

**Vision Expos West 2024 & Vision Expos East 2024  
September 2024 & March 2025  
Las Vegas NV & Orlando FL**

**Blueprint for Success:  
How to improve contact lens wear with ocular aesthetics**

**Shalu Pal, OD FAAO FSLs FBCLA FIAOMC**  
Yorkville Eye Institute  
80 Bloor Street West, Suite 408  
Toronto Ontario, M5S 2V1Canada  
416-924-9210 Office, 416-845-4085 Cell  
ShaluPal@hotmail.com

1 hour  
OD Education  
Category: Contact Lenses

**Summary:**

There has always been two parts to every relationship – Today we talk about the contact lens and the cornea. We know that the number one reason why patients drop out of contact lenses is because of discomfort which is most often associated with dryness. In this course you will learn how contact lenses create dryness. How to identify contact lens discomfort related to dryness and all the new strategies in ocular aesthetics that can help win your patients back and have them love their contact lenses again.

**Learning Objectives:**

1. To learn how and why a contact lens created issues for the ocular surface
2. To learn how to identify dry eye issues
3. To learn how to prevent contact lens dryness relating to discomfort
4. To learn what new advanced dry eye procedures and aesthetic procedures
5. To review causes of dry eye disease
6. To learn how to clinically decide which procedure is the best for your patients.

**Outline:**

- 1) Why are contact lenses not so healthy for the eye
  - a) Relationship of a CL and the tear film
  - b) Damage to the ocular surface that a contact lens can create
  - c) What are preventative strategies to help our patients from day one
  - d) What education do we need to provide our patients
  
- 2) Our Dry Eye Patients
  - a) Identifying patients
  - b) Aqueous deficiency, meibomian gland dysfunction vs. atrophy
  - c) Understanding their advanced needs – physically and emotionally
  - d) The impact on comfort and appearance
  - e) Motivation
  
- 3) Key ocular indicators that your patient is going to struggle
  - a) Ocular Rosacea
    - i) What is it?
    - ii) Where did it come from
    - iii) How do we get rid of it
  - b) Facial Rosacea
  - c) MGD
  - d) Blepharitis
  - e) SPK – both corneal and conjunctival
  
- 4) The new direction of dry eye treatments
  - a) How we can expand our offerings
  - b) Tear film replenishment, gland expression, gland restoration
  - c) Tools available to us
    - i) Amniotic Membranes
    - ii) Scleral Lenses
    - iii) IPL
    - iv) RF
    - v) Expression devices – Lipiflow, Ilux
    - vi) Plasma Treatments
  
- 5) Scleral lenses
  - a) Cosmetic benefits of scleral lenses
  - b) Dry eye management with scleral lenses
  - c) When to prescribe
  - d) Key fitting tips for the dry eye patient

e) Multifocal options

6) IPL

- a) Purpose
- b) Patient selection and limitations
- c) Indication and efficacy
- d) Before and after results
- e) Footprint
- f) Cost, consumables
- g) Expandability
- h) Ease of use
- i) Temperature control

7) RF

- a) Purpose
- b) Patient selection and limitations
- c) Technology
  - i) Monopolar, Bipolar and Multipolar described
- d) Purpose and use
- e) Techniques
- f) Indication and efficacy
- g) Different instruments and features to look for
  - i) Efficacy
  - ii) Footprint
  - iii) Cost, consumables
  - iv) Expandability
  - v) Ease of use
  - vi) Temperature Control

8) Biologics: Blood Plasma

- a) Who can benefit
- b) How to produce it, source it
- c) Use with scleral lenses
- d) Ocular and cosmetic benefits
- e) What is the difference between AS and PRP

9) Determining a treatment plan

- a) Order of operation – which treatment first
- b) Treating what you see
- c) Saying goodbye to classifications
- d) Short term vs long term

- e) Signs vs symptoms
- f) In office treatments vs at home

10) How to bring up ocular aesthetics

- a) Patient initiated
- b) Doctor initiated

11) The importance of skin care in the conversation

- a) Sun Protection
- b) Post treatment uses
- c) Dark circles
- d) Wrinkles
- e) Bag under the eyes
- f) Acne
- g) Rosacea
- h) Medical Grade
  - i) Concentration of ingredients
  - ii) Safety
  - iii) Retinol or not

12) How to bring up ocular aesthetics

- a) Patient initiated
- b) Doctor initiated

13) Role of staff members

- a) Medical aestheticians
- b) Selling the services
- c) Performing procedures
- d) Marketing the services
- e) Consultations