CONTEMPORARY USES OF BANDAGE CONTACT LENSES IN PRIMARY OPTOMETRIC PRACTICE

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THERAPEUTIC BANDAGE CONTACT LENSES QUESTIONS FOR CONSIDERATION

■ WHAT IS THE RATIONALE FOR PRESCRIBING BANDAGE LENSES?

■ WHAT ARE THE CONTEMPORARY CLINICAL INDICATIONS?

■ WHAT ADJUNCT THERAPY IS NECESSARY?

■ HOW EFFECTIVE ARE SILICONE HYDROGEL LENSES AS BANDAGE LENSES?

CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

CHARACTERISTICS OF CORNEAL DYSTROPHIES
■ EARLY ONSET (BY 3rd DECADE)
■ HEREDITARY / APPROX 50% AUTOSOMAL DOMINANT
■ CENTRAL CORNEAL LOCATION
■ BILATERAL / SYMMETRIC
■ NO ASSOCIATED SYSTEMIC DISEASE

CHARACTERISTICS OF CORNEAL DEGENERATIONS
■ LATE ONSET
■ NO HEREDITARY PATTERNS
■ PERIPHERAL OR CENTRAL CORNEA
■ UNILATERAL / ASYMMETRIC
■ ASSOCIATED SYSTEMIC VASCULAR DISEASE

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FINANCIAL DISCLOSURE STATEMENT

■ CLINICAL INVESTIGATOR
Alcon
Allergan
AMO
Bausch & Lomb
Ciba Vision
Cooper Vision
Paragon Vision Sciences
SynergEyes
Vistakon

■ Optometric Editor, PRIMARY CARE OPTOMETRY NEWS
■ Independent Board Member, TLC Vision
CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

EPITHELIAL BASEMENT MEMBRANE DYSTROPHY

- 40% PREVALENCE
- 75% BILATERAL
- 10% RCE
- LATE ONSET

TREATMENT
- LUBRICATE & HYPEROSMOTICS
- BANDAGE LENS
- DEBRIDEMENT, STROMAL PUNCTURE, or PTK

CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

MEESMAN'S (EPITHELIAL) DYSTROPHY

- AUTOSOMAL DOMINANT
- EARLY ONSET
- EPITHELIAL VESICLES
  -> RCE’s

TREATMENT
- LUBRICATE & HYPEROSMOTICS
- BANDAGE LENS
- PTK

CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

REIS-BUCKLERS (BOWMAN'S) DYSTROPHY

- AUTOSOMAL DOMINANT
- EARLY ONSET
- HONEYCOMB OR FISHNET OPACITIES
- BM SCAR-> RCE’s

TREATMENT
- LUBRICATE & HYPEROSMOTICS
- BANDAGE LENS or RGP’s
- PTK -> PKP

CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

LATTICE (STROMAL) DYSTROPHY

- AUTOSOMAL DOMINANT
- EARLY ONSET
- LATTICE AMYLOID OPACITIES
- BM DISRUPTION -> RCE’s & POOR VA

TREATMENT
- LUBRICATE & HYPEROSMOTICS
- BANDAGE LENS or RGP’s
- PTK -> PKP
CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

GRANULAR (STROMAL) DYSTROPHY

- AUTOSOMAL DOMINANT
- EARLY ONSET
- CORNFLAKE HYALIN
- OPACITIES
- BM DISRUPTION -> RCE’s & POOR VA

TREATMENT
- LUBRICATE & HYPEROSMOTICS
- BANDAGE LENS or RGP’s
- PTK -> PKP

MACULAR (STROMAL) DYSTROPHY

- AUTOSOMAL RECESSIVE
- EARLY ONSET
- GROUND GLASS MPS OPACITIES
- BM DISRUPTION -> RCE’s & POOR VA

TREATMENT
- LUBRICATE & HYPEROSMOTICS
- BANDAGE LENS or RGP’s
- PTK -> PKP

CENTRAL CRYSTALLINE (STROMAL) DYSTROPHY

- AUTOSOMAL DOMINANT / BILATERAL / EARLY ONSET
- NEEDLE SHAPED CHOLESTERAL CRYSTALS
- SLIGHT REDUCED VA

TREATMENT
- MONITOR
- (CHOLEST / TRIGLYCERIDES)
- PKP RARE

FUCH’S (ENDOTHELIAL) DYSTROPHY

- BILATERAL / LATE ONSET
- GUTTATA -> STROMAL & EPITHELMODERMA -> RCE’s & POOR VA

TREATMENT
- LUBRICATE & HYPEROSMOTICS
- BANDAGE LENS
- PKP
**CORNEAL PATHOLOGY**
**DYSTROPHY & DEGENERATION**

**POSTERIOR POLYMORPHOUS (ENDOTHELIAL) DYSTROPHY**

- Bilateral / early onset
- Swiss cheese vesicles → Stromal & Epith Edema
- Slight reduced VA

**Treatment**

- Monitor (Glaucoma & Keratoconus)
- Lubricate & Hyperosmotics
- PKP

**SALZMANN’S NODULAR DEGENERATION**

- Asymmetric / post inflammation
- Elevated hyaline nodules → RCE’s & Irreg Astig → Poor VA

**Treatment**

- Lubricate & Hyperosmotics
- Steroid gtt
- Bandage Lens or RGP’s
- Keratectomy or PTK

**BAND KERATOPATHY**

- Asymmetric / anterior cornea
- Swiss cheese calcium deposition → RCE’s & Poor VA

**Treatment**

- Lubricate & Hyperosmotics
- EDTA Treatment
- *PTK

**EXCIMER PTK INDICATIONS**


N = 33 EYES
- Opacity & Irregular Astigmatism

- Improved scarring
- No significant Astigmatism change
- ~ 50% Improved Visual Acuity
- ~ 50% Hyperopic Shift
CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

EXCIMER PTK INDICATIONS


N = 41 EYES

OPACITY & IRREGULAR ASTIGMATISM

* 77% VISUAL ACUITY >= PREOPERATIVE LEVEL
* 87% CLARITY >= PREOPERATIVE LEVEL
* 93% COMFORT >= PREOPERATIVE LEVEL

* GOOD -> SALZMANN / REIS BUCKLER / LATTICE
* POOR -> HSV SCAR / BAND KERATOPATHY / TRAUMA SCAR

CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

EXCIMER PTK INDICATIONS

Aquavella, DePaolis, Ryan  Am Acad Ophth Mtg 1991

N = 10 EYES

RGP CONTACT LENSES AS PREDICTOR OF PTK SUCCESS

RGP CL VA 4+ SNALEIN LINES > SPECTACLE VA
* 86% BENEFICIAL OUTCOME
RGP CL VA < 1 SNALEIN LINE CHANGE FROM SPECTACLE VA
* 33% BENEFICIAL OUTCOME

CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

EXCIMER PTK CONTRAINDICATIONS

* UNCONTROLLED OCULAR DISEASE
* OCULAR SURFACE DISEASE, IRITIS, UVEITIS, & HERPES
* PATHOLOGY OF POSTERIOR 2/3 OF CORNEA

CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

EXCIMER PTK CONTRAINDICATIONS

* UNCONTROLLED OCULAR DISEASE
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* PATHOLOGY OF POSTERIOR 2/3 OF CORNEA
CORNEAL PATHOLOGY
DYSTROPHY & DEGENERATION

EXCIMER PTK

PROCEDURAL CONSIDERATIONS
- TRANSEPITHELIAL ABLATIONS with MASKING AGENTS
- SMALL -> LARGE DIAMETER ABLATIONS
- PLAN ABLATION PROFILES
- LESS IS BETTER

POTENTIAL COMPLICATIONS
- DELAYED EPITHELIAL HEALING
- CORNEAL INFECTION
- PERSISTENT CORNEAL HAZE
- INDUCED REFRACTIVE ERROR
- LOSS OF BCVA

THERAPEUTIC BANDAGE CONTACT LENSES
RATIONALE FOR PRESCRIBING

HISTORICAL PERSPECTIVES
- Celsus -> Honey soaked linen
- Ridley -> Glass scleral shell
- Kaufman & Gasset -> Hydrophilic lenses
- Aquavella -> Expanded options

THERAPEUTIC BANDAGE CONTACT LENSES
MATERIAL PROPERTIES

HYDROPHILIC BANDAGE CLINICAL EFFICACY DUE TO
- Oxygen permeability
- Design flexibility
- Dimensional stability
- Optical clarity

THERAPEUTIC BANDAGE CONTACT LENSES
RATIONALE FOR PRESCRIBING

- Pain relief
- Protection
- Wound splinting
- Surface wetting
- Vision
- Drug delivery
THERAPEUTIC BANDAGE CONTACT LENSES

DRUG DELIVERY

DOES DRUG DELIVERY MAKE SENSE?

  Sustained release rates:
  Ciprofloxacin -> Etalicon
  Prednisolone phosphate -> Polymacon
  Cromolyn Sodium -> Polymacon

  Assessed AC [Drug] in 21 cataract patients
  Group 1: Tobradex q15min x 3
  Group 2: Tobradex soaked collagen shield
  Anterior chamber levels of drug same for both groups
  Anterior chamber levels were < MIC for both groups

- Drug impregnated contact lenses?

THERAPEUTIC BANDAGE CONTACT LENSES

WHEN IS AN ANTIBIOTIC NECESSARY?

  60 Bandage lenses from PRK / PTK / LASIK patients.
  18% contaminated with Staphylococcus epidermidis
  Contamination more common in females
  Contamination not specific to one procedure

- Always Use Prophylactic Antibiotics

- Antibiotics Do Not Significantly Alter Flora

- Antibiotics Should Be Used Judiciously

- Rx antibiotics for ‘at risk’ & postoperative eyes

CLINICAL INDICATIONS

- Bullous keratopathy
- Corneal abrasion
- Persistent & recurrent corneal erosions
- Keratoconus adjunct
- Thygeson’s keratitis
- Corneal trauma
- Penetrating keratoplasty
- Excimer laser PRK or LASIK
**THERAPEUTIC BANDAGE CONTACT LENSES**

**CLINICAL INDICATIONS**

**Bullous keratopathy**

- Reduces pain
- Reduces edema & improves vision
- Additional considerations:
  - DSAEK
  - Penetrating keratoplasty


- N = 918 Bullous Keratopathy Patients
- 4.7% developed ulcerative keratitis
- Streptococcus pneumoniae most common
- Prophylactic antibiotic conferred no protective risk.

**Risk Factors For Infectious Keratitis?**

- Steroid use
- Bandage lens use
- Increased bullae

**Clinical Case – 56 yom**

**Ocular History**

- Keratoconus OU x 35 yrs
- Bilateral PKP x 30 yrs
- Bilateral RK x 25 yrs
- Bilateral IOL x 5 yrs
- Bilateral Graft Failure

- BCVA (SCL + Rx)
  - OD 20/200
  - OS 20/150
**THERAPEUTIC BANDAGE CONTACT LENSES**

**CLINICAL INDICATIONS**

Clinical case – 56 yom
- 8 weeks s/p DSAEK OS
- BCVA 20/30
- PureVision 86 140 -050

**Corneal abrasion**
- Reduces pain
- Accelerates healing?
- Adjunct prophylactic antibiotics

N = 47 Eyes with corneal abrasion randomized to receive
- Patch
- Bandage lens
- Bandage lens & nsaid gtt
- No significant difference in healing time between treatment groups
- Bandage lens groups returned to normal activities more quickly
- Significant decreased pain in bandage lens & nsaid group

**Persistent epithelial defect / recurrent corneal erosion**
- Reduces pain
- Accelerate healing?
- Adjunct prophylactic antibiotics
- Additional considerations:
  - Is it trauma or dystrophy induced?
  - Is doxycycline, tarsorrhaphy, or amniotic membrane indicated?
  - Is stromal puncture, diamond burr debridement, or ptk indicated?
THERAPEUTIC BANDAGE CONTACT LENSES
CLINICAL INDICATIONS

PERSISTENT EPITHELIAL DEFECT
N = 30 eyes in 15 rabbits
6mm central corneal epithelial trephination
Collagen shield vs bandage lens vs control
Epithelial closure evaluated at 24-48 hours
- Collagen & bandage lenses performed similarly
- Wound healing slower in the control eye

RECURRENT CORNEAL EROSION
- Metalloproteinase-9 inhibitor
- Doxycycline
- Corticosteroids
- Effective in treating recurrent corneal erosions
Doxycycline 50mg po qd x 1mth & 20mg qd x 1 mth
Alrex 1gtt tid & Muro ung qhs

Keratoconus with apical erosion
Contact lens corneal abrasion incidence
784 Patient visits over 2 month period
Abrasions occurred in
- 7.4% Keratoconus patients
- 1.4% Non-keratoconus patients
- Compared controls, keratoconus w/o contact lens wear, & keratoconus with contact lens wear
- Keratoconus with contact lens wear had significantly increased IL-6, TNF-alpha, ICAM-1, & VCAM-1 in the tear film

Keratoconus apical corneal abrasions
- Reduces pain
- Improves contact lens tolerance
- Facilitates re-epithelialization
- Temporary application (~4 weeks)
- Bandage lens as piggyback carrier
- Daily disposable or silicone hydrogel
- Antibiotic ung qhs

Additional considerations:
- Piggyback, SynergEyes, or scleral lens ?
- Is ptk indicated ?
**THERAPEUTIC BANDAGE CONTACT LENSES**

**CLINICAL INDICATIONS**

**Thygeson’s keratitis**
- Reduces discomfort
- Improves vision?
- Unilateral vs bilateral application
- Worn daily

Additional considerations:
- Restasis?

**Keratoconjunctivitis sicca**
- Less pain, improved surface protection, & improved vision
- Maximal dry eye management essential prior to bandage lens
- Punctal occlusion critical
- Silicone hydrogel vs daily disposable
- Do the benefits outweigh the risks?

**CORNEAL PERFORATION**
- SMALL SIZE WITH CLEAN MARGINS
- TEMPORARY APPLICATION
- ADJUNCT ANTIBIOTICS
- IS CYANOACRYLATE INDICATED?

**Penetrating keratoplasty**
- Reduces discomfort
- Facilitates epithelial healing
- Adjunct antibiotics & steroids

Additional considerations:
- For how long is bandage worn?
**THERAPEUTIC BANDAGE CONTACT LENSES**

**CLINICAL INDICATIONS**

- Dohlman K-Pro synthetic cornea
  - Reduces discomfort
  - Mitigates against epithelial migration
- Adjunct antibiotics & steroids
  - Vancomycin 20 mg/ml bid
  - Quixin bid
  - Pred Forte bid

Additional considerations:
- For how long is bandage worn?
- Kontur 55% H2O large diameter or Silicone hydrogel

**DISPOSABLE OPTIONS**

  - Disposable lens performance
  - N = 28 patients post PKP surgery
  - Ciba Focus lens
  - Rationale: Epithelial defect, wound leak, graft edema, keratoconjunctivitis sicca, & to preserve epithelial integrity
  - 71% overall success
  - Complications: Stromal graft edema

  - 40 yof with bilateral PKP for Sjogren’s corneal melt
  - Post PKP persistent Epithelial defect
  - Bilateral bandage lens
  - Bilateral candida albicans infection

**THERAPEUTIC BANDAGE CONTACT LENSES**

**DISPOSABLE OPTIONS**

**CLINICAL INDICATIONS**

- Perioperative PRK, PTK, Epi-LASIK, & LASEK
  - Reduces pain
  - Accelerates healing?
  - Adjunct NSAID, antibiotic, & steroid gtt
  - Oral analgesics

Additional considerations:
- Limit wear time to 4 days
### THERAPEUTIC BANDAGE CONTACT LENSES

#### CLINICAL INDICATIONS

**Perioperative PRK**


N = 100 PRK Patients

- Acuvue 2 vs Night & Day
- Same postoperative medications
- Monitored epithelial defect closure & discomfort

Night & Day …..

- Smaller epithelial defect
- Less discomfort
- Less tetracaine use … for postoperative days 1 & 2

**Perioperative LASEK**


N = 18 LASEK patients

- PureVision vs Night & Day
- Same p/o meds & 3 day evaluation
- No significant difference in:
  - Conjunctival or limbal injection or subjective symptoms
  - Complete closure in 89% PureVision & 82% Night & Day eyes


N = 32 LASEK eyes

- PureVision vs Equis 60 as HBL for 5 days
  - No difference in comfort, limbal hyperemia, or debris
  - Improved epithelial status at day 5 for PureVision

**Perioperative LASIK**


Bilateral LASIK

- Post-LASIK comfort evaluation
  - 40 Patients – bandage contact lens vs no contact lens
  - 26 Patients – bandage contact lens vs tetracaine
  - 54 Patients – tetracaine vs voltaren

Patient preferences

- 30% Bandage contact lens vs 58% no contact lenses
- 15% Bandage contact lens vs 85% tetracaine
- 24% Tetracaine vs 39% voltaren
**THERAPEUTIC BANDAGE CONTACT LENSES**

**CLINICAL INDICATIONS**

4th GENERATION FLUOROQUINOLONE RESISTANCE

  - Case Reports: Bacterial keratitis postoperative PRK and LASIK
  - *Pseudomonas aeruginosa* post-PRK despite moxifloxacin prophylaxis
  - *MRSA keratitis* post-LASIK despite gatifloxacin prophylaxis
  - Successfully treated with fortified aminoglycosides

If suspected MRSA -> fortified vancomycin (20-50 mg/ml)

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**QUESTIONS FOR CONSIDERATION**

- How effective are silicone hydrogels as therapeutic bandages?
  - Lindahl, DePaolis, Aquavella *CLAO* 17(4) : 1991.
  - Disposable bandage lens performance (*n* = 39 patients)
    - Acuvue or SeeQuence lenses worn from 1 – 56 days (mean = 8.75)
    - 35/39 (90%) improved symptoms
    - 34/39 (87%) improved objectively
    - Tear gtt, antibiotic gtt, & steroid gtt where appropriate

**Successes**
- Epithelial defects
- Bullous keratopathy
- Post-op pain

**Failures**
- Dry eye

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**DISPOSABLE OPTIONS**

  - Disposable bandage lens performance (*n* = 45 patients)
    - Acuvue lens with 3 month follow-up
    - Bandages Rx for epithelial healing, structural support, and symptom relief
      - 75% overall success
      - Successes: epithelial defect, surgical adunct
      - Reasons for discontinuation: dry eye, deposits, lens loss, & neovascularization

- Bouchard, Trimble *CLAO* 22(2) : 106, 1996.
  - Disposable bandage lens performance (*n* = 38 patients)
    - Acuvue lens with treatment ranging from 7 days to 12 months
    - Bandage Rx for mechanical protection, wound healing, and symptom relief
      - 71% overall success
      - Reasons for discontinuation: lens loss, discomfort, tight lens, & corneal ulcer

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**COMPLICATIONS**

  - Traditional lens options (*n* = 273 eyes)
    - Severe keratitis = 1.4%
    - Infiltrative keratitis = 4.0%
    - Neovascularization = 2.9%
    - Lens spoilage = 6.8%
    - Lens loss = 12.5%
    - Lens rejection = 13.7%

  - Disposable lens options (*n* = 68 eyes)
    - Severe keratitis = 3.4%
    - Contact lens acute red eye = 1.7%
    - Lens spoilage = 3.4%
    - Lens loss = 19.0%
    - Lens rejection = 8.6%
THERAPEUTIC BANDAGE CONTACT LENSES

COMPICATIONS

Clinical Case – AS 17 yom
Ocular history: 'Cat scratch lacertion 2 weeks prior. Soflens 38 bandage lens OD. Ciloxan OD qid. No c/o.
VA OD cc 20/100 & OS s20/20.
Biomicroscopy – OD bandage lens clean & well positioned. Lids flat, conjunctiva clear, isolated corneal 'macrovacuoles' OD, ac with occasional cell, ac d&q, iris normal, lens clear.
Plan:
1. discontinue bandage lens OD
2. initiate suture removal.
3. Vigamox OD q2h
4. Refresh liquigel OD qprn

THERAPEUTIC BANDAGE CONTACT LENSES

DISPOSABLE OPTIONS

Historical advantages of disposable bandage contact lenses
- Minimize lens spoilage concerns
- Minimize lens hygiene concerns
- More cost effective alternative

Limitations of disposable bandage lenses
- Limited lens parameters
- Thin, low modulus designs
- Limited physiologic response

Potential advantages of silicone disposable bandage lenses
- Increased oxygen transmission -> improved metabolism
- Protein deposit resistance -> less spoilage related complications
- Increased mobility -> better tear exchange
- Increased modulus -> better retention & vision (?)
- FDA approved: PureVision, Night & Day, Oasys

PUREVISION
N = 54 eyes (post-op = 36 & medical = 18)
Average wear time = 1.1 months
- 96% improved corneal healing
- 96% improved pain relief
- 1 case of culture (+) infiltration

Arora, etal  Cont Lens & Ant Eye 27(1):2004
PureVision
N = 30 eyes with wear time of 3 – 90 days
Used for epithelial defects, perforations, and corneal burns
- Therapeutic success in 87% of eyes
- Complications included dry eye, lens loss, tight lens, & infection

Montero, Mely, & Sparholt  CLAO 29(1S):2003.
NIGHT & DAY
N = 41 eyes (20 acute & 21 chronic cases)
Average wear time 17 days (acute) & 35 days (chronic)
- 78% experienced resolution of pain
- 74% experienced resolution of corneal signs
- 63% experienced improved vision
- 9.9% had a complication

NIGHT & DAY
N = 50 eyes with mean wear time of 2.4 months
Variety of medical & surgical cases
- Mean gain in visual acuity 1.8 +/- 2.8 logMAR units
- No significant complications
- "Less frequent handling may be better for patients with epithelial trauma"
THERAPEUTIC BANDAGE CONTACT LENSES
DISPOSABLE OPTIONS

Clinical case – 51 yom

Ocular history: c/o painful, red, photophobic, and blurry right eye of 2 days duration. No trauma. No recent URI. Lubricating gtt of limited benefit. Has had 2 prior episodes over past year.

Systemic history: hypertension & gerd. Metoprolol, hctz, nexium. NKDA.

VA cc: OD 20/20 & OS 20/20

Biomicroscopy: ABMD OU & recurrent corneal erosion OD.

Plan: Systane ou qid, Muro (5%) ung ou qhs, f/u 1 week.

51 yom – 5 day f/u examination

CC: ‘woke up @ 3am with intense pain OD’ Compliant with medications. VA cc OD 20/25. Biomicroscopy – persistent RCE OD. ABMD OU.

Plan: PureVision OD, Vigamox OD qid, f/u 1 week.

51 yom – 9 day f/u examination

CC: ‘bandage lens great for 3 days, now uncomfortable’ Vigamox OD qid.

VA cc OD 20/25-. Biomicroscopy – ABMD OU. Tight lens OD.

Treatment options:
- Doxycycline
- Stromal micropuncture
- Diamond burr debridement
- Excimer ptk

Plan:
- Rx PureVision bandage lens qhs with removal qam
- Blink gtt ou qid

Treatment successful with discontinuation of bandage lens @ 4 months.

No recurrences > 1 year. Uses Refresh liquigel OU qhs & Blink gtt OU qid.

THERAPEUTIC BANDAGE CONTACT LENSES
DISPOSABLE OPTIONS

Clinical case - 56 yof

Ocular history: ‘c/o blurred vision with eyeglasses. Has corneal dystrophy ou. Brother has corneal dystrophy with bilateral PKP and bilateral graft rejection … I want to avoid surgery. Muro gtt ou prn – limited relief.

VA cc OD 20/100 & OS 20/80.

Biomicroscopy – Grade 1 ABMD ou & grade 1+ Fuch’s endothelial dystrophy.

Impression: ABMD ou, Fuch’s corneal dystrophy ou.

Plan:
1. PureVision 87 145
   -300 -125 x 68 = 20/30
   -350 -150 x 107 = 20/25

2. AoSept clear care qhs / replace q 1 month
3. Muro ung ou qhs.
56 yof – 2 year f/u visit


VA cc OD 20/60 & OS 20/30.

Biomicroscopy – Grade 1 ABMD ou & grade 3 Fuch’s endothelial dystrophy.

Impression: ABMD ou, Fuch’s corneal dystrophy ou.

Plan:
1. DSAEK consult.
2. Continue with scl ou qd.

QUESTIONS FOR CONSIDERATION

WHAT IS THE RATIONALE FOR PRESCRIBING BANDAGE LENSES?

WHAT ARE THE CONTEMPORARY CLINICAL INDICATIONS?

WHAT ADJUNCT THERAPY IS NECESSARY?

HOW EFFECTIVE ARE SILICONE HYDROGEL LENSES AS BANDAGE LENSES?

THANK YOU FOR ATTENDING THE VISION INSTITUTE’S 2009 ANNUAL CONFERENCE
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