



Finding Our Passion and Purpose While Changing Patients Lives

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Financial Disclosures

- I am the Manager of Consultation and Customer Service for Bausch + Lomb Specialty Vision Products

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Passion vs. Purpose

- **“If you wanted to start a campfire with passion and purpose, you’d start with a foundation of wood (your purpose) and start the flame with a match (your passion).”** – *Jessica Lauren DeBry*

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Passion vs. Purpose

- Can you tell the difference between having a ‘passion’ and knowing your ‘purpose’ in life?
- Many people tend to confuse the two in their lives
- They end up doing something that they’re passionate about for a short time, thinking that it’s their purpose, but ending up finding that their life is missing something.

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Passion vs. Purpose

Passion is:

- your emotions behind your dreams.
- your feelings that drive your passion.
- sometimes about selfish motives.

Purpose is:

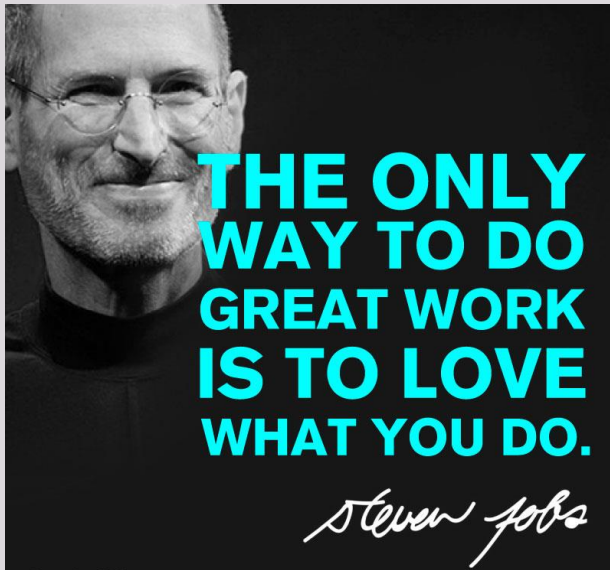
- the **WHY** behind it all.
- the deep reason for your existence
- significantly focused.

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Passion vs. Purpose

- Knowing the difference between your passion and your purpose can:
 - make it easier for you to do the things that you're passionate about without burning yourself out
 - it also can guide you towards your true purpose in life.

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Why is this important?

- Studies show that:
 - Employees that are passionate about their job will be both happier and more productive at work.

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A scenic landscape photograph showing a rocky coastline with waves crashing against the shore. In the background, there are misty mountains. The image is framed by a white border and set against a light purple background with a pattern of blue polka dots on the left and bottom right.

Follow your passion. It will
lead you to your purpose.

Oprah Winfrey

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Remember

- Not every day is going to offer us a chance to save somebody's life, but every day offers us an opportunity to affect one.

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Sharing Experiences that have changed MY life

- Often while we are helping others,
our lives are changed as well
- Living out my PASSION and my PURPOSE

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Passionate about Myopia Control

- A public health epidemic
 - Recent rapid rise in the prevalence of myopia globally
 - Future projections of myopia reveal that there will be 5 billion myopic people in 2050.
 - 1 billion high myopes by 2050
 - Myopia to become a leading cause of permanent blindness worldwide

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Increase in Myopia Worldwide out to 2050



Hot Spots of Myopia

- Right now are in East Asia where countries such as South Korea, Taiwan, Singapore, China and Japan have a prevalence of myopia of 80 to 90 %.
- Even the USA has reported a staggering prevalence of 42%, almost doubling in three decades.

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Myopia

- Factors that are contributing to Myopia growth
 - Genetics
 - Lack of outdoor activities
 - Prolonged use of mobile devices and intense near work

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Types of Myopia Control

- Atropine eye drops
- Distance Center Multifocal Soft Contact Lenses
- Multifocal eyeglasses
- Orthokeratology or Corneal Refractive Therapy (CRT)

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Atropine eye drops

- Commonly are used to reduce the pain associated with certain types of eye inflammation
- Also relieves focusing fatigue by dilating the pupil and temporarily limiting the eye's ability to automatically change focus or accommodate.
- The effect atropine has on accommodation makes it effective in reducing the progression of myopia in children.
- Some studies have shown that atropine is the most effective way of controlling myopia; reducing myopia by 77%

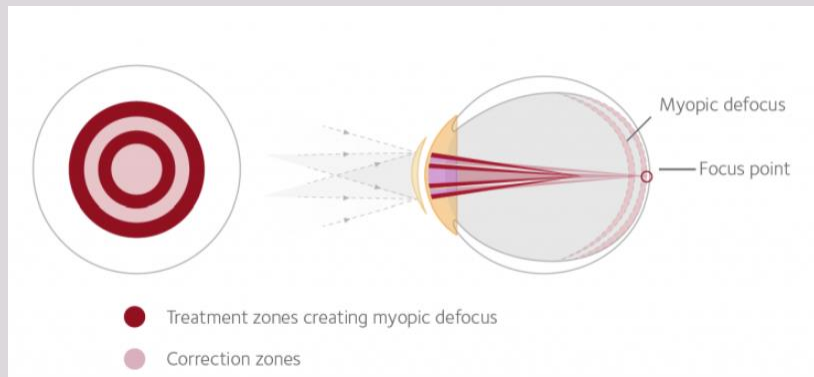
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Distance Center Multifocal Soft Contact Lenses

- Primarily designed to provide clear vision at all distances for people who have refractive errors and presbyopia.
- One recent two-year study found:
 - Myopic children who wore multifocal lenses daily had a 50% reduction in the progression of their myopia when compared with similarly myopic children who wore regular soft contacts for the same period.
- New daily disposable from CooperVision called MiSight launched 2020
 - FDA approved to slow the progression of myopia in children, aged 8-12 at the initiation of treatment

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Design & Concept CooperVision MiSight



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Multifocal Eyeglasses

- Have been shown to slow myopia progression in children.
- Most studies that have evaluated the use of multifocal eyeglasses for myopia control in children have found the glasses had only a mild slowing effect.
- However, one three-year study of Chinese-Canadian children with progressive myopia found that wearing multifocal eyeglasses slowed the worsening of myopia by 51% (compared with matched children who wore regular eyeglasses for myopia correction).

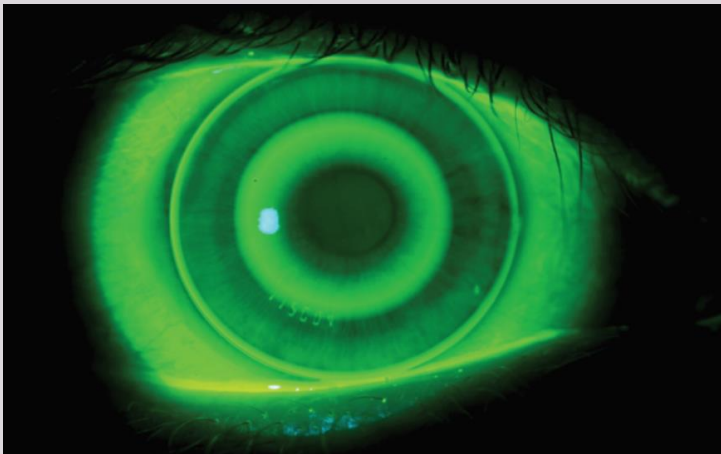
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Orthokeratology or Corneal Refractive Therapy (CRT)

- Specially designed gas permeable lenses that are worn overnight to temporarily correct myopia, hyperopia and astigmatism by reshaping the cornea.
- The use of overnight corneal reshaping with contact lenses for the temporary reduction of myopia was FDA approved in June 2002
- 25 different Corneal Reshaping lenses available
- One two-year study of myopic Chinese children (ages 6 to 10) found that CRT lenses reduced lengthening of the eyeball by 43% compared with matched children who wore regular eyeglasses for myopia correction.

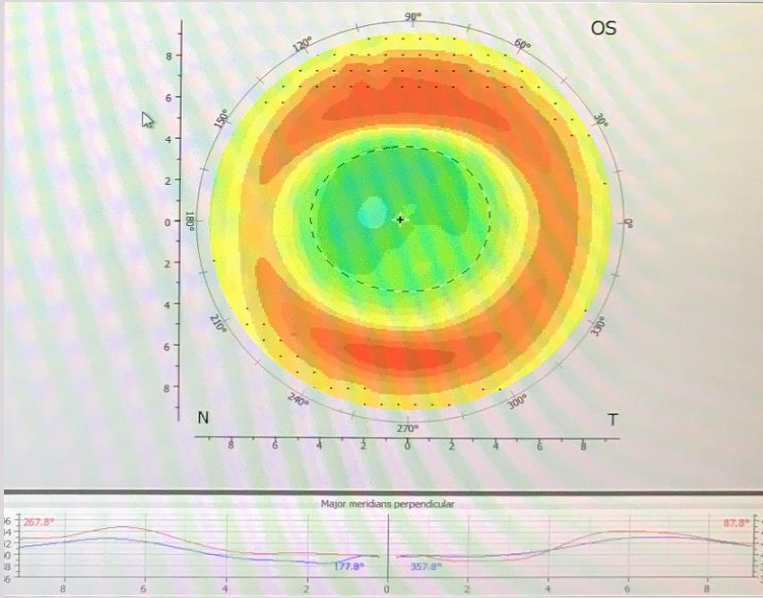
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CRT Lens Design



- Lenses are manufactured in high oxygen materials
- The base curve will determine how much myopia is reduced and the alignment curve will control centration.

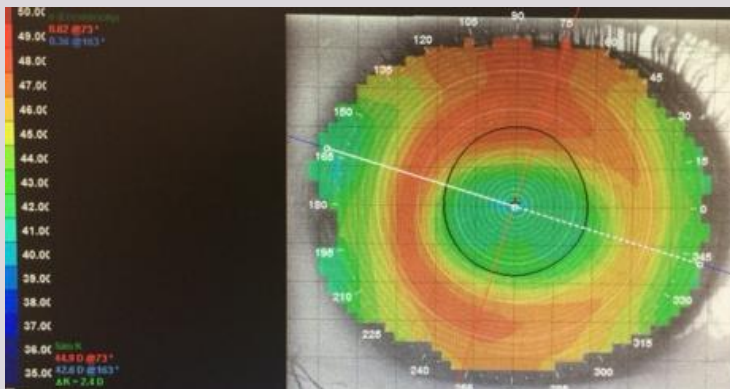
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Example 1

- Manifest Refraction:
 - $-4.75-.75 \times 012$
- Lens Base Curve 43.00 Diopters
- Post lens:
 - Plano 20/20

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Example 2

- Manifest Refraction
 - $-4.00-.50 \times 175$
- 46.40/48.90 toric reverse/alignment curves
- Post lens:
 - $+0.25 -0.50 \times 180$

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Passionate about Medical Contact Lenses

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Case History: Linda



63 y/o bank teller



RK OU 1984 24 cuts each eye



NPK OD (3/31/16); scheduled NPK OS March 2017

NPK stands for "non-penetrating keratoplasty"
Intra-stromal double purse-string sutures are placed in the cornea to promote corneal re-steepening and corneal strengthening



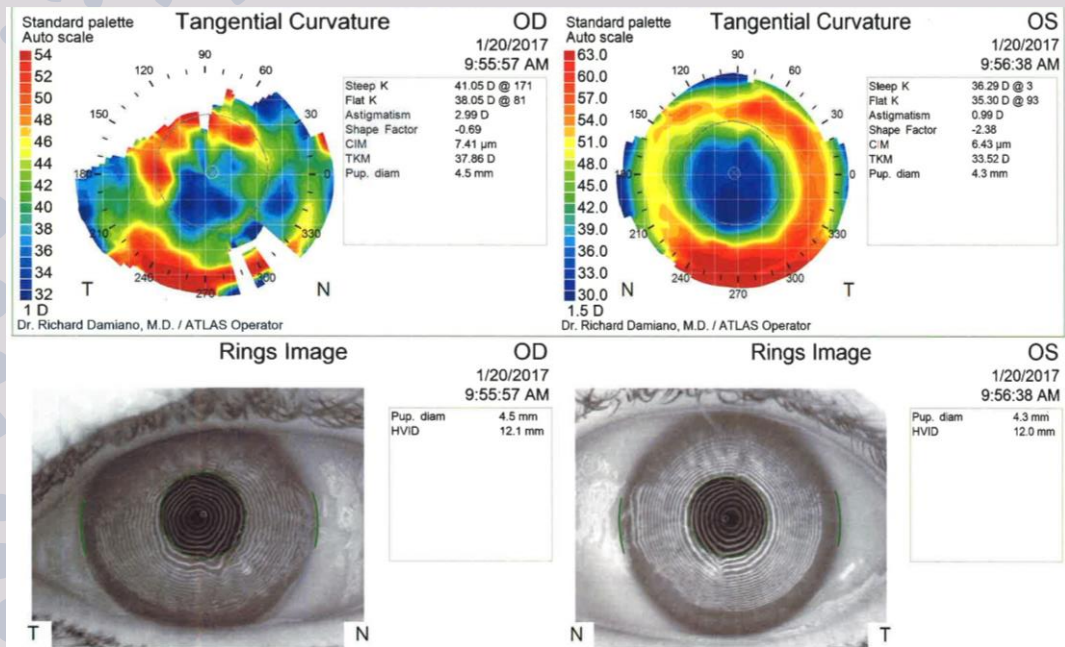
Manifest Rfxn:
OD +7.50 -5.25 x 87 20/40 +2.25 add J2

OS +7.00 - 4.25 x 90 20/30- 1 +2.25 add J2



No full time contact lens wear x 20 years; only worn GP lenses by history; discontinued lenses due to poor comfort; would like better vision overall

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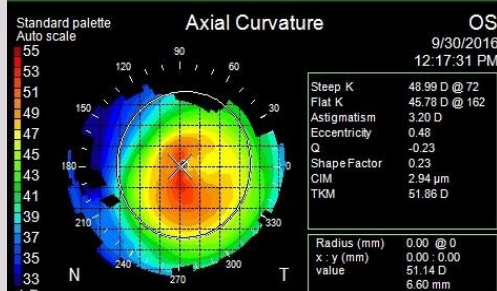
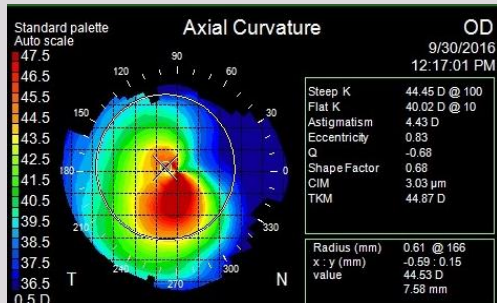
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Case History: Linda

- Ordered: 8.00 -8.25 16.6
- VA 20/20-1
- At 1-week follow-up doing great with vision and comfort.
- Patient wearing 14 hours/day.
- No changes needed in fit or RX.
- Lens removes easily. No discomfort with lens removal.
- No blanching. No fogging of vision during lens wear.

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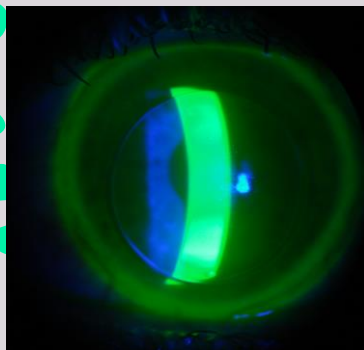
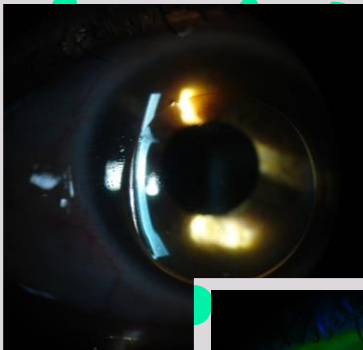
Case History: Tony



- 37 y/o rancher
- Keratoconus
- Pseudophakia OU with Toric IOL OS
- Long time history of corneal GP lenses. In 2013, briefly tried scleral lenses and hybrid lenses but didn't like the insertion and removal process. In order to aid lens comfort with outdoor work environment, we elected to fit piggyback OU.
- Manifest refraction:
OD +1.50 - 4.00x 46 20/50-2 +1.00 add J1+
OS +1.50 - 2.00 x 54 20/40-2 +1.00 add J1+

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Case History: Tony



- Fit Keratoconus Gas Permeable lens OU with single use daily disposable soft piggyback lens
- Final Lens parameters
OD: 42.00 -3.25 9.4 20/20
OS: 43.75 +7.00 -2.50 x 90 9.2 20/25+2
- Great vision and comfort
- OS lens stays in place and doesn't rotate

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Case History: Dylan



24 y/o student and
competitive video
gamer



2016: PK OU due to
corneal scarring from
ulcers from ocular
rosacea/blepharitis



No previous contact
lens wear



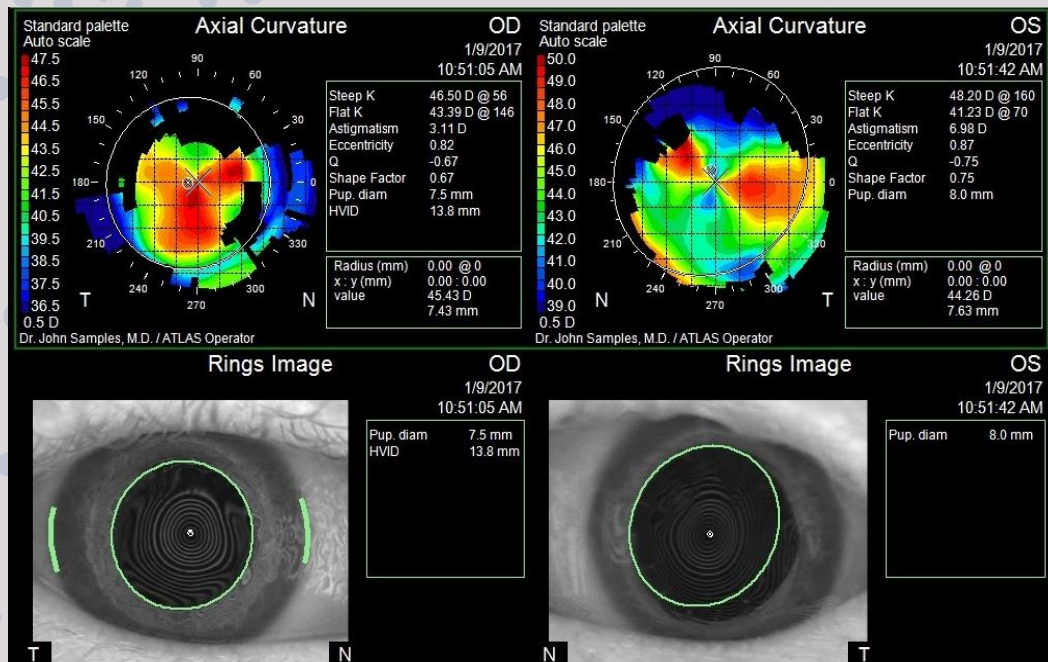
Manifest refraction
OD: -8.50 - 2.00 x 156
20/40-2

OS: -4.25 - 4.50 x 100
20/60

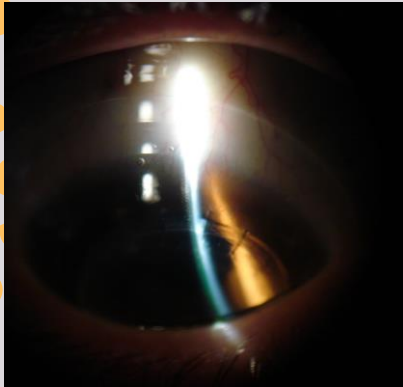
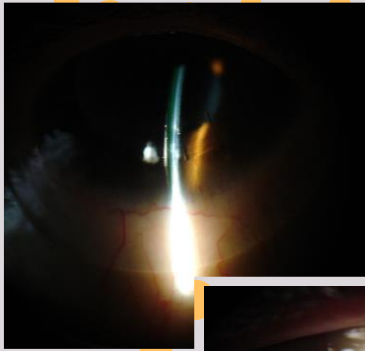


Agree to fit OU scleral
to vault corneas and
give maximum vision
and comfort.

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Case History: Dylan

- Lenses remove easily without discomfort or redness
- Ocular surface irritation much better with tear layer from scleral
- Can wear lenses 14-16 hours/day
- 20/20+ OU

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Case History: Evan



26 year old white male



Motor vehicle accident January 2005



Multiple facial lacerations



Ruptured globe OD

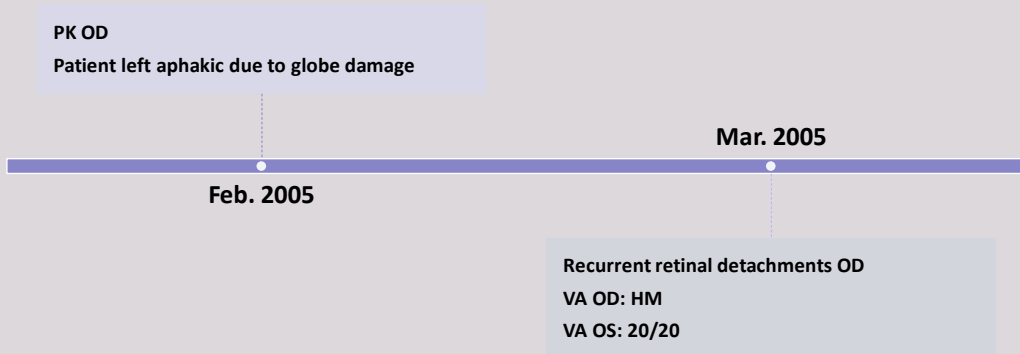


Small corneal abrasion OS

Retinal detachment
Vitreous prolapse
Hyphema

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Case History: Evan



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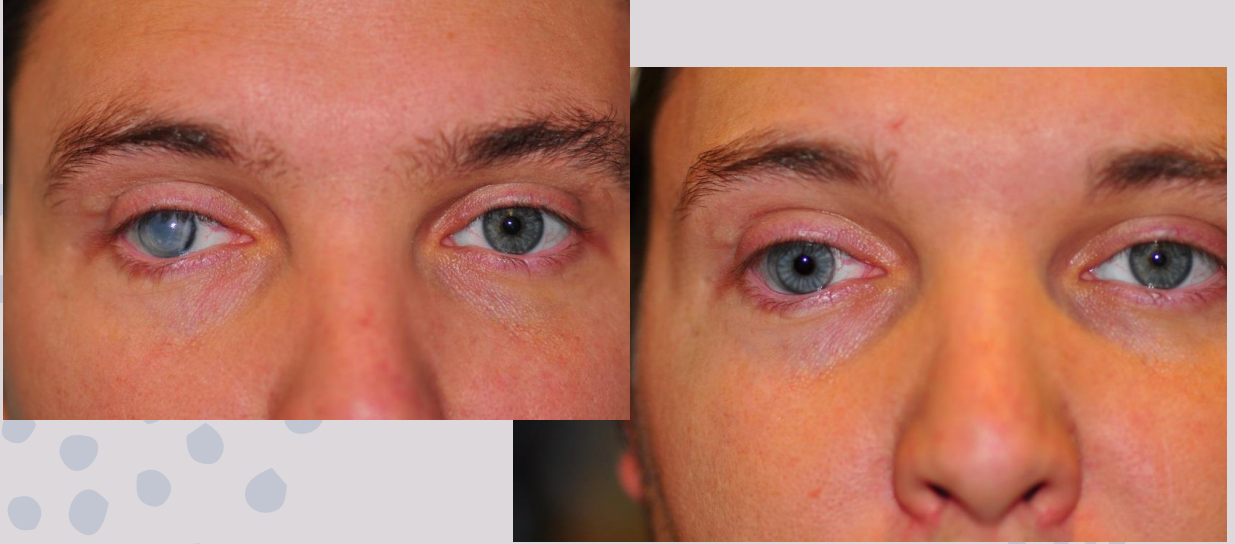


Case History: Evan

- Complete Iris loss OD
- BCVA OD: HM due to recurrent retinal detachments
- September 2012
 - Sent for contact lens evaluation for evaluation of cosmetic contact lens to cover opaque cornea
 - OD is now exotropic due to sensory deprivation

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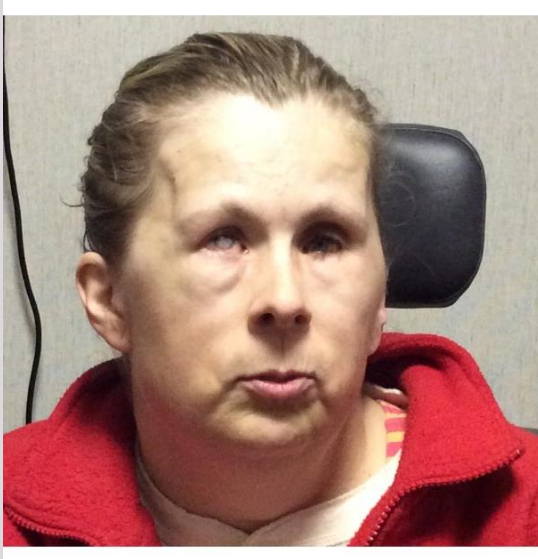
Case History: Evan



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Case History: Susan

- Susan is a 49 y/o Massage Therapist
- Diagnosed with Stickler Syndrome as a child
 - A systemic connective tissue disorder characterized by defective collagen production. The hereditary conditions are characterized by a distinctive facial appearance, eye abnormalities, hearing loss, and joint problems.
- Stickler's causes severe myopia. Children who have Stickler syndrome often experience cataracts, glaucoma and retinal detachments.

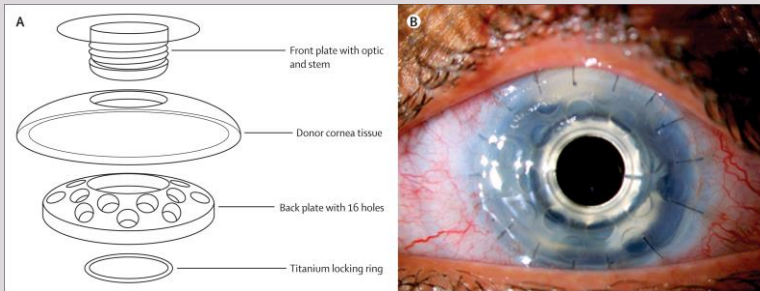
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Susan's Visual Complications

OD	OS
5 Retinal Detachments OD from 2000-2002 resulting in NLP OD	3 Retinal Detachments OS from 2005-2007
Opaque K OD due to Bullous Keratopathy	1 st PK OS in 2006 due to Bullous Keratopathy
	2 nd PK OS in 2007 due to graft rejection
	3 rd PK OS in 2012 resulting in graft rejection
	4 th PK OS in 2016 resulting in Bullous Keratopathy
	Keratoprosthesis (KPRO) OS in 2017

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Keratoprosthesis (KPRO)



- **Keratoprosthesis** is a surgical procedure where a diseased cornea is replaced with an artificial cornea. Traditionally, Keratoprosthesis is recommended after a person has had a failure of one or more donor corneal transplants.

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Post KPRO OS 2017

- After a KPRO procedure, it is important to protect the ocular surface from corneal melting or corneal perforation.
- Due to Susan's eye structure and severe ocular dryness, she could not keep a soft lens over the KPRO to prevent corneal melting.
- Over the course of 6 months, she would lose a soft lens every few weeks.
- Her Corneal Specialist referred her to the Contact Lens Department to fit her with a custom soft lens or whatever lens modality in order to help protect her ocular surface.

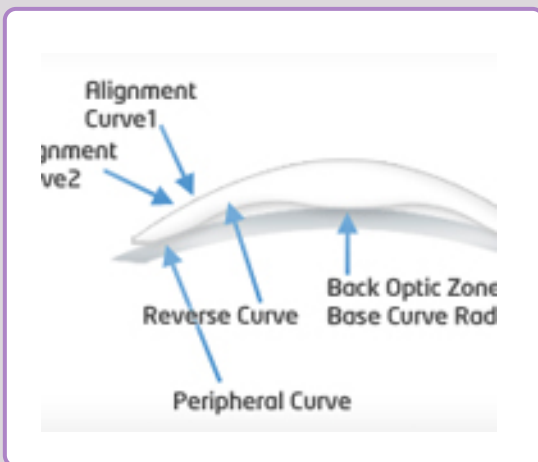
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Specialty Contact Lens

- Initial contact lens evaluation 6-2018
- VA sc OD: NLP; OS CF 1'
- HVID OS due to ocular anatomy 9.8 mm
- Elected to fit Susan with a large diameter gas permeable lens
- Would essentially fit like a scleral on her eye since her HVID is so small
- The benefit of the scleral lens, similar to that of a patient with severe ocular surface disease, would be to trap the tear layer over the cornea in an effort to rehabilitate the ocular surface
- Was unable to obtain topography due to extremely flat measurement centrally over KPRO

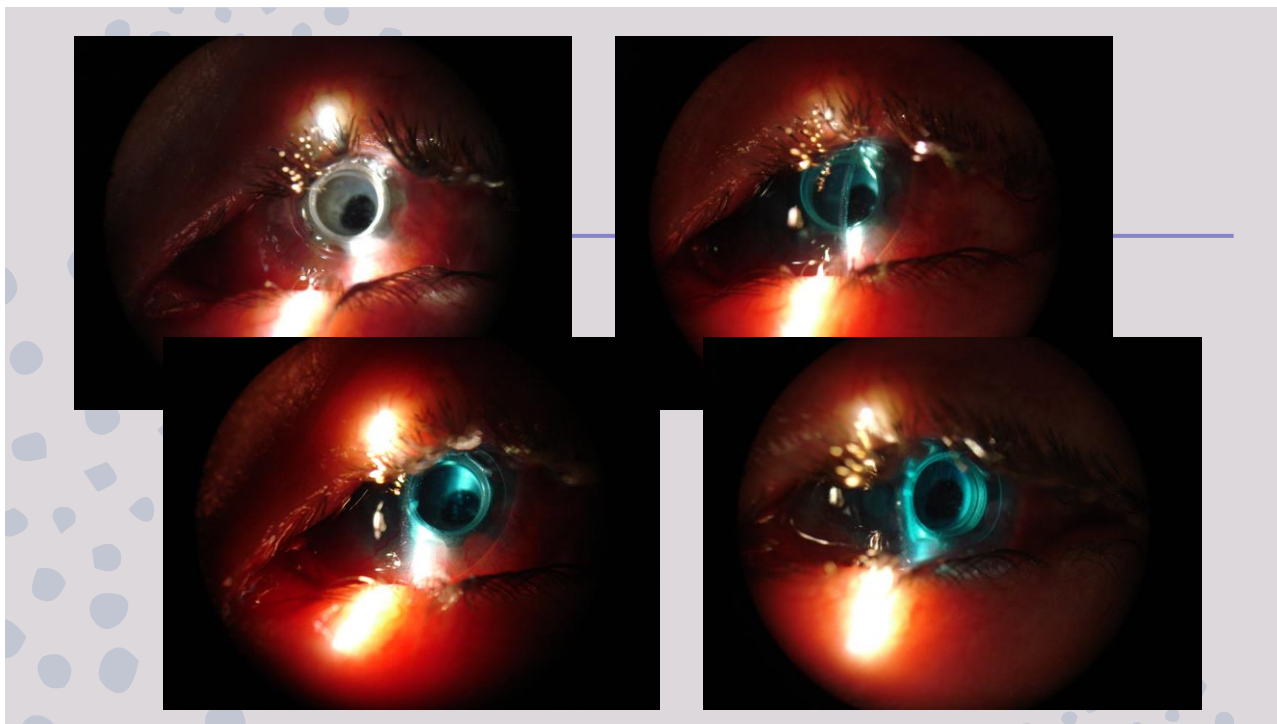
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Lens Parameters and Results



- 4 D Reverse Geometry lens due to the extremely flat optic of the KPRO and slightly steeper periphery (A standard spherical GP lens had a persistent central bubble)
- 940mm BC (35.90 D) +11.62 D 10.6mm
- Vision OS with lens during fitting: 20/400
- Vision OS at 2-week follow-up: 20/200
 - No K melting; Ocular surface quiet
- Vision OS after 3 months of wear: 20/100
 - Ocular surface continues to stay quiet
- Susan's estimated BCVA is 20/100 due to the multiple RD's OS

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Quality of Life

- Susan continues to work full time as a Massage Therapist
- She travels and lives a very independent life
- She can put in and take out her lens without assistance
- Her husband does help her with cleaning the lens
- Susan has taught me so much about persevering through any obstacle and celebrating the small successes
- For Susan, having 20/100 vision is life-changing for her
- We must be reminded that vision is often about being 20/HAPPY instead of 20/20

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Choose a job you love,
and you will never have to work a day in your life.

— Confucius



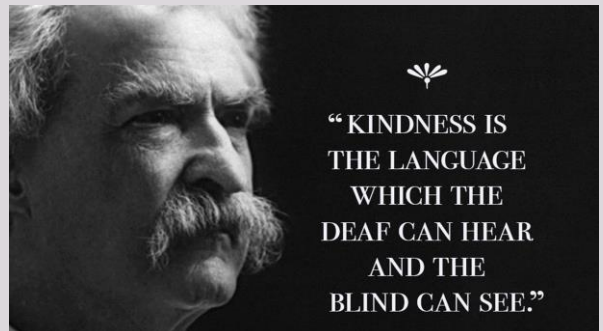
So ask yourself...

- What are you passionate about?
- What is your purpose?
- Is being an Optician just a job or is it your career?
- Are you living your best life to be fulfilled everyday in what you do?

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Thank you

- For helping me to express what I am passionate about
- For helping me to fulfill my purpose to educate and give back to the profession that I love so much!



Mark Twain

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