Session #1
Organising and maintaining a therapeutic eye care practice
presented by
Louis J. Catania, O.D., F.A.A.O.
for
The Vision Institute of Canada Conference
Saturday, November 8, 2008
3:00 to 3:30

TPA issues in Optometric Practice
Clinical issues
In-office supplies
Prescribing/sampling
Scheduling issues
Professional fees
Clinical challenges
Practice (prof.) issues
Protocols & “Co-care”
Pharmacists & PCPs
Coverage, “On-call”
“Marketing” TPAs
Books & journals

Anterior Segment Therapeutics
Generic Drug Classification
(alphabetical)
• Anti-allergics (topical and oral)
• Anti-infectives (topical and oral)
• Anti-inflammatories (topical and oral)
• Other categories
• Considerations in prescribing

Anti-allergics (topical and oral)
• Antihistamines (e.g., Albalon, Patanol)
• Antihistamines with decongestants
• Anti eosinophilias (Neodocromil)
• Mast cell stabilizers (e.g., Opticrom
     Alomide
     Crolom)
Anti-infectives (topical and oral)

- Antibiotics/antibacterials
- Antifungals
- Antivirals
- Combinations (with steroids and/or vasoconstrictors)

Examples of “some” anti-infective topicals

<table>
<thead>
<tr>
<th>Antibiotics</th>
<th>Antifungal</th>
<th>Antivirals</th>
<th>Combs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bacitracin</td>
<td>Natamycin</td>
<td>Acyclovir</td>
<td>Blepamide</td>
</tr>
<tr>
<td>Bleph 10</td>
<td>IDU</td>
<td>Famvir</td>
<td>Maxitrol</td>
</tr>
<tr>
<td>Ciloxan</td>
<td>Vira A</td>
<td></td>
<td>Pred-G</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>Viroptic</td>
<td></td>
<td>Tobradex</td>
</tr>
<tr>
<td>Gentamicin</td>
<td></td>
<td></td>
<td>Vasocidin</td>
</tr>
<tr>
<td>Neomycin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neosporin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ocuflox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polysporin</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poltrim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobramycin</td>
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<td></td>
</tr>
</tbody>
</table>

Anti-inflammatories (topical and oral)

- Non-steroidal (NSAIDs)
- Steroids
- Combinations (with antibiotics)
- Immunosuppressive agents or T cell modulators
  (e.g., 0.05% cyclosporine, etc.)

Examples of “some” anti-inflamatories

<table>
<thead>
<tr>
<th>NSAIDs</th>
<th>Steroids</th>
<th>Combos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acular</td>
<td>Decadron</td>
<td>Blepamide</td>
</tr>
<tr>
<td>Nevenac</td>
<td>Dexamethasone</td>
<td>Maxitrol</td>
</tr>
<tr>
<td>Ocufen</td>
<td>Econopred</td>
<td>Pred-G</td>
</tr>
<tr>
<td>Ocufen</td>
<td>Flarex</td>
<td>Tobradex</td>
</tr>
<tr>
<td>Voltaren</td>
<td>FML</td>
<td>Vasocidin</td>
</tr>
<tr>
<td></td>
<td>FML Forte</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HMS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hydrocortisone</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inflamase Forte</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lodamax</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pred Forte</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pred Mild</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Vexol</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>T-cell modulators</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Restasis</td>
</tr>
</tbody>
</table>
Other categories
- Analgesics (narcotic and non-narcotic; topical and oral)
- Artificial tears (Drops and ointments)
- Dilators and cycloplegics
- Hypertonic saline (drops and ointments)
- Nutritionals (vitamins, etc., etc.)

Additional in-office medications
<table>
<thead>
<tr>
<th>Medication</th>
<th>Potential usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic ung. &amp; qtts</td>
<td>Initial in-office treatments</td>
</tr>
<tr>
<td>5% Homatropine qtt</td>
<td>Dilation for trauma, etc.</td>
</tr>
<tr>
<td>Steroid ung. &amp; qtts</td>
<td>Initial in-office treatments</td>
</tr>
<tr>
<td>2% Pilo &amp; timolol qtts</td>
<td>Acute angle closure</td>
</tr>
<tr>
<td>Acetazolamide (Diamox) or Neptaze</td>
<td></td>
</tr>
<tr>
<td>Oral glycerin (Osmoglyn)</td>
<td></td>
</tr>
<tr>
<td>Povidone iodine solution</td>
<td>Antiseptis (procedural)</td>
</tr>
<tr>
<td>70% isopropyl alcohol</td>
<td>Antiseptis (wound)</td>
</tr>
<tr>
<td>Ringer’s solution</td>
<td>Irrigation (burns, etc.)</td>
</tr>
</tbody>
</table>

Additional in-office instrumentation
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Potential usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head loupe</td>
<td>Gross examination</td>
</tr>
<tr>
<td>Jewelers forceps</td>
<td>Multiple uses</td>
</tr>
<tr>
<td>Toothed &amp; cilia forceps</td>
<td>For grasping tissue &amp; cilia</td>
</tr>
<tr>
<td>Desmarres lid retractor</td>
<td>Lid or corneal procedures</td>
</tr>
<tr>
<td>Westcott or iris scissor</td>
<td>Fine cutting (e.g., skin tags)</td>
</tr>
<tr>
<td>Punctal dilator</td>
<td>Lacrimal dilation</td>
</tr>
<tr>
<td>Lacrimal cannulus</td>
<td>Lacrimal irrigation</td>
</tr>
<tr>
<td>3 or 5 cc syringes</td>
<td>&quot;</td>
</tr>
<tr>
<td>Hypodermic needles (2” 18 &amp; 22-g; 5/8” 25-g)</td>
<td>FB removal, cyst drainage, etc.</td>
</tr>
<tr>
<td>Golf club spud</td>
<td></td>
</tr>
<tr>
<td>Camura spatula</td>
<td></td>
</tr>
<tr>
<td>Alger brush (diamond burrs ?)</td>
<td></td>
</tr>
<tr>
<td>Instrument tray (Sterilizer?)</td>
<td></td>
</tr>
</tbody>
</table>

Additional in-office perishable supplies
<table>
<thead>
<tr>
<th>Supplies</th>
<th>Potential usage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture media (booth &amp; agar)</td>
<td>Conj. &amp;/or corneal cultures</td>
</tr>
<tr>
<td>Microscope slides (?)</td>
<td>Cytology</td>
</tr>
<tr>
<td>ph paper</td>
<td>For chemical burns</td>
</tr>
<tr>
<td>Disposable plano soft lenses</td>
<td>Corneal bandaging</td>
</tr>
<tr>
<td>Cotton-tip applicators (sterile)</td>
<td>Varied procedures</td>
</tr>
<tr>
<td>Cotton balls (non sterile)</td>
<td>&quot;</td>
</tr>
<tr>
<td>2x2” &amp; 4x4” gauze pads</td>
<td>&quot;</td>
</tr>
<tr>
<td>Alcohol sponges</td>
<td>Antiseptic procedures</td>
</tr>
<tr>
<td>Eyepads</td>
<td>Pressure patching</td>
</tr>
<tr>
<td>Paper, cloth or plastic tape</td>
<td>&quot;</td>
</tr>
<tr>
<td>Adhesive remover</td>
<td>Patch removal</td>
</tr>
<tr>
<td>Ammonia ampules</td>
<td>Vasovagal responses (Dr. or pt.)</td>
</tr>
</tbody>
</table>
Prescribing & Sampling

• Clinical issues
• Legal issues
• Practical (community) issues
• Professional issues
• Corporate issues

Considerations in prescribing

• Drug selection (generic or brand name)
• Route (topical or oral)
• Vehicle (topical: solution, suspension, ointment; oral: tablet, capsule, liquid/elixir)
• Dispense (How much?)
• Dosage (amount, concentration, frequency)
• Duration (length of therapy)
• Expected outcome

Scheduling issues

• BOV, OV, EOV
• Managed care requirements
• Staff training
• Routine care vs “POC”
• “Stacking” emergencies

Professional fees

• Reasonable and customary
• Is it care or is it education?
• DON’T UNDERCHARGE!
• Third party/managed care issues
  *(Canadian Government programs)*
Clinical Challenges

• Do the “easys” first
  – Blepharitis
  – Conjunctivitis
• Careful with
  – Keratitis
  – Uveitis
• Stay in your “comfort zone”

Protocol and “Co-care” with MDs

• Discuss emergency care
  o Chemical burns
  o Angle closure
  o Corneal ulcers
  o Gross trauma
• Agree on protocols:
  o for emergency care
  o for secondary, tertiary care
  o for problem cases
• Agree on consults vs. referrals
• Agree on post-op comanagement protocols

Pharmacists and PCPs

• Your absolute best friends in primary and TPA care are your local pharmacists and PCPs
• Personal contacts are invaluable
• Phone pharmacists with Rxs
• If you write, write clearly

Coverage, “On-call”

• Remember 24 hours per day, 7 days per week, 365 days per year
• Arrange coverage
• Organize on-call networks
• There are very few true ocular emergencies that require 3:00 am care (fortunately!)
“Marketing” TPAs

• Your strongest referral base will be happy, well cared for patients (“The injured paw theory of TPA marketing.”)

• 30 seconds after each exam with all patients will develop your TPA practice better than anything else.

Books and Journal

• Books:
  – Ocular Differential Diagnosis, Roy
  – Ocular Pharmacology, Bartlett & Janus
  – Current Ocular Therapy, Fraunfelder
  – Will’s Emergency Ocular Treatment Manual
  – The full Primary Care series by Appleton and Lange
  – and of course, Primary Care of the Anterior Segment, Catania

• Journals
  – Academy of Ophthalmology Journal
  – American Journal of Ophthalmology
  – British Journal of Ophthalmology
  – Survey of Ophthalmology
  – Review of Ophthalmology & Review of Optometry

Thank you

lcatania@bellsouth.net
Diagnosing and managing common eyelid and adnexal disorders

presented by
Louis J. Catania, O.D., F.A.A.O.

for
The Vision Institute of Canada Conference
Saturday, November 8, 2008
3:30 to 4:00

The message …
There is a simple, systematic, clinical approach for the safe, accurate and QUICK diagnosis & management of anterior segment disorders.

Mechanical etiologies
- Abrasions
- Blunt (concussion or contusion)
- Burns
- Drying and erosions (e.g., skin)
- Foreign bodies
- Lacerations
- Bites and stings (insects, etc.)

Non-inflammatory etiologies
- Congenital abnormalities
- Cystic changes (e.g., lymphatic cyst)
- Dystrophies and degenerations (cornea)
- Metaplasias, hyperplasias, neoplasias
- Pigmentations
- Positional abnormalities (e.g., lid ptosis)
- Physiological abnormalities
Inflammatory etiologies

• Sterile
  – Toxic
  – Stress (*Conversion phenomenon*)
• Infectious
  – Bacterial
  – Viral
  – Fungal
  – Acanthamoeba

Now…

some “quick” presentations
of 3 common inflammatory
conditions of the
lids and adnexa

Sterile eyelid conditions

• Allergic blepharitis
• Acne rosacea
• Toxic marginal blepharitis
• Toxic meibomitis

Infectious eyelid conditions

• Staphylococcal marginal blepharitis
• Meibomitis
• Hordeolum
• Strep/Gram neg./Preseptal cellulitis
• Herpes simplex blepharitis
• Herpes zoster ophthalmicus
• Demodicosis
• Pediculosis
Sterile lacrimal system conditions
• Stenosis (of the canaliculi system)
• Blockage (of the canaliculi system)

Infectious lacrimal system conditions
• Dacryocystitis (of the canaliculi system)
• Dacryoadenitits (of the lacrimal gland)

Thank you

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Session #3

Diagnosing and managing conjunctivitis, episcleritis, scleritis

presented by
Louis J. Catania, O.D., F.A.A.O.

for
The Vision Institute of Canada Conference
Saturday, November 8, 2008
4:00 to 4:45

Differential Dx
Subjective
Objective

• Bacterial conj. No pain Purulence/Red
• Viral conj. Burning Tearing/Pink
• Allergic conj. Itching Mucous/Edema
• Toxic conj. Chronic/dry Angular/Bilat.
• Keratitis FB sensation Cornea + NaFl
• Episcleritis Dull pain Sector redness
• Uveitis/scleritis Deep pain Deep red/Flush
• Angle closure Sudden pain VA loss/Edema
• Systemic related Pos. history Bilat./Heme?

Sterile conjunctival conditions

• Allergic conjunctivitis
• Toxic (chronic or irritative) conjunctivitis
  – Bacterial or viral toxins
  – Dry eye syndrome
  – Environmental (eg. UV)
  – Other

Infectious conjunctivitis

• Staphylococcal (acute/hyperacute)
• Strep/Gram neg. (Hyperacute)
• Adenoviral (follicular)
Episcleritis
• All sterile

Scleritis
• Sterile (systemic)
• Infectious (endophthalmitis)

Thank you
lcatania@bellsouth.net