

A Healthy Ocular Surface Improves Patient Outcomes

BY MELISSA SHORT, CONTRIBUTING EDITOR

The Gordon and Weiss Vision Institute offers a dedicated approach to helping their patients reach optimal ocular surface health — and it pays off. In addition to their regular dry eye patients, Michael Gordon, MD, and Jack Weiss, MD, evaluate each patient with an understanding that ocular surface health — specifically, dry eye — can have a significant impact on both the outcome of refractive surgery and on the well-being of their ophthalmology practice.

Having treated more than 45,000 refractive patients at their practice, Drs. Gordon and Weiss have a fine-tuned approach to managing dry eye that has a record of success. The San Diego-based vision institute maintains a strong and satisfied patient base, and they often accept referred patients who are unhappy with their refractive surgery outcomes due to dry eye and blurred vision. Both

doctors say their success is a product of cultivating the best results — from dry eye relief to effective surgery and patient satisfaction.

So, what's their secret? For the past 10 years, they've turned to Oasis TEARS and OASIS Plugs to relieve dry eye and help the ocular surface reach its optimal state. Oasis TEARS enables them to aggressively treat and manage dry eye prior to and



following surgery. In other words, they view every patient as a dry eye patient.

Patient Progress

For Drs. Gordon and Weiss, Oasis TEARS is the first line of defense for dry eye sufferers.

By the time patients arrive for an appointment, most have already tried OTC dry eye products, without achieving the desired results.

"In one case," recalls Dr. Gordon, "I saw a post-LASIK patient who was using OTC drops up to 15 times a day with no relief. We switched her to Oasis TEARS and saw that number decrease to 2-4 times a day with relief of her symptoms and improved vision."

Dr. Gordon attributes their positive results to the long-lasting coating of the cornea that is provided by Oasis TEARS. The active ingredient is glycerin, which works by interacting with the water and oily layers in the tear film by holding them to the surface of the eye. Combined with other key ingredients, it keeps tears on the ocular surface for a long time, which translates to fewer applications and long-lasting relief.

In cases where dry eye is moderate or severe, tears alone are often not sufficient to achieve optimal results. "Causes of dry eye are multifactorial," says Dr. Gordon. "This is why treatment should be dependent on the whole picture." In these situations, he often turns to a combination of Oasis TEARS and Plugs.

This combined treatment approach is appropriate for cases where the patient's lids and glands are healthy and he doesn't have a complex ocular surface disorder. OASIS offers temporary and permanent plugs. Both options are relatively easy to insert and remove, according to Dr. Weiss.

What's the Name of the Game? Results.

Dr. Weiss, a specialist in corneal and refractive treatments with 30 years of practice experience, acknowledges that only 15-20 of his weekly patients are seen specifically for dry eye. However, he says it's standard for the Institute to approach each patient as a dry eye patient because, in their experience, treating and managing dry eye has a profound effect on surgical outcomes.

"You can't achieve the best result if you don't have an adequate ocular surface," says Dr. Gordon. And this is true of refractive laser surgery, cataract surgery and even for premium lens implants.

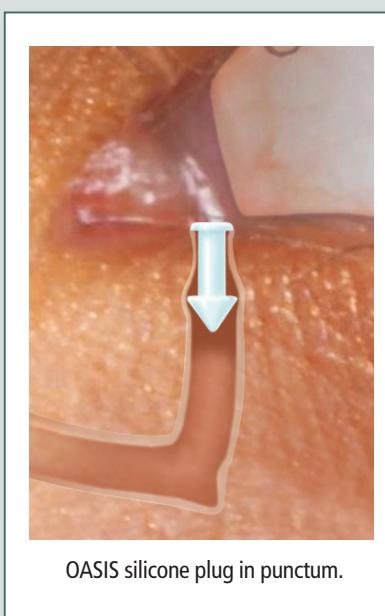
The advantage of Oasis TEARS and Plugs extends beyond their ability to bring relief to routine dry eye patients. They play a pivotal role in bringing the ocular surface to its optimal state prior

to surgery, in mitigating dry eye during recovery and in relieving dry eye after surgery.

Surgery Preparation

When dry eye goes untreated prior to cataract and refractive surgery, vision correction can be compromised, leaving patients with poor results. For cataract surgeries, dry eye and tear film instability can make it difficult to obtain accurate measurements for lens calculation, especially when a replacement IOL is inserted. The result is often an imprecise procedure, since even a slight discrepancy in measurements can manifest in blurred vision.

To ensure the best outcome, the doctors include dry eye testing in their standard preop consultations. Although questioning patients about symptoms can be productive, the doctors rely on testing to rate the severity of each patient's dry eye and to identify an appropriate



treatment plan. They typically use a slit lamp to assess the tear volume and tear film break-up time. They also use lissamine green staining to evaluate the lid margin.

In addition, both doctors ask their refractive surgery patients if they're pursuing surgery due to contact lens intolerance. This helps them identify contact lens wearers who may be having laser vision correction because dry eye prohibits them from wearing contact lenses comfortably. Dry eye that exists prior to refractive surgery can imply compromised results, and it's likely that dry eye symptoms will persist after surgery.

"In any refractive surgery procedure, we all know the ocular surface — and specifically the tear film — is the first surface that refracts light. As a result, if you have poor tear film, you will have a poor refractive result," explains Dr. Gordon.

To prepare the cornea for laser vision surgery, the Institute relies primarily on Oasis TEARS. They report that you can expect to see an improved ocular surface after about 3-4 weeks of using Oasis TEARS in cases where a patient presents with dry eye and no related lid margin disease. If your patient has lid margin disease, it could take as long as several months for the ocular surface to return to a relatively normal state, but it's worth the wait.

Dr. Gordon cautions that an unhappy patient is more likely to blame you and your technique for compromised results, as opposed to an inherent flaw in preexisting ocular health, such as dry eye.

Recovery

Because the healing phase following refractive surgery is characteristically associated with dry eye, Dr. Weiss sees a number of dry eye patients during follow-up consultations. "Dry eye is especially frequent with mature patients who are over 40 and have undergone a LASIK or a lens-based procedure," he states. While tears are

a viable option post-surgery, plugs can mitigate dry eye associated with refractive surgery.

Drs. Gordon and Weiss routinely insert OASIS temporary plugs in refractive surgery patients at the time of the procedure — a preventative measure that lessens dry eye symptoms during healing. In conjunction with tears, plugs can provide an extra boost to relieve dry eye symptoms and promote the healing process.

Post-Surgery

Following nearly any surgery, recovering and maintaining ocular surface health is a top priority. Although dry eye is often present in a number of post-surgery patients, Dr. Weiss understands that ocular surface health has a tremendous effect on IOL implantation.

"With premium lenses, if there is an ocular surface complication, dry eye will magnify the vision problem," says Dr. Weiss, who specializes in premium lenses.

The IOL patients who are referred to him are frustrated with their results, often complaining of blurred vision. "Nine times out of ten," he says, "they aren't happy and it's a result of an ocular surface problem, which is usually dry eye." He initiates treatment with Oasis TEARS and his patients typically experience significantly reduced dry eye within 3 to 4 weeks.

Ultimately, the consequences of neglecting dry eye at any stage, whether it is before surgery, during recovery or post-surgery, can imply compromised vision, discomfort and patient dissatisfaction. Taking the time to manage dry eye prior during each phase of a patient's surgery will make for an improved outcome.

By ensuring a healthy ocular surface prior to surgery, Drs. Gordon and Weiss see dry eye management as a consistent way to optimize all surgeries and build on the success of their practice. With Oasis TEARS, they have effectively cared for their heavy flow of refractive surgery patients and achieved a high level of patient satisfaction. ■