical.

The Kamra inlay is an ultra-thin, opaque mini-ring that uses a simple physical principle—pinhole optics—to deliver extended depth of focus for patients with presbyopia. Researchers estimate that this segment of the population will grow to more than 123 million by 2020 in the United States alone.

“We believe this acquisition represents a true win-win for patients, surgeons and our respective stakeholders,” says Al Waterhouse, president and COO of AcuFocus, Inc.

“SightLife Surgical gains a market-leading technology along with a tenured team with the know-how to continue to grow the market,” he says. “For AcuFocus, this acquisition allows us to focus our full energy and efforts on bringing our groundbreaking IC-8 small aperture intraocular lens (IOL) to the U.S. market.”

Richard L. Lindstrom, MD, board member for both AcuFocus and SightLife Surgical, says developing a new segment takes time.

“The KAMRA inlay is a minimally invasive solution for a greatly underserved and growing segment of the population,” he says. “I have been involved with the Kamra inlay since its inception and have witnessed the evolution of the technology and procedure.

To ensure seamless transition and uninterrupted customer support, a core team from AcuFocus will join SightLife Surgical. Patrick Jacques will join as vice president of refractive cornea. Yari L. Mitchell, vice president of medical affairs and business strategy, will support the transition as a strategic advisor for SightLife Surgical.

The companies expect the deal to close at the end of Q1 2018 with full transition of services and support to follow shortly thereafter.

IN BRIEF
The TRS-5100 offers a split prism Jackson Cross cylinder with simultaneous target comparisons, for faster, more accurate and more positive exam experiences. Maximize exam efficiency, patient flow, and overall practice revenue.

AND DESIRED OUTCOMES

Steve Chander, OD
Chicago, Illinois
The Marco TRS systems enabled us to see 4 more patients a day and rapidly paid for themselves in efficiency cost savings, additional exam revenue, and sales of multiple eyewear. These workflow and profitability enhancements compelled us to purchase 3 additional TRS systems for our clinic.

April Jasper, OD
West Palm Beach, Florida
I truly appreciate the seamless EMR integration of the Marco system. More than 50 mouse clicks are eliminated by this seamless data transfer with the push of one button. The time saved in the exam room is priceless.

Scot Morris, OD
Conifer, Colorado
Our favorite refractor is the Marco TRS-5100. Because it is quiet, fast, efficient and comfortable, it also has earned the “cool” factor. Since patients can instantly compare their old and new Rx- and decide if they value the difference, satisfaction is greatly enhanced.

Dori Carlson, OD
Park River, North Dakota
Our revenue per patient has risen- in part because the TRS-5100 allows me to show people the changes in the Rx with a push of a button. They can quickly see for themselves how minor shifts can impact their overall vision.
**Optic disc swelling early sign of cat-scratch neuroretinitis**

Patient adopts stray kitten, then mysterious floater leads to ocular consultation

A 22-year-old male was sent by a colleague for evaluation of a floater in the right eye. The patient was healthy with uncorrected vision of 20/20 in each eye. He took no medications. The reported duration of his symptoms was two days.

**Initial exam findings**

His pupils were dilated upon arrival, but the referring OD reported no relative afferent pupillary defect (RAPD). The patient’s anterior segments were free from cells and flare. On stereoscopic fundus evaluation, mild vitritis was responsible for the granuloma appearance to which the floater was attributed. He had subtle optic disc swelling nasally OD (Figure 1A), which is evident when comparing the appearance of the uninvolved OS (Figure 1B).

On careful questioning, the patient disclosed having adopted a stray kitten within the past few weeks that had scratched the back of his right hand. This fact and the clinical findings added up to a diagnosis of cat-scratch neuroretinitis.

**Cat scratch leads to complications**

Optic disc edema has been reported as an early sign of cat-scratch neuroretinitis. The causative organism is *Bartonella henselae*, which is almost ubiquitous in the environment.

The findings and options were discussed with the patient, and treatment with 800 mg sulfamethoxazole (Bactrim DS, Sun Pharmaceutical Industries Ltd.) and 160 mg trimethoprim (Polytrim, Allergan) bid po for two weeks was recommended.

Because of the sulfamethoxazole component, it was important to rule out previous adverse sulfas reactions. In the face of reported spontaneous resolution, it is significant to consider offering a treatment option and consider potential consequences.

Ocular sequelae in untreated cases of cat-scratch neuroretinitis include vascular occlusions, macular-star formation, or rarely, choroidal neovascularization with potential for permanent vision loss, especially in pediatric cases.

Alternative systemic antibiotic options to the sulfmethoxazole/trimethoprim combination have been reported for sulfasensitive patients. Guidance for management of systemic manifestations includes laboratory evaluation and culture/sensitivity testing.

**Following up**

The patient had complete resolution of the clinical findings at the two-week follow-up visit. Visual acuity remained at 20/20 in the involved eye. He reported no adverse effects from the antibiotic treatment.

This case illustrates an onset of *Bartonella henselae* infection responding to systemic antibiotic treatment.

**REFERENCES**


Dr. Semes is a founding member of the Optometric Glaucoma Society and a founding fellow of the Optometric Retina Society.
Your contact lens wearing patient presents with dry, itchy eyes. It’s easy for doctor and patient to assume that this is a complication associated with lens wear, but that’s not always the case. With similarities in lens related and inflammatory related dry eye symptoms it’s critical to perform the proper diagnostics.

If elevated MMP-9, a key inflammatory biomarker for dry eye, is tested for and detected you’ll know that it’s more than just their contact lenses. You’ll have an opportunity to create a more comprehensive treatment plan, aimed at alleviating symptoms and improving comfort while mitigating potential complications of lens wear with the presence of inflammatory dry eye disease.

InflammaDry is the only rapid, CLIA-waived, in-office, point-of-care test that detects MMP-9. InflammaDry provides results in minutes, is easily performed in 4 simple steps, is minimally invasive and requires no special equipment.

To find out how testing for MMP-9 with InflammaDry can take the complication out of your dry itchy eye treatment therapies before there are complications, visit us at AOA, Booth #507 or contact your Quidel Account Manager at 800.874.1517.
Why it’s important to have a marketing plan

Continued from page 1

tice can seem overwhelming, but with a plan in place you will find that it is much more effective and may even save you money in the long run.

Internal marketing
Marketing is not always about “getting your name out there.” After conducting many years of research and asking the question, “How did you hear about us?” we found that most patients found our practice via their insurance provider and/or word-of-mouth.

Your marketing goal in the best, most cost-efficient marketing platform is social media.

If your practice does not have a presence on social media, you are missing out on thousands of potential patients—at no cost to you. Why is it important to take time to connect your practice to the outside world via social media? Your competition is.

There are now more than 50 million small businesses using Facebook Pages to connect with their customers and 80 percent of those indicated that their social media efforts increased traffic.1

Another external marketing platform is behavioral or search retargeting. This will display your dry eye-specific ad on various websites that he visits. This will prompt and remind him that your practice treats dry eye.

Successful marketing strategies
Some of our best and most successful marketing ideas are those that are non-traditional. Here are some examples:

Health fairs. One way we like to show community support is to participate in community and company health fairs. We provide vision screenings and offer to clean, tighten, and adjust glasses and replace nose pads.

We also make sure to have promotional items, such as cleaning cloths and cleaner with our logo, pens, and hand sanitizer. We use a health fair checklist to stay organized.

Seminars. We conduct in-office marketing on subjects like age-related macular degeneration, dry eye, low vision, cataract, and LASIK. These are easy ways to let patients learn more about their conditions and options.

We use Solutionreach to target patients of a specific demographic or who

A few ways to boost your internal marketing

- Create a waiting room video with pictures of doctor(s), staff, services you offer, community events you have sponsored, brands of frames you carry, eyewear packages, etc.

- Create posters or signage for the inside of your exam rooms. We found that creating a slideshow screensaver on our monitors worked great for advertising offers and services while the patient is waiting.

- Develop brochures and rack cards, or create a custom book about your doctors and the practice.

end is to create revenue.

Before you start spending marketing dollars trying to get people in your doors, be sure you have your office ready to provide exceptional service and maximize the revenue of each patient who is already there.

Internal marketing has several advantages:

- It will cost you significantly less than external marketing.

- It will create the word-of-mouth advantage you need—hopefully leading to a 5-star review.

- It will help you to create a true “brand” for your practice. Branding, is the marketing practice of creating a design that identifies and differentiates you.2

Social media marketing
Are the days of “traditional marketing” (radio, print, and television) gone? Not necessarily, but we certainly have more options with social media. Your traditional advertising platforms still exist and can certainly be beneficial, but the

helped increased traffic.2 Almost everyone in America is connected via a social media platform. It could be Facebook, Instagram, Twitter, LinkedIn, and so on. It is vital that your practice has a presence with high-quality content.

The rule of thumb for social media posting is that 50 percent should be content from other sources that are relevant to your audience, 30 percent should be content you’ve created that’s relevant to your audience, and 20 percent should be personal, fun content that humanizes your brand to your audience.3

All social posts should include high-quality images or videos to engage your audience.

The formula for social media posts is simple: The more people you have like, share, and comment, the more people will see, follow, and like your page.

Another external marketing platform that we found beneficial is behavioral or search retargeting. This will display your ads based on the users’ Google search queries.

If someone is researching dry eye, the retargeting process will display your dry eye-specific ad on various websites that he visits. This will prompt and remind him that your practice treats dry eye.

If your practice does not have a presence on social media, you are missing out on thousands of potential patients—at no cost

If your practice does not have a presence on social media, you are missing out on thousands of potential patients—at no cost

Budgeting
Our practice’s marketing budget is

See Marketing plan on page 26
SIGN & SYMPTOM IMPROVEMENT

The only prescription eye drop FDA-approved to treat both the signs and symptoms of Dry Eye Disease

Xiidra improved patient-reported symptoms of eye dryness and improved signs of inferior corneal staining. So help patients get to know Xiidra.

Check it out at Xiidra-ECP.com

Four randomized, double-masked, 12-week trials evaluated the efficacy and safety of Xiidra versus vehicle as assessed by improvement in the signs (measured by Inferior Corneal Staining Score) and/or symptoms (measured by Eye Dryness Score) of Dry Eye Disease (N=2133).

The safety of lifitegrast was evaluated in 5 clinical studies. 1401 patients received at least one dose of lifitegrast (1287 of which received Xiidra). The most common adverse reactions (5-25%) were instillation site irritation, dysgeusia, and reduced visual acuity.

Indication
Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of signs and symptoms of dry eye disease (DED).

Important Safety Information
Xiidra is contraindicated in patients with known hypersensitivity to lifitegrast or to any of the other ingredients.

In clinical trials, the most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

To avoid the potential for eye injury or contamination of the solution, patients should not touch the tip of the single-use container to their eye or to any surface.

Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.

Safety and efficacy in pediatric patients below the age of 17 years have not been established.

For additional safety information, see accompanying Brief Summary of Safety Information on the adjacent page and Full Prescribing Information on Xiidra-ECP.com.
BRIEF SUMMARY:
Consult the Full Prescribing Information for complete product information.

INDICATIONS AND USAGE
Xiidra® (lifitegrast ophthalmic solution) 5% is indicated for the treatment of the signs and symptoms of dry eye disease (DED).

DOSAGE AND ADMINISTRATION
Instill one drop of Xiidra twice daily (approximately 12 hours apart) into each eye using a single-use container. Discard the single-use container immediately after using in each eye. Contact lenses should be removed prior to the administration of Xiidra and may be reinserted 15 minutes following administration.

CONTRAINDICATIONS
Xiidra is contraindicated in patients with known hypersensitivity to lifitegrast or to any of the other ingredients in the formulation.

ADVERSE REACTIONS
Clinical Trials Experience
Because clinical studies are conducted under widely varying conditions, adverse reaction rates observed in clinical studies of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice. In five clinical studies of dry eye disease conducted with lifitegrast ophthalmic solution, 1401 patients received at least 1 dose of lifitegrast (1287 of which received lifitegrast 5%). The majority of patients (84%) had ≤3 months of treatment exposure. 170 patients were exposed to lifitegrast for approximately 12 months. The majority of the treated patients were female (77%). The most common adverse reactions reported in 5-25% of patients were instillation site irritation, dysgeusia and reduced visual acuity. Other adverse reactions reported in 1% to 5% of the patients were blurred vision, conjunctival hyperemia, eye irritation, headache, increased lacrimation, eye discharge, eye discomfort, eye pruritus and sinusitis.

Postmarketing Experience
The following adverse reactions have been identified during postapproval use of Xiidra. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

Rare cases of hypersensitivity, including anaphylactic reaction, bronchospasm, respiratory distress, pharyngeal edema, swollen tongue, and urticaria have been reported. Eye swelling and rash have been reported.

USE IN SPECIFIC POPULATIONS
Pregnancy
There are no available data on Xiidra use in pregnant women to inform any drug associated risks. Intravenous (IV) administration of lifitegrast to pregnant rats, from pre-mating through gestation day 17, did not produce teratogenicity at clinically relevant systemic exposures. Intravenous administration of lifitegrast to pregnant rabbits during organogenesis produced an increased incidence of omphalocele at the lowest dose tested, 3 mg/kg/day (400-fold the human plasma exposure at the recommended human ophthalmic dose [RHOD], based on the area under the curve [AUC] level). Since human systemic exposure to lifitegrast following ocular administration of Xiidra at the RHOD is low, the applicability of animal findings to the risk of Xiidra use in humans during pregnancy is unclear.

Animal Data
Lifitegrast administered daily by intravenous (IV) injection to rats, from pre-mating through gestation day 17, caused an increase in mean preimplantation loss and an increased incidence of several minor skeletal anomalies at 30 mg/kg /day, representing 5,400-fold the human plasma exposure at the RHOD of Xiidra, based on AUC. No teratogenicity was observed in the rat at 10 mg/kg /day (460-fold the human plasma exposure at the RHOD, based on AUC). In the rabbit, an increased incidence of omphalocele was observed at the lowest dose tested, 3 mg/kg /day (400-fold the human plasma exposure at the RHOD, based on AUC), when administered by IV injection daily from gestation days 7 through 19. A fetal No Observed Adverse Effect Level (NOAEL) was not identified in the rabbit.

Lactation
There are no data on the presence of lifitegrast in human milk, the effects on the breastfed infant, or the effects on milk production. However, systemic exposure to lifitegrast from ocular administration is low. The developmental and health benefits of breastfeeding should be considered, along with the mother’s clinical need for Xiidra and any potential adverse effects on the breastfed child from Xiidra.

Pediatric Use
Safety and efficacy in pediatric patients below the age of 17 years have not been established.

Geriatric Use
No overall differences in safety or effectiveness have been observed between elderly and younger adults.

NONCLINICAL TOXICOLOGY
Carcinogenesis, Mutagenesis, Impairment of Fertility
Carcinogenesis: Animal studies have not been conducted to determine the carcinogenic potential of lifitegrast.

Mutagenesis: Lifitegrast was not mutagenic in the in vitro Ames assay. Lifitegrast was not clastogenic in the in vivo mouse micronucleus assay. In an in vitro chromosomal aberration assay using mammalian cells (Chinese hamster ovary cells), lifitegrast was positive at the highest concentration tested, without metabolic activation.

Impairment of fertility: Lifitegrast administered at intravenous (IV) doses of up to 30 mg/kg/day (5400-fold the human plasma exposure at the recommended human ophthalmic dose [RHOD] of lifitegrast ophthalmic solution, 5%) had no effect on fertility and reproductive performance in male and female treated rats.
Demodex may be beneficial to humans

The mite may take on different roles depending on the status of the host.

Battling demodex on the lid margin is a regular occurrence for most ODs. Demodex, more commonly referred to as mites, are small arthropods belonging to the subclass Acari.

Mites exist in an array of habitats and live as parasites on plants and animals. Approximately 48,000 species of mites have been described. In almost every adult human, Demodex folliculorum or Demodex brevis inhabit the eyelash, other hair follicles, and sebaceous glands.

Other mite species, specific to each mammal, are similarly harbored by their host species. Mites are not found on the skin of newborns. Hair follicles are thought to become colonized by mites during childhood and early life by transmission from adults, similar to the process of acquiring other microbes (microbes include bacteria, protozoa, fungi, algae, amoebas, and slime molds). Microbe acquisition is a lifelong activity that begins the moment we are born.

Humans need microbes

Though babies develop in a sterile environment, a newborn emerges as a bacterial sponge picking up microbes that contribute to its health.

Microbes can be found in their greatest concentrations in the ears, nose, mouth, vagina, digestive tract, anus, and skin. Like microbes, demodex mites are a natural part of the human microbiome and may serve a useful function.

It is important to consider humans are not biologically self-sufficient—they must host microbes to avoid disease. For example, genes carried by bacteria in the gastro-intestinal tract allow humans to digest foods and absorb nutrients that otherwise would be unavailable.

These fundamental microbes produce beneficial compounds, like certain vitamins and protective anti-inflammatoryatories that humans cannot produce by themselves. For example, members of the gut microbiota can produce anti-inflammatory factors by enhancing cellular immune responses as well as generate vitamins K and B.

Classes of symbiosis

Humans and demodex may have a symbiotic relationship. There are several classes of symbiosis:

- Commensalism: one organism benefits, and the other is neither harmed nor helped
- Mutualism: both organisms benefit
- Obligate scenarios: both symbionts depend on each other for survival

Is demodex beneficial?

Most investigators consider demodex as benign inhabitants of the cutaneous microbiota, benefitting from human sebum. Additionally, Demodex are host to their own bacteria, and it is unknown whether this is a symbiotic or parasitic pair.

Demodex mites may take on different roles depending on host status, changing from a mutual relationship to a parasitic one as the host’s defenses are altered.

Questions surround demodex

- Does demodex or its associated bacteria play a role in maintenance of the hair follicle?
- Could Demodex folliculorum be part of a natural cleaning system?
- Does demodex confer a mutualistic host benefit by ingesting harmful bacteria or other organisms in the follicular canal?
- Does demodex play a role in lid margin immunity?
- Does demodex defend us against other mite species?

Eradication of demodex is most likely impossible and may be ill-advised. The goal for those living with demodex should be to maintain homeostatic balance by using proactive rather than reactive lid hygiene.

Microbes can be found in their greatest concentrations in the ears, nose, mouth, vagina, digestive tract, anus, and skin.

PRACTICAL CHAIRSIDE ADVICE

Focus On

Focus On

Focus On

Focus On
Diagnosis at the molecular level is quickly becoming standard of care. The national initiative in precision medicine will rely heavily on genetic diagnoses by taking into account “individual differences in people’s genes.”

Gene therapy and genetic-based trials are increasing rapidly in success and number and are expanding in scope and concept. Gene therapy with Luxturna (Spark Therapeutics) for Leber congenital amaurosis received FDA approval December 19, 2017, and the first patient was treated on March 20, 2018. Eligibility for treatment includes biallelic mutations in the RPE65 gene confirmed by genetic testing.

It is incumbent on the practitioner to recognize potentially hereditary eye disease and discuss referral for genetic testing. Realize that not every patient will want genetic testing.

Two concerns with genetic testing are protecting privacy and—related to that—avoiding possible discrimination by employers. Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA) became effective in 2009 and prohibits employment discrimination based on genetic information. This fact might reassure some patients, but others will have different concerns; they should know that genetic testing can be performed later if they change their minds. Consultation with a genetic counselor or medical or clinical geneticist might help them with this decision without committing them to testing.

Molecular level diagnosis

Retinitis pigmentosa serves as a good example of why diagnosis at the molecular level is important. In 2013, Daiger et al reported that over 3,100 known mutations, within about 50 genes, cause what we call retinitis pigmentosa clinically. That means over 3,100 different diagnoses could be made, and it is no longer sufficient to diagnose “retinitis pigmentosa” without offering genetic testing that could refine the diagnosis to the molecular level.

“Could” is the operative word because we may test and find nothing. If there are 3,100 known mutations, maybe there are actually 6,100 but we don’t know the other 3,000 so those may not show up with current test strategies. Or, if there are 50 known genes, maybe there are another 50 we don’t know about yet and hence may not get tested.

These are overly simplistic examples, but it adequately conveys the concern that we may test someone with clinical retinitis pigmentosa but not find a causative gene mutation.

Gene or mutation-based therapies are being investigated and are having some success. Eligibility criteria for various clinical trials often state that candidates must have a confirmed diagnosis through genetic testing—another good reason for testing. Because results from genetic testing can take two to three months, it seems reasonable for a patient to get testing done so he has that information when or if a clinical trial comes along that interests him. The best resource for discovering what types of clinical trials are taking place is ClinicalTrials.

**Genetic testing is not necessarily benign, and there can be adverse effects**

Diagnosis at the molecular level will likely become standard of care, and treatment with gene therapy may eventually have the potential to cure or restore substantial sight to those with many types of hereditary eye disease. Help your patients by understanding the process, what is involved in testing, and how to manage the results.

**Why perform genetic testing?**

**VALID REASONS TO PERFORM GENETIC TESTING INCLUDE:**
- Making the diagnosis at the molecular level
- Excluding disease
- Ruling in or out closely related disorders
- Identifying and testing other family members who may be carriers or may be affected but who have not yet come to clinical attention
- Providing an answer where none has been available before; some people “just want to know” regardless of potential therapies
- Qualifying for gene-specific trials or therapies
NEW! Crystal TEAR Report

Make Dry Eye Diagnosis
Crystal Clear!

This new software assists you in finding the cause of dry eye quickly and reliably. Summarize all data from your dry eye workup in one report!

- Save time: The complete examination process can be delegated.
- Excel with your dry eye diagnosis: The complete course of treatment is recorded.
- Combine screening and patient education: Your patient receives an easy-to-grasp printout.
**Genetic testing**  
Continued from page 16

gov (see “Genetic testing resources for ODs and patients” box).

Some, including third-party payers, may argue that genetic testing has little applicable value unless there is a direct connection to treatment; however, that is a very myopic view of what constitutes “treatment.”

The American College of Medical Genetics and Genomics (ACMG) points this out in a policy statement on the clinical utility of genetic and genomic services stating that: “...etiologic diagnosis prevents additional unnecessary testing, provides the opportunity for anticipatory guidance, and provides better information regarding recurrence risks for the family and the affected individual. Further, as increased numbers of individuals are diagnosed with specific genetic disorders, information will be obtained that will help predict future complications and risks, tailor medical interventions, and lead to the development of new specific therapies and management strategies.”

Patient perceptions of the personal value of genetic testing that provided meaningful results from one study included four qualities:
- Achieving a sense of empowerment over their own health
- Achieving a sense of legitimization of their suffering by no longer being a mystery or curiosity
- Achieving a sense of doing all that you can for your child, yourself, or family member(s)
- Achieving a sense of altruism by contributing to society to help others

Other patients have expressed relief at ending a “diagnostic odyssey” of multiple doctors’ visits and possibly unnecessary diagnostic testing, all with no answers and achieving hope where before there was none when a cause is found

**What is involved**
A patient interested in genetic testing will be referred to a medical or clinical geneticist experienced in eye disease. The evaluation will include a detailed history and construction of a family pedigree as well as a pathology-focused eye exam and additional testing to help determine what genetic test will be ordered provided that the patient wants to pursue it and gives informed consent.

**Informed consent**
Informed consent is an important first step.

**GENETIC TESTING CASE EXAMPLE**

**A 22-YEAR-OLD FEMALE** was referred for genetic testing. She had a clinical diagnosis of Best disease (early onset vitelliform macular dystrophy) and a family history that included multiple affected persons, both male and female, in several generations. None had had genetic testing.

With over 100 mutations in the BEST1 gene known in people with vitelliform macular dystrophy, the goal of genetic testing is to refine the clinical diagnosis to the molecular level.9

The patient was enrolled in the eyeGENE program from the National Eye Institute.10 (In 2015, eyeGENE suspended recruitment of new patients for genetic testing in order to focus on research using the accrued samples.) Following informed consent, a blood sample was collected by routine venipuncture and submitted for testing.

A mutation was found at one position in the BEST1 gene in which a thymine was substituted for a cytosine. This substitution in DNA would cause a subsequent protein translation error that is known to be disease causing—that is, it is a pathogenic variant.

For this case example, a search for clinical trials at ClinicalTrials.gov (see other resources) for “vitelliform dystrophy” produced eight, four of which were actively recruiting at the time. An eligibility criterion for one of the actively recruiting studies stated that the, “Patient must have been diagnosed on the basis of genotyping with a bestrophinopathy.”

To be eligible, the diagnosis must have been confirmed at the molecular level. The patient in this example met that criterion, and this is an example of one of the potential advantages of genetic testing.

**It is incumbent on the practitioner to recognize potentially hereditary eye disease and discuss referral for genetic testing**

The patient needs to understand why testing is recommended and the potential outcomes—both pros and cons.

The test order form will have one or more areas for the patient to give consent for testing, stating that she understands the reason for the test and possibly for allowing her anonymized DNA to remain in a repository to be used for research.

Testing is not necessarily benign, and there can be adverse effects. For example, it may confirm a diagnosis with a poor prognosis when the patient was hoping it would do the opposite. It could reveal non-paternity or an additional genetic variant that was not suspected. The patient should understand this before agreeing to testing.

**Possible test outcomes**
Any sequence alteration in DNA is usually reported as a “variant,” not as a “mutation.” This avoids the common misperception that a mutation is always disease-causing when in fact it might be benign.

It has been recommended that variants be reported with the following modifiers: pathogenic, likely pathogenic, uncertain significance, likely benign, or benign.8 These modifiers convey the important message that test results may carry a certain degree of uncertainty or even that nothing may be found. Again, it is important that patients understand these possibilities as part of the informed consent process prior to testing.

**Sample collection**
The sample collected is about 3-10 mL of blood from routine venipuncture of the arm. DNA is isolated from the white blood cells, and the DNA is tested. DNA can also be isolated from cells collected by a buccal smear or from cells collected from a special mouth wash. For infants, blood can be collected
onto an absorbent paper following a heel stick with a sterile lancet.

**Ordering the test**
The desired test is ordered from a Clinical Laboratory Improvement Amendments (CLIA)-certified laboratory—and this is where it gets complicated. Testing requires a knowledgeable practitioner, typically a medical or clinical geneticist, because there are many different tests and the outcomes can be quite complex.

For example, one cannot order a “genetic test for retinitis pigmentosa.” Order forms are often lengthy, and laboratories may request a medical summary, family pedigree, and specific eye findings that will be reviewed to be sure the requested test is appropriate.

Genetic testing often takes 8 to 12 weeks but varies depending on what test is ordered. Insurance, with a few exceptions, typically does not cover genetic testing for hereditary eye disease.

Costs may vary from a few hundred dollars to a few thousand dollars. Cost also varies among laboratories, and some labs offer payment plans or fee adjustments based on financial need.

An experienced medical geneticist or certified and experienced genetic counselor can be helpful in sorting out the options.

**Management**
Genetic test results can be complex and difficult to interpret. The best practice is to review results face-to-face with the patient even if nothing was found.

My preferred procedure is to prepare a folder of information that the patient can take home. It contains a copy of the lab report, a summary of affected gene(s), and a summary of the disorder. Both summaries come from Genetics Home Reference (see other resources), which is an excellent source of information from the National Institutes of Health about all aspects of medical genetics.

The folder also includes a copy of the pedigree as determined at the initial clinic visit and a list of resources for further information. Each of these is reviewed in detail. The pedigree is reviewed to determine which, if any, family members might be at risk to be a carrier or be affected but not yet diagnosed.

“Targeted” genetic testing can be offered to these individuals for the specific variant found in the initial patient. Targeted testing is usually less expensive because the lab already knows what to look for. This leads to a discussion of recurrence risk for the patient’s offspring, and it might be nec-

---

The best practice is to review results face-to-face with the patient even if nothing was found

---

100% PRESERVATIVE-FREE

ZIOPTAN®
(tafluprost ophthalmic solution) 0.0015%

COSOPT®
(dorzolamide HCl - timolol maleate ophthalmic solution) 2%/0.5%

ORDER FREE SAMPLES

Go to either website and select “Request Sample”

www.Zioptan.com

www.CosoptPF.com

Cosopt is a registered trademark of Merck Sharp & Dohme Corp and is used under license. ZIOPTAN is a registered trademark of Merck Sharp & Dohme Corp and is used under license.

Santen ZIOPTAN is licensed by Santen Pharmaceutical Co., Ltd.

©2017 Akorn, Inc. All rights reserved. P481(a) Rev. 6/17
Genetic testing
Continued from page 19
ecessary to also test the patient’s parents before that can be assessed. Two other topics to address are prognosis and current or possibly future treatments, including gene therapy. All of this takes time and may require another visit.

The prospects of gene or mutation-based treatments including gene therapy are exciting, but meanwhile it is important to not overlook traditional aspects of management including maximizing vision with glasses or contact lenses, referral for low vision rehabilitation, referral for vocational rehabilitation services, as well as periodic eye examinations to monitor progression and to not miss other ocular disorders.

Where we are headed
Diagnosis at the molecular level will likely become standard of care, and treatment with gene therapy may eventually have the potential to cure or restore substantial sight to those with many types of hereditary eye disease. Driving forces are the emphasis in precision medicine, advances in gene editing techniques, and the evolving success of gene or gene-based therapy.

It seems likely that FDA-approved gene therapy for additional hereditary ophthalmic disorders will occur within the next several years. For many of our patients with ocular disease, eligibility for clinical trials and eventual treatments will begin with genetic testing.

OTHER RESOURCES

Genetics Home Reference
This site has almost everything you want to know about genetics with links to other resources. You can search by gene, condition, chromosome, etc. It also contains a dictionary and a downloadable handbook that provides an excellent overview of heredity, genes, DNA, and more from the National Institutes of Health (NIH).

Online Mendelian Inheritance in Man (OMIM)
https://www.omim.org/
An online catalogue of human genes and genetic disorders that is updated daily.

Clinical Trials
https://clinicaltrials.gov/
Information from the NIH about clinical trials and a listing of most known clinical trials for all conditions, not just vision. Some trials will be about gene therapy, but many are not. Likewise, not all trials are about treatment; for example, some are designed to learn more about the condition, not treat it. The site is updated regularly—search it regularly to get the latest information. If you find a trial that interests you, read the eligibility criteria which often lists a requirement of a diagnosis confirmed by genetic testing. The trials listed are worldwide, not just in the U.S.

National Society of Genetic Counselors
http://www.nsgc.org/
One useful feature of this site is a search function to find a certified genetic counselor near your location.

Learn Genetics Utah
http://learn.genetics.utah.edu/
This resource allows you to brush up on or learn about genetics in general, not simply genetics related to eyes and vision.

Genetics at VisionAmerica
http://www.eyehealthpartners.com/genetic-testing/
The VisionAmerica of Birmingham Center site (the parent company is Eye Health Partners) provides a brief overview of genetics, as well as patient consultations and evaluations.

REFERENCES

Dr. Nowakowski has a PhD in medical genetics and continues to serve as the only optometrist on the National Eye Institute’s National Ophthalmic Disease Genotyping and Phenotyping Network (eyeGENE) Steering Committee. He is a member of the American Society of Human Genetics and The American Society of Gene and Cell Therapy, and he is an Affiliate Scientist member of the American College of Medical Genetics and Genomics. Dr. Nowakowski lists no disclosures.
Indications and Usage
BromSite® (bromfenac ophthalmic solution) 0.075% is a nonsteroidal anti-inflammatory drug (NSAID) indicated for the treatment of postoperative inflammation and prevention of ocular pain in patients undergoing cataract surgery.

Recommended Dosing
One drop of BromSite® should be applied to the affected eye twice daily (morning and evening) 1 day prior to surgery, the day of surgery, and 14 days postsurgery.

Important Safety Information
- Slow or Delayed Healing: All topical nonsteroidal anti-inflammatory drugs (NSAIDs), including BromSite®, may slow or delay healing. Topical corticosteroids are also known to slow or delay healing. Concomitant use of topical NSAIDs and topical steroids may increase the potential for healing problems.
- Potential for Cross-Sensitivity: There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other NSAIDs, including BromSite®. Therefore, caution should be used when treating individuals who have previously exhibited sensitivities to these drugs.
- Increased Bleeding Time of Ocular Tissue: With some NSAIDs, including BromSite®, there exists the potential for increased bleeding time due to interference with platelet aggregation. There have been reports that ocularly applied NSAIDs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery. It is recommended that BromSite® be used with caution in patients with known bleeding tendencies or who are receiving other medications which may prolong bleeding time.
- Keratitis and Corneal Effects: Use of topical NSAIDs may result in keratitis. In some susceptible patients, continued use of topical NSAIDs may result in epithelial breakdown, corneal thinning, corneal erosion, corneal ulceration or corneal perforation. Patients with evidence of corneal epithelial breakdown should immediately discontinue use of topical NSAIDs, including BromSite®, and should be closely monitored for corneal health. Patients with complicated ocular surgeries, corneal denervation, corneal epithelial defects, diabetes mellitus, ocular surface diseases (e.g., dry eye syndrome), rheumatoid arthritis, or repeat ocular surgeries within a short period of time may be at increased risk for corneal adverse events which may become sight threatening. Topical NSAIDs should be used with caution in these patients. Post-marketing experience with topical NSAIDs also suggests that use more than 24 hours prior to surgery or use beyond 14 days postsurgery may increase patient risk for the occurrence and severity of corneal adverse events.
- Contact Lens Wear: BromSite® should not be administered while wearing contact lenses. The preservative in BromSite®, benzalkonium chloride, may be absorbed by soft contact lenses.
- Adverse Reactions: The most commonly reported adverse reactions in 1% to 8% of patients were anterior chamber inflammation, headache, vitreous floaters, iritis, eye pain, and ocular hypertension.

Please see brief summary of Full Prescribing Information on the adjacent page.

NSAID=nonsteroidal anti-inflammatory drug.

References:
2. Hosseini K, Hutcheson J, Bowman L. Aqueous humor concentration of bromfenac 0.09% (Bromday™) compared with bromfenac in DuraSite® 0.075% (BromSite™) in cataract patients undergoing phacoemulsification after 3 days dosing. Poster presented at: ARVO Annual Meeting; May 5-9, 2013; Seattle, Washington.

Sun Ophthalmics is a division of Sun Pharmaceutical Industries, Inc. © 2017 Sun Pharmaceutical Industries, Inc. All rights reserved. BromSite and DuraSite are registered trademarks of Sun Pharma Global FZE. Sun-OFP-BRO-217 03/2017
**INDICATIONS AND USAGE**
BromSite® (bromfenac ophthalmic solution) 0.075% is indicated for the treatment of postoperative inflammation and prevention of ocular pain in patients undergoing cataract surgery.

**CONTRAINDICATIONS**
None

**WARNINGS AND PRECAUTIONS**
- **Slow or Delayed Healing**
  All topical nonsteroidal anti-inflammatory drugs (NSAIDs), including BromSite® (bromfenac ophthalmic solution) 0.075%, may slow or delay healing. Topical corticosteroids are also known to slow or delay healing. Concomitant use of topical NSAIDs and topical steroids may increase the potential for healing problems.

- **Potential for Cross-Sensitivity**
  There is the potential for cross-sensitivity to acetylsalicylic acid, phenylacetic acid derivatives, and other NSAIDs, including BromSite® (bromfenac ophthalmic solution) 0.075%. Therefore, caution should be used when treating individuals who have previously exhibited sensitivities to these drugs.

- **Increased Bleeding Time of Ocular Tissue**
  With some NSAIDs, including BromSite® (bromfenac ophthalmic solution) 0.075%, there exists the potential for increased bleeding time due to interference with platelet aggregation. There have been reports that ocularly applied NSAIDs may cause increased bleeding of ocular tissues (including hyphemas) in conjunction with ocular surgery. It is recommended that BromSite® be used with caution in patients with known bleeding tendencies or who are receiving other medications which may prolong bleeding time.

- **Keratitis and Corneal Reactions**
  Use of topical NSAIDs may result in keratitis. In some susceptible patients, continued use of topical NSAIDs may result in epithelial breakdown, corneal thinning, corneal erosion, corneal ulceration or corneal perforation. These events may be sight threatening. Patients with evidence of corneal epithelial breakdown should immediately discontinue use of topical NSAIDs, including BromSite® (bromfenac ophthalmic solution) 0.075%, and should be closely monitored for corneal health.

- **Post-marketing experience with topical NSAIDs suggests that patients with complicated ocular surgeries, corneal denervation, corneal epithelial defects, diabetes mellitus, ocular surface diseases (e.g., dry eye syndrome), rheumatoid arthritis, or repeat ocular surgeries within a short period of time may be at increased risk for corneal adverse events which may become sight threatening. Topical NSAIDs should be used with caution in these patients.**

- **Contact Lens Wear**
  Use of topical NSAIDs should not be administered while wearing contact lenses. The preservative in BromSite®, benzalkonium chloride, may be absorbed by soft contact lenses.

**ADVERSE REACTIONS**

The following serious adverse reactions are described elsewhere in the Brief Summary:
- **Slow or Delayed Healing**
- **Potential for Cross-Sensitivity**
- **Increased Bleeding Time of Ocular Tissue**
- **Keratitis and Corneal Reactions**
- **Contact Lens Wear**

**Clinical Trial Experience**

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

The most commonly reported adverse reactions in 1–8% of patients were: anterior chamber inflammation, headache, vitreous floaters, iritis, eye pain and ocular hypertension.

**USE IN SPECIFIC POPULATIONS**

**Pregnancy**

**Risk Summary**

There are no adequate and well-controlled studies in pregnant women to inform any drug associated risks. Treatment of pregnant rats and rabbits with oral bromfenac did not produce teratogenic effects at clinically relevant doses.

**Clinical Considerations**

Because of the known effects of prostaglandin biosynthesis-inhibiting drugs on the fetal cardiovascular system (closure of ductus arteriosus), the use of BromSite® during late pregnancy should be avoided.

**Data**

**Animal Data**

Treatment of rats with bromfenac at oral doses up to 0.9 mg/kg/day (195 times a unilateral daily human ophthalmic dose on a mg/m² basis, assuming 100% absorbed) and rabbits at oral doses up to 7.5 mg/kg/day (3243 times a unilateral daily dose on a mg/m² basis) produced no structural teratogenicity in reproduction studies. However, embryo-fetal lethality, neonatal mortality and reduced postnatal growth were produced in rats at 0.9 mg/kg/day, and embryo-fetal lethality was produced in rabbits at 7.5 mg/kg/day. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

**Lactation**

There are no data on the presence of bromfenac in human milk, the effects on the breastfed infant, or the effects on milk production; however, systemic exposure to bromfenac from ocular administration is low. The developmental and health benefits of breastfeeding should be considered along with the mother’s clinical need for bromfenac and any potential adverse effects on the breast-fed child from bromfenac or from the underlying maternal condition.

**Pediatric Use**

Safety and efficacy in pediatric patients below the age of 18 years have not been established.

**Geriatric Use**

There is no evidence that the efficacy or safety profiles for BromSite® differ in patients 65 years of age and older compared to younger adult patients.

**NONCLINICAL TOXICOLOGY**

**Carcinogenesis, Mutagenesis and Impairment of Fertility**

Long-term carcinogenicity studies in rats and mice given oral doses of bromfenac up to 0.6 mg/kg/day (129 times a unilateral daily dose assuming 100% absorbed, on a mg/m² basis) and 5 mg/kg/day (540 times a unilateral daily dose on a mg/m² basis), respectively revealed no significant increases in tumor incidence. Bromfenac did not show mutagenic potential in various mutagenicity studies, including the bacterial reverse mutation, chromosomal aberration, and micronucleus tests.

Bromfenac did not impair fertility when administered orally to male and female rats at doses up to 0.9 mg/kg/day and 0.3 mg/kg/day, respectively (195 and 65 times a unilateral daily dose, respectively, on a mg/m² basis).

**Rx Only**

**Distributed by:** Sun Pharmaceutical Industries, Inc. Cranbury, NJ 08512

BromSite is a registered trademark of Sun Pharma Global FZE. SUN-OPH-BRO-017-1 03/2017
5 features of successful comanagement

An ophthalmologist outlines his ideal relationships with referring ODs

By James C. Loden, MD

In my Nashville practice, my colleagues and I successfully comanage surgical patients with a large network of referring optometrists. Over the years, I have learned what steps ophthalmologists and optometrists should take to set their relationships up for success. The underlying theme is the setting of realistic expectations.

Preframe the relationship

“Preframing” is a way of setting patients up so that they know exactly what to expect from their preoperative exams and procedures. As a part of setting these expectations, ODs and MDs explain where patients will be seen for their follow-up examinations. Having a specific conversation in advance is a much more effective method of communication rather than having to “reframe” the patient’s expectations later.

For example, the patient’s optometrist might have a conversation like this: “I am sending you to see Dr. Loden. I am confident he will do a great job and give you the outcome you are looking for. When you go to the clinic, he and his staff will perform several tests, he will discuss laser surgery, and he will make a recommendation based on what is best for you. I know you have worn monovision contact lenses for years, and monovision can work well with cataract surgery. I will recommend to Dr. Loden that you proceed with monovision cataract surgery, but he will discuss that more after he has the results of the preoperative testing. After the surgery, I will see you back here for the one-day postoperative exam.” With that as background, here are five key characteristics to successful comanagement.

STEP 1

It is legal and ethical

According to the Medicare guidelines, payments cannot be made for referrals. True comanagement requires that care transfer from the optometrist to the surgeon and from the surgeon back to the optometrist, with both parties participating in the care.

For premium intraocular lens (IOL) surgery, which typically involves higher fees for both the surgeon and the optometrist, additional services must be provided to justify the additional fees. For example, for potential premium IOL patients, I like to see more preoperative tests performed during their prior care.

I perform laser arcuate incisions for patients with >0.50 D of corneal astigmatism, and I choose a toric IOL for those with >1.25 D of cylinder. Therefore, my network of optometrists referring patients for refractive cataract surgery must be able to determine how much corneal astigmatism they have via corneal topography. Topography is also useful for evaluating the position of a toric lens postoperatively. If a lens appears to be >5° off axis after surgery, I want to know. A slit-lamp with a rotating axis beam is the bare minimum to perform this function.

STEP 2

It benefits the patient

Comanagement, most importantly, is a collaborative arrangement that benefits the patient. By teaming up with the patient’s long-term doctor, I can provide better care. The optometrist lets me know about the patient with chronic dry eye and the one who loves her contact lens monovision. I am prepared for the difficult-to-please patient who needed to have his past three pairs of glasses remade.

In appropriate cataract patients, I use Johnson & Johnson Vision Tecnis Symfony extended depth of focus (EDOF) IOL for correcting presbyopia. I have found that the technology offers patients what is a natural range of vision with minimal disadvantages. I also use Alcon AcrySof IQ ReStor +2.50 D and Bausch + Lomb Crystalens AO.

For patients who require strong near vision, I might consider a multifocal implant. In that case, I would rely on the optometrist to understand the patient’s experience with multifocal contact lenses, which I find to be an excellent predictor of success with multifocal IOLs.

I also rely on comanaging doctors to flag a clinical indication for a recommendation against a premium procedure. It is important to note that, in the absence of a clinical finding, I am legally obligated to offer patients the full range of services for which they are qualified.

STEP 3

It reinforces patients’ trust in providers

A collaborative relationship between

TAKE-HOME MESSAGE

Both ODs and MDs should preframe their relationships to the patient so the patient knows what to expect. An ideal comanaging relationship should be legal and ethical, benefit the patient, reinforce patient trust in providers, stay collegial and communicative, and remain enjoyable instead of obligatory.

See Ideal relationship on page 24.
Ideal relationship
Continued from page 23

surgeons and optometrists shows patients that we work as a team to prioritize their care. Comanaging doctors should speak with authority on the options of advanced technology like laser cataract surgery and premium IOLs.

This goes back to my opening about pre-framing the surgical visit so that the patient knows exactly what to expect. A patient should never be presented with this overwhelming information for the first time at the surgeon’s office. Sending a cohesive message enhances patients’ confidence and makes it easier for me to send them back to the referring optometrist. For example, consider a situation in which the optometrist tells a patient he might have a cataract but never mentions astigmatism. If I confirm the patient’s corneal astigmatism and begin discussing the benefits of a toric IOL combined with laser surgery, he will think the optometrist does not know much about cataract surgery. The patient may then be less than enthusiastic about returning for postoperative care.

Sending a cohesive message enhances patients’ confidence and makes it easier for me to send them back to the referring OD.

Patient may then be less than enthusiastic about returning for postoperative care.

**STEP 4**
It is collegial and communicative
It is very important that ophthalmologists be respectful, responsive, and accessible to referring optometrists. Prompt perioperative communication is key; surgeons should let optometrists know how the procedure went, and optometrists should communicate back information about the patient’s satisfaction and refraction after the first eye. Such information helps my second-eye decision making. For example, in a toric IOL patient who is not completely happy, good communication helps me determine if she needs a LASIK touch up, Nd:YAG surgery, or a repositioning of the lens.

**FEATURES OF SUCCESSFUL COMANAGEMENT**

1. **It is legal and ethical**
2. **It benefits the patient**
3. **It reinforces patients’ trust in providers**
4. **It is collegial and communicative**
5. **It is enjoyable, not just obligatory**

**STEP 5**
It is enjoyable, not just obligatory
In my experience, ophthalmologists and optometrists who enjoy continually learning about the nuances of refractive cataract surgery and advanced IOLs, and laser procedures takes time and effort and is essential to ideal comanagement. Optometrists and surgeons who participate in the latest innovations and share their knowledge can experience immensely enjoyable partnerships and—more importantly—provides the best care to their patients.

**IN BRIEF**

**CHICAGO**—Avedro, Inc. has reached agreement with the U.S. Food and Drug Administration (FDA) regarding a Special Protocol Assessment (SPA) on the design of a pivotal Phase 3 clinical trial for an epithelium-on (epi-on) corneal collagen cross-linking procedure to treat patients with progressive keratoconus.

The agreement provides that the Phase 3 clinical trial design, which includes clinical endpoints, trial population and statistical analyses, adequately address objectives that, if met, would form the primary basis of a regulatory submission to obtain FDA approval of Avedro’s epi-on cross-linking treatment.

The KXL308 Phase 3 clinical trial is a multicenter, randomized, controlled study comparing a novel, accelerated corneal collagen cross-linking procedure, including the use of oxygen to a control (untreated eyes), in approximately 275 subjects with progressive keratoconus. Subjects will be followed for one year. Once study enrollment begins, patients can visit clinicaltrials.gov to find a listing of participating locations.

Rajesh K. Rajpal, MD, chief medical officer for Avedro, says, “Patients in this orphan population, and practices that treat them, have truly benefited from the availability of Avedro’s FDA approved epi-off cross-linking treatment that was launched in 2016. A new procedure that is designed to eliminate the need to remove the epithelium has the potential to be of great value to patients and practices alike, and I look forward to the start of this first-in-class pivotal Phase 3 study.”
OCuSOFT®
retaine MGD

Superior Coverage for Complete Dry Eye Relief

Reduces Ocular Surface Staining
Decreases Ocular Discomfort
Improves Tear Film Stability

Fourth Generation Tear Film Enhancement

For more information and to order, call (800) 233-5469 or visit www.ocusoft.com

© 2017 OCuSOFT, Inc., Rosenberg, TX 77471 USA
Prep ocular surface before surgery

Continued from page 1

mian gland evaluation using the Korb gland evaluator as well as LipiView II Ocular Surface Interferometer with Dynamic Meibomian Imaging (DMI; Johnson & Johnson Vision), which measures lipid layer thickness, captures blink dynamics, and images the meibomian gland structure. I also conduct osmolality reading with TearLab Osmolarity System (TearLab Corp.), look for MMP-9 inflammatory marker with InflammaDry (Quidel), and stain the cornea and conjunctiva using both fluorescein and lissamine green vital dyes.

Once I determine the cause of the physiologic imbalance, I can initiate treatment before the patient sees the surgeon. Restoring tear film homeostasis in DED patients leads to improved surgical outcomes.3,4

Patient education helps

Education is paramount for patients to commit to their DED treatment plan. Asymptomatic individuals who develop postoperative

Marketing plan

Continued from page 12

planned at 2 percent, but for most private practices it is recommended to be in the 3 to 5 percent range of your overall gross collections.3 You should also set a limit for your sponsorships.

The easiest way to monitor marketing overspending is to create a marketing dollar amount for each month and choose the marketing initiatives that represent your practice. Donate a designer sunglass to a silent auction, support your local sports teams, but be sure your practice is being displayed and marketed properly.

Define your story

These marketing ideas are what work best for our practices, but every practice is different. Before coming up with a marketing plan, define your practice’s story.

Every practice has a story. Find your story, create a marketing plan, and get your practice’s name out there.

REFERENCES


Dr. Spear is commander of the 919th Special Operations Medical Squadron at Duke Field in Florida and chairman of the American Academy of Optometry Exhibits Committee. He consults for Alcon and Vision Source.

chspear@gmail.com

WE WANT TO HEAR FROM YOU!

Like something we published?, hate something we published?, have a suggestion? Send your comments to gretchyn.bailey@ubm.com. Letters may be edited for length or clarity.
ocular surface disease (OSD) concerns are prone to unfairly blame the surgeon for their discomfort. With meibography, for example, I can show patients what their glands look like (and what healthy ones should look like), which helps them understand why they need treatment and makes them more receptive to the required follow-up regimen.

For patients who are symptomatic, education provides more evidence on why we need to be aggressive in their treatment. They already understand they have a condition, and I explain that surgery will increase their inflammatory response and possibly worsen their symptoms.

A 51-year-old Caucasian female presented with reduced vision due to progressive cataract (see Figures 1A and 1B). Presurgical ocular wellness examination included dry eye testing with dry eye questionnaire, LipiView II imaging, meibography, lipid layer thickness and blink analysis, InflammaDry, and an ocular surface evaluation using vital dyes. She was found to have dry eye disease, predominantly evaporative, due to obstructive meibonian gland dysfunction with mild inflammation and mild hyperosmolality. Prior to surgery, she elected treatment with LipiFlow thermal pulsation in addition to lifetegrast (Xiidra).

By aggressively treating OSD in presurgical patients, I build better relationships with my referring surgeons. Although rare, the most feared complication of surgery is endophthalmitis. For patients with signs of blepharitis, I perform BlephEx (RySurg) to exfoliate the lids and remove the bacterial load. I also recommend a lid hygiene regimen and a lid wipe containing hypochlorous acid, further ensuring optimal outcomes.
**Ocular surface**

**Treating conditions**

I direct my therapy based on what I learned in the DED evaluation and the patient’s load of inflammation.

Pre-surgically, Xiidra (lifitegrast, Shire) is my choice of prescription medication because patients have improvement in as little as two weeks. I favor FreshKote drops (Focus Laboratories) as an over-the-counter eye drop which patients can conveniently purchase in the practice. For those with meibomian gland dysfunction, I will perform LipiFlow (Johnson & Johnson Vision) thermal pulsation to help clear obstruction prior to surgery.

For patients with allergies, inferior corneal staining due to exposure, and low levels of inflammation, I like to use absorbable punctum plugs, such as Comfortear Lacri-Solve 180 (Paragon BioTech). They are ideal for use around surgery and are widely underutilized. Alternatively, I may employ the manufacturer’s long-term Comfortear Punctum Plugs; they are easy to insert and fit most punctum sizes.

It is easy to get overwhelmed by the vast array of OSD treatments, so it is important to take a stepwise approach. For presurgical patients, decide what needs immediate attention and what can wait, based on the testing. Treat the highest need first.

As mentioned earlier, the most important aspect to achieving success with this comprehensive strategy is education. By explaining a patient’s condition and informing them of how it is treated, you help them understand the importance of the therapy you prescribe.

**ODs taking charge**

The need for comprehensive, full-scope optical care is clear. Many aspects of patient care could benefit from better relationships between primary-care providers and optometrists. To help bridge this gap, ODs should consider working directly with primary-care providers. Family physicians often refer directly to ophthalmologists, bypassing optometrists. We need to educate primary-care doctors about to our role in caring for patients.

When optometrists take charge of the care, we create solid partnerships with our patients. I know my patients will continue their care with me following referral to my fellow ophthalmologists because of the time and effort I spend educating them up front prior to the referral.

It has been well discussed that the eye care industry is facing an increase in the number of patients needing surgical care. At the same time, the number of U.S. ophthalmologists isn’t expected to increase, and they are retiring faster than they are being trained. I talk to patients about local surgeons who are performing micro-invasive glaucoma surgery (MIGS), small-lens replacement, dropless procedures, laser cataract surgery, or about those who are using the latest intraocular lens (IOL) technology.

Because I take charge and help my patients choose a surgeon, I build trust by sharing my expertise. Perhaps ODs do not always consider taking charge in that way, but we can. I attend MD meetings, get to know the doctors, and forge relationships. I find out if they are responsive and how they communicate (Can I text or call them? Do they read my letters?), and I learn what works.

**Looking ahead**

Optometrists are poised to leverage our key role in patients’ overall eye health. By employing all tools and treatments available and enhancing our relationships with surgeons and primary-care providers, we will ensure the highest standard of care for our patients.

**REFERENCES**


Dr. O’Dell is a member of the speakers’ bureau for Allergan, RPS, and Shire; and she is a consultant to Aerie, Brueder, Eye Eco, Kayla, Sun, and Paragon BioTech. Leslieodd@hotmail.com

**IN BRIEF**

**Patients regain sight after retinal stem cell implant**

**LONDON**–The first patients to receive a new treatment derived from stem cells for people with wet age-related macular degeneration (AMD) have regained reading vision.

The study, published in Nature Biotech, investigated whether the diseased cells at the back of the patients’ affected eye could be replenished using a stem cell patch inserted under the retina.

It’s the first description of a complete engineered tissue that has been successfully used in this way, according to researchers.

The study is a major milestone for the London Project to Cure Blindness, a partnership between Professor Pete Coffey from University College London and Professor Lyndon da Cruz, a retinal surgeon at Moorfields Eye Hospital NHS Foundation Trust. The Project has also been supported by the UCL Institute of Ophthalmology and the National Institute for Health Research (NIHR).

The two patients who underwent the procedure, a woman in her early 60s and a man in his 80s, had wet AMD and declining vision. The patients were monitored for 12 months and reported improvements to their vision. They went from not being able to read at all even with glasses, to reading 60-80 words per minute with normal reading glasses.

Douglas Waters, 86, developed severe wet AMD in July 2015 and received the treatment three months later in his right eye.

“After the surgery my eyesight improved to the point where I can now read the newspaper and help my wife out with the gardening,” he says. “I feel so lucky to have been given my sight back.”

Professor Pete Coffey, UCL Institute of Ophthalmology, says he hopes this will lead to an affordable “off-the-shelf” therapy that could be available to patients within the next five years.●

**REFERENCES**


Dr. O’Dell is a member of the speakers’ bureau for Allergan, RPS, and Shire; and she is a consultant to Aerie, Brueder, Eye Eco, Kayla, Sun, and Paragon BioTech. Leslieodd@hotmail.com
SAVE THE DATE

November 7-10, 2018
Henry B. González Convention Center

注册自5月21日开始。了解更多信息，请访问aaopt.org/2018。

Find your inspiration for excellence.

What will you miss if you’re not there?

• Engaging with innovative speakers to make you better prepared for your day to day clinical practice.
• Connecting and reuniting with your peers.
• Learning the latest research discoveries that will help you solve clinical problems.
• Discovering the latest technology in the exhibit hall.
• Networking with the best and brightest in optometry.
• Enjoying a truly unforgettable trip to charming San Antonio.

Registration opens May 21. Learn more at aaopt.org/2018.
Selling glasses online may not be answer for ODs

Continued from page 1

It's not as cheap as you think. Determine the cost of starting, designing, and maintaining an e-commerce website along with the logistics to make, pack, and ship out glasses.

Online pioneers like Warby Parker are currently opening brick and mortar optical stores across the nation.

Dave Gilboa, co-founder and co-CEO of Warby Parker, in an interview with Diane Lincoln Estes on PBS.com said, “We found that there’s still a lot of demand for people walking into physical stores, and now we have 55 stores. We will open about 25 more. There are certain customers that probably will never feel comfortable buying glasses online, and so those customers wouldn’t shop with us unless we had physical stores.”

Even the online pioneers see the importance of offering the services you already offer that cannot be provided online.

How do we retain these sales? Every practice likely loses a percentage of patients to online sales (some people value convenience and cost over quality and service). Patients are bombarded with advertisements on television, reading emails, or by pop-ups on the sidebar re-targeting them specifically.

Dos and don'ts of selling your value

You and your staff can explain, inform, and educate patients about what they can expect from your practice vs. what they may expect elsewhere. Purchasing eyeglasses online requires compromise in many areas where ODs are committed to quality, fit, and a great patient experience.

Here are dos and don'ts to follow to help patients understand your value:

1. **Do raise awareness.** Show your patient the facts. The American Optometric Association (AOA) has an informational PDF that takes a closer look at ordering glasses online. A good deal does not mean that you are getting the same quality. A study found that about half of online glasses ordered came with the wrong prescription or other problems.

This AOA information sheet describes this study. Some 200 pairs of eyeglasses for adults and children were ordered from 10 of the most popular online optical vendors. Of the 200 pairs of glasses ordered, only 154 pairs were received. Of the pairs delivered, 44.8 percent had incorrect prescriptions or safety concerns.

That is a 1-in-4 chance the patient will not get the glasses he ordered, and 1-in-2 that if he does get them, the glasses will not be what the patient ordered, not be the correct prescription, or even may be dangerous to wear. We must inform the

---

**Gant’s latest frames defined by shapes, colors**

NEW YORK—Gant’s new Spring/Summer 2018 eyewear collection offers a selection of contemporary and fashionable styles mixed with classics. Definitive shapes and rich colors inspired by vintage accents are combined to create a collection of optical frames for both women and men.

**GA3168** is a men’s retro round profile frame. The frame’s front round shape is ideal for progressive lenses. The front and temple color combinations include clear front with tortoise temples, tortoise front with matte and shiny blue temples, and a shiny black front with black and tortoise temples.

**GA3177** is a men’s rectangular shape frame that includes a hint of color behind the frame’s front. The front shape comes in two size options catering to face shapes of all sizes. It is available in black/grey, slate/vintage crystal, tortoise/navy, or navy/grey.

**GA4083** is a women’s frame with a rectangular front shape that compliments a variety of face shapes. A second smaller front size is available to accommodate more petite faces. Tapered metal temples, in either rose gold or gold, feature a recessed border. The front is offered in tortoise colorations as well as black.

**GA4086** is a women’s frame that shares the same temple design as GA4083 in varying satin-finished colorations. The top portion of the frame’s metal rectangular front is available in semi-matte black, satin brown, or satin plum, defined by rims in shiny rose or shiny gold, depending upon the color. The frame is offered in two sizes, regular and petite fit.
patient that an incorrect prescription can cause blurred vision or discomfort, and lenses that do not meet federal safety standards can shatter and may cause injury.

**25%** Chance your patient will not get the glasses he ordered from an online retailer

“best value.” I recommend to patients that they not compromise for a low price because their ocular health and safety is not worth it.

1. **Do explain quality.** Some patients are unaware that ill-fitting glasses can make the difference in learning, working, and functioning at our best. Poor quality lenses can impact our vision or jeopardize our safety.

   If the patient is not convinced, I suggest reviewing the most notable downsides of purchasing online:

   - Patients are not able to try on the glasses or obtain in-person assistance from an optician or trained sales associate.
   - Every pair of glasses needs micro-adjustments that can be made only in-person with a skilled professional. Glasses are a custom-made item.
   - Specific measurements are needed to purchase eyeglasses, such as pupillary distance (PD). This measurement can be taken only by a trained professional.

2. **Do present your value.** We all know that the computer cannot adjust anyone’s glasses. Explaining to your patients the importance of style, fit, face-to-face personal interaction, and the ability to adjust the frame is key. Until the Internet can figure out how to laser beam an optician through Wi-Fi, patients can get this only from you.

3. **Do promote specialty services.** Promote your “same-day service” or “glasses in one hour.” This is one service that online retailers cannot provide your patient.

   In this era of “microwave mentality,” glasses made same day will always win over ordering online and waiting for delivery.

4. **Don’t feel responsible for all.** Unless glasses were dispensed by you, don’t take any responsibility for adjustments, screws, nose pads, or repairs. If you do, you are encouraging patients to shop elsewhere or online.

   You facilitate and encourage patients’ online purchases when you adjust or repair eyewear purchased online using your expertise. Patients will think they can buy cheap glasses online because you are there to adjust, fix, or repair them.

   If you are considering charging a small fee, you will under-value your expertise. Even if you charge $50 or $100, some online companies reimburse patients up to $50 for adjustments.

5. **Don’t take it to heart.** You cannot be all things to all people. Some people value convenience and cost over quality and service. This is their choice. It does not matter what you tell them, they will always think buying glasses online is the best thing.

   As an OD who prides myself in providing the best quality and fit to my patients, I am unwilling to compromise when it comes to discount eyewear, and neither should you.

**REFERENCES**


Dr. Canto-Sims is CEO and founder of La Vida Eyewear, designed for Latinos by a Latina. She is a member of Transition Optical’s advisory board and Change Agent group. dianacanto@hotmail.com
Costa introduces new Del Mar Collection of sunglasses

DAYTONA BEACH, FL—Costa has introduced a new Del Mar Collection of sunglasses with four new frames in multiple colors of acetate inspired by all aspects of coastal life. The collection of frames represents the brand’s overall beach and water-loving lifestyle. The collections are constructed with acetate and five-barrel hinges. The screws feature a plastic coating injected around the threading for a smooth open and close. Each piece incorporates a galvanized corewire, visible inside the frame piece, with a topographical pattern.

Del Mar is a unisex frame with a round lens shape. The shape has a modern temple and a classic front. This frame also features the diamond-cut Costa logo. Frame colors include shiny black, shiny ocean tortoise, shiny kelp, and matte tide pool.

May frame has a medium fit with a square lens shape. This frame includes the mother-of-pearl logo and features one color of bonded acetate for a dual-color look, shiny coral crystal with shell inlay. Additional frame colorway options include shiny black, shiny abalone, and shiny tiger cowrie.

Aransas is a unisex frame style. The frame features a decorative plaque design with venting. The Costa logo is diamond-cut. Colors include matte black, shiny ocean tortoise, matte storm gray, and shiny kelp.

Sarasota is a frame with a cat-eye shape. This frame features a small to medium fit with a mother-of-pearl logo, as well as one color of bonded acetate for a dualcolor, shiny seafoam crystal with shell inlay. Other colors include shiny black, shiny abalone, and shiny dusk.
Refractive Cataract Surgery

Leading ophthalmologists and optometrists provide insights for improving outcomes of refractive cataract surgery and expanding the pool of patients who may be appropriate candidates for a premium procedure.

- **Creating a premium experience**
  Tal A. Raviv, MD, FACS

- **The modern cataract patient**
  Paul C. Kang, MD

- **Preoperative patient management**
  Elizabeth Yeu, MD

- **Today’s presbyopes: how to satisfy them**
  Sondra Black, OD

- **Preoperative and postoperative patient management**
  Walter O. Whitley, OD, MBA, FAAO

- **Setting expectations for premium cataract outcomes**
  Sheri Rowen, MD

- **Correcting presbyopia in the presence of astigmatism**
  Daniel H. Chang, MD

explore now at ophthalmologytimes.com/refractive-surgery
EVATIK unveils its Spring 2018 collection

PLATTSBURGH, NY—EVATIK launches five new styles for Spring 2018. The new designs draw inspiration from European eyewear trends and architectural design elements. They feature different constructions and various colors.

E-9163 features a titanium mono-block square front and a metal inlay along the browline. Contrasting colorations of black/navy, black/charcoal, and brown/black provide are available.

E-9162 is a combination frame with a diamond-cut acetate front matched with metal temples. The frame features screwless barrel hinges and is offered in hues of black, tortoise black, and grey.

E-9164 is a semi-rimless model featuring two-tone coloring with a cut-down stripe showcased on the end pieces and the temples. It is offered in navy/grey, brown/black and black/navy.

E-9165 is a titanium flat-front combination frame with an angular square shape. The browline to the end pieces are wrapped in acetate in contrasting colors, creating combinations of black/grey, tortoise/black and navy/gun.

E-9168 features a striped pattern that is laser etched along the temples and is finished with a metal inlay at the hinge break. A thin line is engraved around the perimeter of the frame and finished in a secondary coloration. This style is available in combinations of charcoal/red, black/cobalt and navy/gun.
ALLDocs (The Association of LensCrafters Leaseholding Doctors) has dozens of OD job opportunities.

One of the nation’s leading optometry organizations, ALLDocs members hire only the finest ODs, and provide cutting-edge technology with tremendous growth opportunities.

Visit https://www.alldocsod.com/jobs/ for the job listings.

Narrow your candidate search to the best.

Place a recruitment ad in Optometry Times—in print or online.

Optometry Times
Joanna Shippoli
Account Manager
440-891-2615
joanna.shippoli@ubm.com

This index is provided as an additional service. The publisher does not assume any liability for errors or omissions.
Area98 debuts new Oliviero Contini men’s and women’s styles

PAVIA DI UDINE, ITALY—The new Oliviero Contini collection is inspired by the passion of Italian goods and artisanal expertise. The Area98 brand is influenced by the Italian designer of the same name. The eyewear combines a vintage feel with modern appeal.

The new men’s models, in acetate or metal, feature both square and rounded shapes and use a range of color options. Highlights include the metal, semi-rimless OV4259 and the double bridge OV4260 models. Both pairs showcase color contrasts and original patterning on the acetate temple ends.

The women’s cat-eye OV4255 model features a color-contrast top section. The broad frames of the women’s OV4256 model—another cat-eye design—features exclusive acetates and jewel detailing positioned by the hinges on the temples.
Shaquille O’Neal Eyewear and Zyloware release larger than life styles

PORT CHESTER, NY—Shaquille O’Neal Eyewear has added five new styles to the athleisure-inspired collection by Zyloware. Most frames featured are available in its extended fit style which features additional headspace and longer temples.

- **Shaquille O’Neal QD 124M** features a titanium mono-block square front and a metal inlay along the browline. Contrasting colorations of black/navy, black/charcoal, and brown/black provide are available.

- **Shaquille O’Neal QD 123M** is a full-rim metal frame. Black features a blue stripe down the matte black temples, offset by the Shaq logo plaque. The temple interior includes the same bold shade of blue for an added pop of color. Frames are available in extended fit style which features additional headspace and longer temples. A silver gunmetal basketball logo can be spotted inside the left temple tip. Spring hinges and snap-in nosepads come as standard and it is able to accommodate progressives.

- **Shaquille O’Neal 125M** is a full-rim metal frame in a rectangle shape. The frame features metal temples and a zyl temple tip. It is available in extended fit style sizing that provides extra headspace and longer temple tips. The frame also features snap-in nosepads and the ability to accommodate progressives.

- **Shaquille O’Neal 127Z** is a full-rim, zyl frame with a rectangle shape. QD 127Z is available in extended fit style which offers additional headspace and longer temples. Zyl temples feature a pattern inspired by the surface of a basketball and provides extra grip for the wearer. QD 127Z features spring hinges for easy adjustments and the ability to accommodate progressives.

- **Shaquille O’Neal 126Z** is a full-rim metal frame. Black features a blue stripe down the matte black temples, offset by the Shaq logo plaque. The temple interior includes the same bold shade of blue for an added pop of color. Frames are available in extended fit style which features additional headspace and longer temples. A silver gunmetal basketball logo can be spotted inside the left temple tip. Spring hinges and snap-in nosepads come as standard and it is able to accommodate progressives.
Viola Kanevsky, OD  
Owner of Acuity, NYC

Uptown NYC practice, pediatrics, and Guatemala civil war

**Why private practice and not academia or industry?** I needed a job, so I interviewed at an optical a block away from my house. I knew from a young age I couldn’t work well for someone; I needed to be independent. In academia you almost always have a boss and you have to conform, which I don’t like to do. When I took the job, my only condition was that I would be an independent contractor. I saw my own patients, and I kept my own fees. When the optical sold to a bigger corporation, the new owners said, “We want you to practice this way.” That’s when I took off.

**How does an uptown Manhattan practice compare with an office park practice?** I never felt disrespected like many people do in retail optometry. Patients never came in and said, “I need to speak to Viola.” They always called me “Doctor.” There was a very different feel the second I opened my doors on Central Park West. Patients come in with an entirely different level of respect which I didn’t even know existed. Now I really feel like a real doctor.

**Why pediatrics?** At SUNY, I petitioned for a pediatric internship because it didn’t exist; it was folded into vision therapy. I was the first extern in that rotation. I always knew that I loved pediatrics—I can play with puppets, I don’t have to go in the order of a traditional exam. It makes you think all the time; you have to be on your toes constantly because you never know when the next curve ball is going to come at you from that kid. I love it to this day.

**What’s the craziest thing you’ve ever done?** A student VOSH mission. We went to Guatemala in the middle of civil war. We were going to this little town in a old school bus. A barricade in the middle of the road forces the bus to stop. Guerrillas carrying machine guns line us up to check IDs, and we tell them why we are there. They decide we really were there to help, escort us to the village, and post themselves as guards in front of our guest house. One said to me and my roommate, “Here’s a knife. Put it under your pillow at night because the room keys don’t work.” We’re like, “Oh my God!” [Laughs] It turned out all right.

—Vernon Trollinger

**What was it like opening cold in uptown Manhattan?** I feel that I opened warm. I worked for 14 years at that optical, and when I left to open my own practice, those patients followed me. When I opened at the optical it was cold because I was seeing maybe one patient a day. I didn’t have the same financial risks because I wasn’t paying the rent. The only risk was I don’t see any patients, I don’t make any money. The very steep curve of learning how to run your own business I did at someone else’s expense.

**What’s something you’d like to change about optometry?** I would love to see a uniform set of laws for all [healthcare] fields in this country. This state can prescribe this, that state can’t. I would love for ODs to stop being so reliant on product sales. A practice could make an appointment with someone online to try on glasses this way. Yes, people like to shop online, but I think people still want that personal service. If you make it convenient, people are willing to pay for personal service.

**Do you have any regrets?** I would have loved to have gone into practice right off the bat with a couple of classmates. I recommend that students coming out thinking about this find a couple of good friends and go for it together. It’s the most fun you will ever have.

**What’s three things does a young OD need when considering pediatrics?** A lot of patience—mostly for the parents. You need a talent; I put on puppet shows. You have to be able to disarm the kid first and get him to relax before he will do anything for you. You have to be able to play. Lastly, you really have to love your work.

To hear the full interview with Dr. Kanevsky, listen online: optometrytimes.com/VioletKanevsky
Truly the next generation of slit lamps

Light-gathering Ultra Optics, enhanced by high-luminance LED

Patent-pending, built-in background illumination optimizes digital imaging

Larger 14mm, continuously variable aperture

Fully integrated, low-voltage system conceals all hardware

Expanded chin rest for larger patient access

Experience a true difference.

ULTRA M5 Slit Lamp with ion IMAGING™ System

For all things Ultra
UltraM.Marco.com
800.874.5274
START THEM OUT WITH DAILIES®
AQUACOMFORT PLUS® CONTACT LENSES

A true daily disposable lens to benefit your teen patients.

- **Built-in compliance** to start first-time wearers off with great lens-wearing habits.¹
- **Widest range** of daily disposable parameters readily available to fit nearly every patient.
- **Blink-activated moisture** to support a stable tear film—essential for digital device comfort as teens spend, on average, about 9 hours a day in front of a screen.² ³

**Reference:**

See product instructions for complete wear, care and safety information.