

New Tech, New Meds, New Practice

Yesterday's 'See the Vision of Tomorrow' Special Session provided a sneak peek of what's ahead for the profession.

We are deep within the fourth industrial revolution, according to one of yesterday's special session speakers, David A. Heath, OD, EdM, State University of New York College of Optometry. Superintelligence, private equity opportunities and vast therapeutic updates are all coming to your optometry practice sooner than you might think. Are you ready? Is the profession ready? The forum featured an in-depth discussion to answer those questions.

Join the Revolution

Dr. Heath began the session with a look at how the professional needs of the future are shaping today's education—or should be. Generation Z, those born after 1996, is constantly connected with smartphones



Dr. Wroten discussed new therapies including goggles designed to help balance intraocular and intracranial pressures while a patient sleeps, hopefully stymieing glaucoma progression.

and social media, Dr. Heath said, and they expect constant feedback. This makes these students uniquely qualified to care for patients of the future who expect the same kind of communication and convenience such connectivity often provides.

As for schools of optometry them-

selves, accreditation standards are making it harder than ever for colleges of optometry to stay competitive. New accreditation rules mean at least 80% of the entering students must be licensed to practice optometry or pass all three parts of the NBEO or the equivalent Canadian registration examination—all within six years of initial matriculation.

And while everyone is squabbling about whether there are too many optometry schools, bigger concerns are looming.

"We should be more concerned about maintaining the vitality and quality of our profession," Dr. Heath said. But most of all, "we should be more concerned about

understanding and preparing for the future of the health care delivery system and we need to be leaders within the fourth industrial revolution."

Vast changes are hitting OD practices almost daily, and it's going to take energetic practitioners to stay afloat. Connectivity with health information exchanges and big data, expanding and enhancing scope of practice and the advent of telemedicine are just a few advances for which ODs must prepare.

Dr. Heath concluded it is necessary for optometry to prepare clinical practice for this fourth revolution and the influx of superintelligence—and optometric education needs to up its game to properly prepare students for the high-tech road ahead.

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You, Too, Can Treat That Corneal Ulcer

With a little guidance, optometrists can help these patients.

Corneal ulcers—any epithelial defect with underlying stromal inflammation, infiltration or melting—are vastly underestimated. In fact, the CDC's estimated 988,000 annual keratitis reports doesn't even account for visits to an optometrist. Alison Bozung, OD, explained that its clinical presentations are vast in her Wednesday afternoon course. She relied on a wealth of experience and case reports from her residency at Bascom Palmer, her position as a clinical assistant professor at the University of Iowa and her practice in the hospital's Cornea and External Disease as well as Comprehensive Ophthalmology services.

Optometrists must evaluate for pertinent findings with regard to corneal ulcers, Dr. Bozung explained. These findings can include epithelial defects, infiltrates, stromal edema, stromal thinning and the finding's



Alison Bozung, OD, answers questions following her Wednesday course on the diagnosis and treatment of corneal ulcers.

anterior chamber depth, any keratic precipitates, intraocular pressure changes, perineuritis, pain and sensitivity. Additionally, they should be aware of the common risk factors, such as contact lens wear, epithelial breakdown and trauma (even if it's not particularly recent) including surgery, eyelid disease, systemic disease

or any immunosuppressive conditions (such as HIV infection).

Dr. Bozung reviewed several case reports, common patient presentations, the protocols of corneal culturing, imaging techniques and an array of treatment options.

Testing

Acanthamoeba, viruses (especially herpes zoster), fungi (such as *fusarium*) can all create corneal ulcers, and it's on the primary care eye physician to narrow down its origins. The first sign, Dr. Bozung explained, is pain. Herpes can be distinguished from *Acanthamoeba* pain due to the severity of the patient's experience. The pain is much more intense for patients infected with *Acanthamoeba*, owing to the invading microorganism's habit of traveling along

See **CORNEAL ULCERS**, Page 21

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Saturday: 7am–8am ROOM 295

If the Cornea Erodes, Try, Try Again

Learn to decipher the type of erosion you are dealing with and the treatment options.

Nicholas Colatrella, OD, FAAO, Dipl. AAO, ABO, ABCMO, and Jeffrey Varanelli, OD, FAAO, will be up early on Saturday morning to discuss one of the commonly encountered conditions in optometric practices: recurrent corneal erosion (RCE). But it doesn't *have* to be a recurrent problem, they say. Clinicians attending the session will learn how to properly identify the problem at hand and the many ways to treat it.

The session will begin with a comprehensive overview of recurrent corneal erosion syndrome—a disease entity that has been in the literature for more than 100 years, according to Drs. Colatrella and Varanelli. It's often associated with a history of trauma and corneal dystrophies, they add, and has the highest prevalence in the third and fourth decades of life.

An overview of the ocular anatomy affected by the condition will help attendees better understand the pathophysiology of RCE.

“Recurrent corneal erosion syndrome is a chronic relapsing disease, characterized by a disturbance of the epithelial basement membrane. Patients experience repeated episodes of sudden onset pain (usually upon waking), accompanied by redness, photophobia and watering of the eyes,” Dr. Colatrella explains. “Management of RCE can be frustrating for both patient and doctor. The patient becomes upset due to the recurrent episodes of pain and decreased vision, while the doctor is discouraged due to the inability to cure the patient's disease.”

A firm understanding of the many treatment avenues can help alleviate such frustration, and Drs. Colatrella and Varanelli will walk attendees through several different therapy regimens that can effectively manage RCE. Medical treatment is often a viable route, they say, with



This patient suffered from recurrent erosions for years after mascara brush trauma. Session attendees will learn about the combination treatment that finally provided her relief.

more than 95% of cases successfully managed and 70% remaining symptom-free for a year. They will provide an overview of the various medical regimens such as patching, bandage contact lenses, lubricants and pharmaceuticals. More severe cases may require mechanical therapies such as debridement or anterior stromal puncture. Cases that simply refuse to respond to these

efforts may need surgical intervention with phototherapeutic keratectomy, diamond burr superficial keratectomy or Nd:YAG laser. But Drs. Colatrella and Varanelli suggest something other than the typical stepwise approach. Instead, combination therapies should be the way to go.

“There have been no long-term studies to properly address a specific treatment paradigm,” says

Dr. Colatrella. “Of the few trials that have been performed with RCE, success was obtained when multiple treatments were used together. We therefore recommend foregoing the normal stepwise treatment pyramid and initially moving directly into a combination treatment modality, which uses our understanding of the underlying pathological anatomy and greatly

increases the chance of successfully managing RCE patients.”

With so many treatment avenues available, it's a challenge to know where to start and what to do when patients aren't responding. That's where this session's case examples come in.

“This lecture will highlight several distinct cases of recurrent corneal erosion syndrome, each emphasizing separate, yet effective treatment options,” Dr. Colatrella says. “We will discuss various treatment paradigms that benefit patients that suffer from this condition, and present a management strategy for handling recalcitrant cases.”

Drs. Colatrella and Varanelli hope clinicians will learn to never give up hope for these patients, as there is always something else to try. Trial and error, while daunting, may be the best treatment approach. This session's rundown of the condition and treatment options will be key to knowing where to start. ●

16TH ANNUAL

EDUCATION SYMPOSIUM

Optometric Cornea, Cataract and Refractive Society

APRIL 13-14, 2019 • MANCHESTER GRAND HYATT • SAN DIEGO, CALIFORNIA

The meeting of the year for ODs involved and interested in advanced ocular disease management, refractive surgery, cataract surgery, and innovative technologies.

The Optometric Cornea, Cataract and Refractive Society will sponsor its 16th annual education symposium. The symposium brings together the most notable experts in the field of cornea, cataract and refractive technology to discuss evolving clinical innovations and management of ocular surface disease and other anterior segment complications.

This interactive meeting encourages questions, comments and audience participation with panel discussion. **Up to 10 hours of CE will be awarded to attendees.** Registration fee includes education, breakfast, breaks, lunch, and a cocktail social.

PROGRAM CHAIR:



David Friess, OD, FAAO
President, OCCRS

LOCATION:
Manchester Grand Hyatt
San Diego, CA 92101

REGISTRATION COST:
\$295 for up to 10 hours of CE
\$160 for OCCRS members

See event website for faculty, agenda, and accommodations.

THREE WAYS TO REGISTER

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FRIDAY, FEBRUARY 22

SECO's comprehensive program offers more than 250 educational courses throughout the conference. Here are today's.

| Time | # | Course | Presenter(s) | Location |
|--------------|---------------------------------|---|--------------------|------------------------|
| 7am-8am | 114 | Advances in Treatment of MGD | Cass | Room 291 |
| | 115 | Meeting the Needs of the Young Patients | McBryar | Room 285 |
| | 116 | Electrodiagnostics for the Non-Glaucoma Patient | Lighthizer | Room 297 |
| | 117 | Low Vision Clinic: Fewer Formulas Mean More Fun | Gartner, Porter | Room 284 |
| | 118 | Don't Forget the Vitreous! | Rafieetary | Room 292 |
| | 119 | Playing the Field: A Review of the Visual Pathway | Lifferth | Room 293 |
| | 120 | Growing Your Practice Through Advanced Optometric Procedures: Radiosurgery | Castillo | Room 286 |
| | 553 | Minimally Invasive Glaucoma Surgery Updates | Whitley | Room 294 |
| | 554 | A Technical and Educational Look at Diabetes and the Diabetic Eye | Doll | Room 298 |
| | 555 | Introduction to Refractometry | Guyette | Room 287 |
| | 556 | Pupils: Pathways, Problems and More | Pate | Room 295 |
| | 557 | Meibomian Gland Dysfunction and Dry Eye | Shen Lee | Room 288 |
| | 558 | E-Scribing and PQRS | Carter | Room 289 |
| | 559 | Remakes, Warranties and Common Sense | Hagemeyer | Room 296 |
| 560 | Generation Y: Know Your Patient | Manso | Room 290 | |
| 7am-9am | 807 | Finishing and Edging Learning Lab | Underwood | Room 387 |
| 7am-10am | 806 | POA, CPOT, COA Prep Course | Shwom | Room 385 |
| 8am-9am | 561 | Fundamentals of Biomicroscopy: The Slit Lamp Exam | Attar | Room 293 |
| | 563 | Billing Strategies in the Optical Insurance Arena | Cass | Room 292 |
| | 564 | Online Optical: Friend or Foe? | Hagemeyer | Room 291 |
| | 566 | Sales and Communication Techniques | Manso | Room 297 |
| 8am-10am | 61 | Diabetes Case Studies: A Collaborative Approach [CEE/TQ COURSE] | Chous, Li, Brown | New Orleans Theater |
| | 562 | The Staff's Role for YAG and SLT Lasers | Lawrence | Room 298 |
| | 565 | Manage Your Frame Board, Don't Let It Manage You | Carter | Room 299 |
| 9am-10am | 567 | Buzzwords for Technicians | Graves | Room 293 |
| | 568 | Macular Degeneration from A to Z | Stewart | Room 291 |
| | 569 | It's A Great Fit | Hagemeyer | Room 292 |
| | 570 | Improving Protection and Performance with Safety and Sports Eyewear | Underwood | Room 297 |
| 10am-11am | 402 | MedPro360 Presents: New Payor Models Learning Lab | Aran | Room 391-392 |
| | 913 | Macular Pigment Supplementation: A Prescription for Vision and Cognitive Health (Grantor: MacuHealth) | Nolan | Presentation Theater 3 |
| | 914 | What's Next...The Blind Spots of Practice Profitability (Grantor: Essilor) | Parker | Presentation Theater 2 |
| | 918 | Procuring Practice Buyers and Sellers (Grantor: VSP) | Wright | Presentation Theater 1 |
| 10:35am-11am | | Radiosurgery in Optometric Practice Hands-on | Castillo | Practice IQ stage |
| 10am-12pm | 701 | Injections Learning Lab | Duncan, Walker | Room 383 |
| | 808 | Slit Lamp Learning Lab | Attar | Room 386 |
| | 809 | Lensometry Learning Lab | Wild, Singley | Room 387 |
| | 810 | Drill Mount and Semi Rimless Learning Lab | Shwom | Room 384 |
| 11am-12pm | 121 | Contemporary AMD Management for the Optometrist | Dierker | Room 291 |
| | 122 | How to See 50 Patients Per Day | Cass | Room 389 |
| | 123 | Neuroradiology | Porzukowiak | Room 293 |
| | 124 | Use Visual Fields and OCT to Monitor Glaucoma Progression | Madonna | Room 292 |
| | 201 | Georgia Opticianry Rules and Laws | Drake | Room 299 |
| | 403 | MedPro360 Presents: Telemedicine and the Practice of Tomorrow | Cavallerano, Fried | New Orleans Theater |
| | 571 | Nearpoint Problems Increasing, Why Aren't We Helping? | Sorkin | Room 286 |
| | 572 | Unborn at Risk?: Topical Medications for the Eye | Hom | Room 287 |
| | 573 | Low Vision Update: High Tech, Low Tech and No Tech | Gartner, Porter | Room 288 |
| | 574 | Myopic Degeneration: Pathology and Treatment | Johns | Room 285 |

EDUCATIONAL PROGRAM

For course descriptions and the entire five-day education program, visit attendseco.com/education.

| Time | # | Course | Presenter(s) | Location |
|--------------------------|------|---|--|------------------------|
| 11am-12pm (continued) | 575 | Slick Options for the Scleral Lens Surface | Barnett | Room 298 |
| | 576 | I Think I May Have Pink Eye | Graves | Room 289 |
| | 577 | The Importance of the Technician's Role in the Ophthalmic Exam | Stewart | Room 290 |
| | 578 | Common Sense Approach to Exam Coding: 99XXX vs 92XXX Codes | Moscow | Room 296 |
| | 579 | Digital Eyestrain: Everyone Using a Digital Device Has It | Shen Lee | Room 295 |
| | 580 | Get the Most Out of Your Digital Measuring Devices | Underwood | Room 297 |
| 12pm-1pm | 303 | FREE OD Lunch Symposium | Presented by Bausch + Lomb and Shire | Amphitheater Hall H |
| | 304 | FREE AHP Lunch Symposium | Presented by CooperVision and Allergan | Room 394-396 |
| 12pm-1pm | 941 | Creating a Pathway to a Certified Staff | Franklin | Presentation Theater 3 |
| 1pm-1:25pm | | Engage, Amaze + Convert; Using New Technology To Enhance The Patient Experience | B. Gerber | Practice IQ stage |
| 1pm-2pm | 404 | MedPro360 Presents: What is Your Business Worth to the Best Buyer | Aran | Room 391-392 |
| | 915 | What's Next...The Myopia Epidemic (Grantor: Essilor) | Hanlin, Parker | Presentation Theater 2 |
| | 919 | How to Use Your Practice as a Personal Wealth Generator (Grantor: VSP) | Schultz | Presentation Theater 1 |
| | 921 | Visually Induced Trigeminal Dysphoria May be the Leading Source of Headaches, Eyestrain and Dry Eye Sensation (Grantor: Neurolens) | Karpecki, Krall | Presentation Theater 3 |
| 1pm-4pm | 702 | Laser Learning Lab | Lighthizer, Walker, Duncan, Lewis | Room 383 |
| 1:35pm-2pm | | The Development of a Specialty Fee for Service Practice: Myopia Control, Cataract Surgery Consults, Concussion, Aesthetics, Vision Training and Dry Eye | Schaeffer | Practice IQ stage |
| 2pm-3pm | 583 | Troubleshooting Scleral Lenses Part 2 | Barnett | Room 298 |
| | 584 | Low Vision Learning Lab | Gartner, Porter | Room 384 |
| 2pm-4pm | 125 | You Make the Call: Interactive Retina [CEE/TQ COURSE] | Dierker | Room 292 |
| | 126 | Overview of Optic Neuropathies | Porzukowiak | Room 291 |
| | 127 | Go For Glaucoma!: A Look from the Trenches [CEE/TQ COURSE] | Holbrook | Room 294 |
| | 405 | MedPro360 Presents: The New World Order: PPM's and Private Equity | Mann, Quinn, Pate, Albrecht, Spearman | Room 391-392 |
| | 581 | Amniotic Membranes in Primary Eye Care [CEE/TQ COURSE] | Colatrella, Cass, Varanelli | Room 386 |
| | 582 | Stay Calm: Pediatric Ocular Emergencies [CEE/TQ COURSE] | Elliott | Room 293 |
| | 585 | Ocular Indications of Child Abuse | Brackley | Room 299 |
| | 586 | Look Into the Future: Technology in Vision Care | Underwood, Hom | New Orleans Theater |
| 3pm-4pm | 916 | The Importance of Staff Development (Grantor: Essilor) | Pigneri, Carrasco | Presentation Theater 2 |
| 4pm-4:25pm | | Botox Injection Skills | Castillo | Practice IQ stage |
| 4pm-5pm | 920 | Creating a Culture of Excellence (Grantor: VSP) | Mark Wright | Presentation Theater 1 |
| | 922 | Marketing Your Practice and Patient Acquisition (Grantor: Luxottica) | Carlson | Presentation Theater 3 |
| | 914 | What's Next... Reinventing Refraction (Grantor: Essilor) | Hammonds | Presentation Theater 2 |
| 4pm-6pm | 703 | Scleral Lens Learning Lab | Barnett, Elder, Hom | Room 385 |
| | 581S | Amniotic Membrane Learning Lab | Colatrella | Room 386 |
| 4:35pm-5pm | 914 | Medical Model: Set Up Your Practice for Medical Optometry | Sampalis | Practice IQ stage |
| 5pm-6pm | 129 | Eyes Wide Shut | Modica | Room 397 |
| | 587 | On the Spectrum: Tips for Evaluating Vision in Autism | Bodack | Room 393 |
| | 588 | The Future of Healthcare | Cass | Room 388 |
| | 589 | Singing the Blues: The Research Behind Blue Light | Shen Lee | Room 394-396 |
| | 590 | Low Vision Grand Rounds | Gartner, Porter | Room 298 |
| | 591 | Communicating with the Spanish Speaking Patient | Frazier | Room 299 |
| 5pm-7pm | 128 | To Dye For: FA vs OCTA [CEE/TQ COURSE] | Rafieetary | Room 399 |
| | 130 | Glaucoma Myths, Mysteries and Misconceptions [CEE/TQ COURSE] | Madonna | Room 390 |
| 6pm-7pm | 133 | Growing Your Practice through Advanced Optometric Procedures: Botulinum Chemodenervation | Castillo | Room 397 |
| 6pm-8pm | 131 | Going Viral: HSV, HZO and EKC [CEE/TQ COURSE] [DINNER COURSE] | Lighthizer | Palace Café |
| | 132 | Our Favorite Cases [CEE/TQ COURSE] [DINNER COURSE] | Holbrook, Ajamian | Creole Queen |

SECO 2019 Welcomes Students, Residents

For tomorrow's ODs, the future's so bright, they've got to wear prescription shades.

SECO is committed to the training and education of the next generation of optometric professionals, and our growing student program showcases that commitment.

This year's student program provides unparalleled access to world-class education, leading experts, potential employers and peers who share the same challenges.

Students and residents get free access to SECO's world-renowned optometric CE program, including Special Sessions and MedPro360. Residents may reserve space in courses ahead of time, and students may attend as long as space is available. Learning Labs are not included.

New for 2019, the "See the Vision of Tomorrow" session will give you a glimpse of the future of eye care, covering topics such as artificial intelligence, telemedicine, pharmacology and new diagnostics and treatment options.

Take advantage of career-building opportunities while enjoying a complimentary lunch at the Student Symposium on Saturday from 12pm to 1:15pm. Designed specifically for students, the symposium will feature networking opportunities as well as presentations from industry leaders Alcon, Johnson & Johnson Vision Care and CooperVision. You can even win a \$1,000 scholarship just by attending!

Make time for SECO's Multimedia Poster Presentations in the exhibit hall to see the latest optometric research and case reports from students, residents, faculty and practicing optom-



etrists. Also, stop by the Student Lounge (Booth #2009) in Optometry's Marketplace™ with your SECO badge and photo ID to pick up your \$100 stipend, courtesy of SECO, on Saturday from 3pm to 4pm.

Taking Part 1 of the NBEO exam? Achieve all your third-year goals in our condensed, one-day interactive learning experience—SECO's Optometry Board Review Course #900, which is customized to assist in preparation for the exam.

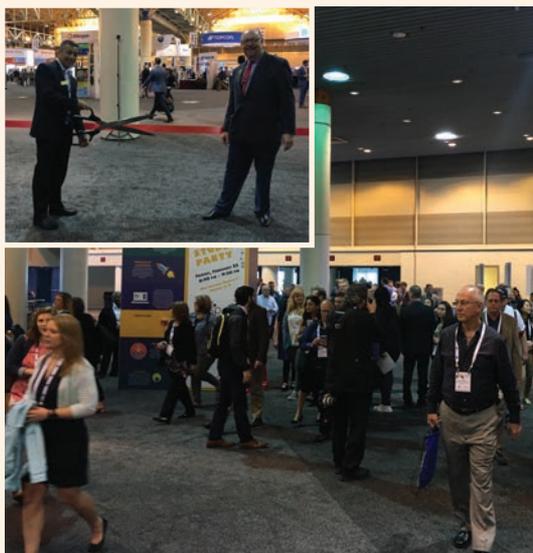
Expand your professional circle and discuss common challenges with fellow students and

residents at SECO's popular social events. Connect with friends and savor the flavors of New Orleans cuisine while learning about the city's culinary history at the Student Party, sponsored by VSP Global, tonight from 6:30pm to 9:30pm. And join Bad Habits—The Eyedocs of Rock, optometry's favorite band, as they take the stage tonight to benefit Optometry Giving Sight.

SECO also hosts numerous alumni receptions to reunite classmates and graduates. For the most up-to-date schedule, be sure to check SECO's mobile app. ●

Missed a course at SECO 2019? Log onto secouniversity.com throughout the year to access all courses.

EXHIBIT HALL OPENING CEREMONY



Yesterday's ribbon cutting by SECO President Emilio Balius, OD, and President-elect J. Max Ernst, OD, marked the opening of Optometry's Marketplace™ for 2019. Attendees were ready to talk with industry reps, check out the latest technologies and see first-hand what the future of optometry might look like.

SPEAKER SPOTLIGHT



Dr. Hom's SECO 2019 course schedule includes:

- **Unborn at Risk: Topical Medications for the Eye**
Friday 11am–12pm, Room 287
- **Look Into the Future: Technology in Vision Care**
Friday 2pm–4pm, New Orleans Theater
- **Scleral Lens Learning Lab**
Friday 4pm–6pm, Room 385
- **The Great Bourbon Street Glaucoma Debate**
Sunday 8am–10am, New Orleans Theater

Milton M. Hom, OD, FAAO

Dr. Hom is a national award-winning optometrist with a private practice in Southern California. He is an internationally recognized expert and lecturer in dry eye, allergy and glaucoma. Dr. Hom has written four books and published more than 200 papers and peer-reviewed abstracts. He is also an American Board of Optometry Diplomate.

SECO CHAMPION SPOTLIGHT

Published in partnership with Luxottica.

Luxottica: What Makes Us Different

“We’re establishing our team as a center for excellence to support doctors and recognize the value they bring to Luxottica. We’re expanding the value proposition for doctors, raising standards through technology and service and improving doctor communications, all making it easier for doctors to focus on providing excellent patient care and making Luxottica the brand of choice for those choosing corporate optometry on their career path.”

Carl Spear, OD, MBA, FAAO, Senior Vice President
Luxottica North America, Eye Care

At Luxottica, we want doctors to practice how they want, where they want. Our large portfolio of brands allows doctors to pick the how, when and where. Options provide choices. Resources create opportunities.

My team, Luxottica Eye Care, exists to help doctors grow their practice through OD advancement, peer-to-peer sharing and marketing programs and processes. Doctors who choose Luxottica should know that we’ve got their back.

Free CE for Affiliated Doctors

Luxottica Eye Care is currently partnering with Indiana University to provide up to 9 hours of free CE for affiliated, full-time doctors. Since it started in October 2018, IU reports 1,568 doctors registered for the online offerings. This February, Luxottica Eye Care expanded free CE to all full-time associate doctors.

Concierge Service

Doctors want to see patients, not spend their time learning one-time set up tasks. Our NEW Concierge service enhances the onboarding experience by doing business critical tasks for the doctor prior to their first day. Credentialing, insurance contracting, TAB set up, electronic health records (EHR), internet, phones, merchant services and ordering office supplies gets done quickly and efficiently so doctors can focus their pre-opening efforts on Luxottica equipment training and ensuring excellent patient experience.

This new service became available to new sublease holders across Luxottica brands in February.

Connect to Grow

New in 2018, affiliated doctors and top business builders led a year of peer-to-peer learning with doctors in Atlanta and Chicago as part of a pilot program designed to increase practice growth. Doctors in Atlanta and Chicago were invited to Connect to Grow and learn best practices. Topics included creating a practice vision, patient acquisition, patient retention and staffing/coaching.

Doctors led sessions on a quarterly basis and regularly checked-in to encourage and guide others who may be struggling with business practices that when changed can take their practice to the next level. An in-person “market meet-up” concluded the year-long learning and allowed doctors to share action plans and receive feedback. Participating doctors reported feeling reenergized and refocused.

Doctor Recruiting

New in 2018, recruiters, using their connections and resources, worked with affiliated sublease doctors to find qualified hires for their staffing needs.

Doctors submitted job postings that Luxottica posted on their behalf. Postings appeared on thirteen popular job sites (such as Indeed) which gave doctors higher visibility to find new hires. Recruiters worked in a consultancy role to connect job seekers with the hiring doctor who conducted all interviews and hiring decisions. This new initiative is averaging one doctor fill a week.

OneSight Opportunities

Affiliation with Luxottica gives doctors the opportunity to use their skills for a greater good by volunteering on both domestic and global clinics that bring eye care to under-served communities. The experiences shape a doctor’s world view by showing firsthand how his/her contributions improve someone’s life in a meaningful, impactful way.

In 2019, affiliated doctors will lead clinics in more than 17 different countries and at more than ten domestic locations including Indian reservations across the US.

OneSight is a leading organization focused on bringing both sustainable and urgent vision care solutions to communities around the world. To date, OneSight has helped ten million people in 46 countries see clearly. By 2020, OneSight will provide ongoing access to vision care to over 20 million people.

Luxottica continues to be an industry leader by innovating technology to bring the best vision solutions to market, by setting best practices through their established centers of excellence and by meeting the needs of affiliated doctors to help them achieve their personal and professional goals.

I invite you to find out for yourself. Talk to someone on my team about how we’re differentiating ourselves from the rest. Learn how we may be everything you wanted but didn’t expect.

Visit www.luxotticaeyecare.luxottica.com for current opportunities, news and events.



Today: 2pm–4pm ROOM 293

Injured Kids: Keep Calm and Care On

In emergencies, parents may not have time to find a pediatric specialist. Will you answer the call?

There's a big need for the general optometrist to know how to manage ocular disease and unique pediatric-specific conditions of the eyes, explains Kathleen Elliott, OD, of Tulsa OK. This is particularly true for urgent presentations, which can range from rough-and-tumble sports injuries (a trampoline mishap or a rogue soccer ball to the noggin can lead to commotio retinae or even retinal detachment) to red eyes (that can stem from an infection, allergies or even a foreign body).

If these presentations disturb you, take the title of Dr. Elliott's afternoon course to heart: "Stay Calm: Pediatric Ocular Emergencies."

In her course, she'll seek to answer questions optometrists who



This child's ocular laceration is being treated with superglue.

don't deal with the pediatric patient base on a daily basis may have; for instance, what elements of the chief complaint or history should be

emphasized during evaluation?

Dr. Elliott will explain how to spot serious pediatric-specific conditions such as retinoblastoma using a white pupil detector. The course additionally provides recommendations for when presentations such as sudden-onset diplopia require referral for MRI to rule out a brain tumor or latent hyperopia.

Regarding injuries, she'll review details parents need to know. For instance, if a child presents with a blowout fracture, they'll need to be instructed to avoid blowing their nose in the days following injury.

Dr. Elliott will also cover how less urgent matters—convergence insufficiency, for example—can be treated in office with therapeutic techniques that may be simple in

execution but have the potential to change young lives.

The course will also run through in-office procedures that can be applied to chemical burns and various lacerations and less emergent cases, such as chalazion. She'll also discuss patient—and parent—education issues.

Since pediatric patients may present challenges to even simple optometric practices, she'll provide insight on how to deftly administer drops in a squirming patient, how to fit an undersized head into your equipment and other issues specific to this patient class's unique psychology and physiology.

The presentation will include video demonstrations, case reports and skills assessments. ●

SPEAKER SPOTLIGHT



Dr. Johns's SECO 2019 course schedule includes:

- **Myopic Degeneration: Pathology and Treatment**
Friday 11am–12pm, Room 285
- **Intracranial Hypertension and the Eye**
Saturday 7am–8am, Room 293
- **Low-dose Atropine for Myopia Control**
Saturday 11am–12pm, Room 295

Paula Johns, OD, MPH, FAAO

Deputy Chief of Optometry, Santa Fe Indian Hospital

A New Orleans native, Paula Johns, OD, MPH, is a graduate of the University of Alabama at Birmingham School of Optometry and recently completed a residency at Zuni Indian Hospital in Zuni, NM. She now serves as the deputy optometry clinic chief at Santa Fe Indian Hospital. Dr. Johns is also the residency coordinator at Santa Fe Indian Hospital, and manages the student program there; in this capacity, she is precepting 12 fourth-year students each year on their rotations. She has a strong interest in the treatment and management of ocular disease, particularly diabetic eye disease, a skill set that helps her serve the health care needs of the native populations often seen in her work.

SPEAKER SPOTLIGHT



Dr. Ahmed's SECO 2019 course schedule includes:

- **Glaucoma and MIGS**
Saturday 8am–10am,
New Orleans Theater

Ike K. Ahmed, MD

Medical Director, Prism Eye Institute

As a leader in the development of novel treatments for glaucoma, cataract and lens implant surgery, Dr. Ahmed's pioneering work in innovative glaucoma surgery includes coining the term *microinvasive glaucoma surgery* (MIGS). He's an assistant professor at the University of Toronto, a professor at the University of Utah and the research director at Toronto's Kensington Eye Institute. He also serves as the director of the Glaucoma and Advanced Anterior Segment Surgery fellowship at the University of Toronto. In addition, he is the head of the ophthalmology division at Trillium Health Partners of Mississauga, Ontario. He is recognized as one of the world's most experienced practitioners of complex eye surgeries.

Earn up to
28 CE
Credits*

NEW TECHNOLOGIES
& TREATMENTS IN
2019 EYE CARE
REVIEW
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OPTOMETRIC CORNEA, CATARACT
AND REFRACTIVE SOCIETY

SANDIEGO

APRIL 11-14, 2019

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Review's New Technologies & Treatments in Eye Care and Optometric Cornea, Cataract and Refractive Society's annual meetings are combined to provide you with up to 28* COPE CE credits in one weekend.

Program Chairs:



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Review Program Chair



David Friess, OD, FAO
President, OCCRS



Manchester Grand Hyatt
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Three Ways to Register

Online: www.reviewsce.com/sandiego2019

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Convenient opportunities to register for one or both meetings.**

A limited number of rooms have been reserved at **\$269 plus tax per night**. Please make reservations with the hotel directly at 1-888-421-1442. For group rate, mention "Review's New Technologies and Treatments in Eye Care".

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New Technologies & Treatments
conference is partially supported by an
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**Additional registration fees if attending both meetings. Agenda subject to change. Review Education Group partners with Salus University for those ODs who are licensed in states that require university credit. See www.reviewsce.com/events for any meeting changes or updates.

OPTOMETRY'S MARKETPLACE™

EXHIBIT HALL EVENTS FOR FRIDAY, FEBRUARY 22

OPENS: 10am
CLOSES: 5pm

PRACTICE IQ PAVILION

Continue your education outside the classroom at this nontraditional learning area, where you can dive deep into valuable topics such as the latest innovations in digital health, medical devices, surgical and clinical care and advanced practice procedures to position your practice for long-term success. Open during exhibit hall hours.

PRACTICE IQ EYE-CONS EXPERT SERIES

Listen to forward-thinking experts share their knowledge and lessons learned on some of the biggest topics in their fields of expertise. Sessions are offered at no charge. Today's schedule:

- 10:35am–11am:** Radiosurgery in Optometric Practice Hands-on
1pm–1:25pm: Engage, Amaze + Convert; Using New Technology to Enhance the Patient Experience
1:35pm–2pm: The Development of a Specialty Fee-for-Service Practice: Myopia Control, Cataract Surgery Consults, Concussion, Aesthetics, Vision Training and Dry Eye
4pm–4:25pm: Botox Injection Skills
4:35pm–5pm: Medical Model: Set Up Your Practice for Medical Optometry

Sponsored by Primary Care Optometry News.

MULTIMEDIA POSTER PROGRAM

Booth #1928

See the latest optometric research and case reports through these posters from students, residents and faculty that take advantage of technology to deliver a dynamic presentation that's far beyond the posters of old.

PRACTICE OF TOMORROW INTERACTIVE EXHIBIT

Stop by to design the future of your practice, discover new office designs, methods to enhance workflows and the latest technologies for your team to work more effectively. Open during exhibit hall hours.



Sponsored by De Rigo REM, Johnson & Johnson Vision Care and Zeiss.

PRESENTATION THEATERS

Attend accredited presentations for eye care professionals at one of SECO's popular Presentation Theaters. Courses are free to attend on a first-come, first-served basis. Today's schedule:



- 10am–11am**
- Procuring Practice Buyers and Sellers (Grantor: VSP)
 - What's Next...The Blind Spots of Practice Profitability (Grantor: Essilor)
 - Macular Pigment Supplementation: A Prescription for the Vision and Cognitive Health
- 12pm–1pm**
- Creating a Pathway to a Certified Staff
- 1pm–2pm**
- How to Use Your Practice as a Personal Wealth Generator (Grantor: VSP)
 - What's Next...The Myopia Epidemic (Grantor: Essilor)
 - Visually Induced Trigeminal Dysphoria May Be the Leading Source of Headaches, Eyestrain and Dry Eye Sensation (Grantor: Neurolens)
- 3pm–4pm**
- The Importance of Staff Development (Grantor: Essilor) [Not for CE credit]
- 4pm–5pm**
- Creating a Culture of Excellence (Grantor: VSP)
 - Marketing Your Practice and Patient Acquisition (Grantor: Luxottica)
 - What's Next... Reinventing Refraction (Grantor: Essilor)

THE VIEW

Visit SECO's Luxury Eyewear Pavilion, which brings some of the world's most exclusive frame companies and brands to New Orleans.

STUDENT LOUNGE

Come to the Student Lounge to take a break between sessions, network with other students and meet your peers—and to receive your \$100 cash stipend! *Sponsored by Luxottica.*

NEW ORLEANS FOOD TASTING TOUR

Today, 4pm–5pm

Taste your way through the Big Easy on a food tour of New Orleans's French Quarter without leaving Optometry's Marketplace™, stopping to sample some of the city's most distinctive foods along the way. Bring an appetite for everything from jambalaya to beignets.

Exhibitor Listing for SECO 2019 (as of February 11, 2019)

| EXHIBITOR | Booth | EXHIBITOR..... | Booth | EXHIBITOR | Booth | EXHIBITOR..... | Booth |
|---|-------|---|-----------|---|-------|--|-------|
| A&A Optical | 628 | Dry Eye Doctor, The | 842 | Lafont | 629 | Plusoptix | 1443 |
| ABS Smart Mirror | 1441 | Dry Eye Institute | 1439 | LasikPlus | 1305 | Premier Ophthalmic Services | 705 |
| ABB Optical Group | 701 | Dynamic Labs..... | 1815 | Lens Butler, The | 805 | Presenta Nova | 1719 |
| Acuity Pro | 1237 | Eastern Ophthalmic Supply & Repair..... | 906 | Leon Global Group | 1920 | Primary Care Optometry News and Healio.com by Slack | 139 |
| AI Care | 700 | EdgePro by GPN Technologies | 1711 | Lighthouse by Web.com | 1821 | Professional Eye Care Associates of America | 429 |
| Akorn | 1040 | Edison Optics | 222 | Lombart Instrument | 806 | Quantel Medical | 807 |
| Alcon | 1533 | E-dr. Network/New Era | 1823 | Lumenis | 1610 | Quidel | 1930 |
| Allergan | 1019 | Elsevier | 1704 | Luneau Technology USA (AIT, Briot, WECO, LPO, Visionix) | 1029 | Regeneron..... | 1545 |
| Allied Powers | 1706 | Encore Vision | 438 | L'Unique Optique | V 10 | Reichert | 810 |
| American Academy of Optometry | 122 | Energieyes, the Association of Corporate- Affiliated Optometrists..... | 245 | Luxottica Group | 235 | Review of Optometry | 843 |
| American Academy of Orthokeratology and Myopia Control | 121 | Eschenbach Optik..... | 1235 | M&S Technologies | 1507 | RightEye..... | 1538 |
| American Board of Opticianry – National Contact Lens Examiners | 130 | eSee Acuity | 813 | MacuHealth..... | 2025 | Roya.com | 1916 |
| American Board of Optometry | 131 | Essilor Instruments USA..... | 1912 | MacuLogix | 904 | Salus University Pennsylvania College of Optometry..... | 2018 |
| American Society of Optometric Surgeons..... | 1044 | Essilor of America | 1616 | Marco Ophthalmic | 816 | Santinelli International | 1135 |
| Angiogenesis Foundation, The..... | 2036 | Ethis Healthtech | 1236 | Marcolin USA Eyewear Corp | 1111 | ScienceBased Health | 1640 |
| Applied Medical Systems | 1612 | Europa Eyewear..... | 639 | MaximEyes by First Insight..... | 711 | Scleral Lens Education Society..... | 123 |
| Arbor Eyewear..... | 420 | Eye Designs | 1229 | MaxiVision (MedOp Health)..... | 1923 | Second To None Beauty | 2010 |
| Armed Forces Optometric Society..... | 118 | EyeCarrot Innovations | 1902 | Mei System | 1703 | Select Merchant Solutions..... | 1234 |
| Armourx Safety..... | 1915 | Eyefficient..... | 708 | Mid-Gulf Instruments | 706 | Shamir Insight..... | 2023 |
| Art Optical Contact Lens | 1505 | Eyefunc | 234 | Modern Optical International | 528 | Shire | 1129 |
| Article One | 422 | Eyes of Faith Optical | 1000 | Modern Optometry/Bryn Mawr Communications | 943 | Sight Sciences..... | 1929 |
| Aspex Eyewear Group | 1211 | Eye Vance Pharmaceuticals..... | 2020 | Mondottica USA | 435 | Signet Armorlite | 1315 |
| Avalon Eyewear | 335 | Faniel Eyewear | V2 | Morel Eyewear | 434 | Smilen Eyewear..... | 431 |
| Avesis, a Guardian company | 545 | Focus Laboratories | 1843 | My Vision Express..... | 940 | Solutionreach | 1501 |
| Baumvision | V5 | Fortifye Vitamins..... | 1605 | Myco Industries..... | 1606 | Southern College of Optometry..... | 2019 |
| Bausch + Lomb..... | 1319 | FoxFire Systems Group | 1705 | MyEyeDr | 1005 | Specsby | 1445 |
| Bayou Ophthalmic Instruments..... | 803 | Gazal Eyewear..... | V8 | National Academy of Opticianry..... | 128 | Studio Optyx..... | 538 |
| Beaver Visitec International..... | 1128 | Global Expo | 740 | National Board of Examiners in Optometry | 1602 | Sun Ophthalmics | 1721 |
| Binocleuses..... | V1 | Good-Lite | 901 | National Optometric Association | 120 | Sun Ophthalmics, Medical Information..... | 742 |
| Bio-Tissue | 800 | Hai Laboratories | 1001 | National Vision | 1334 | Supplies | 1819 |
| BK Frames | 529 | Healthy Eyes Advantage..... | 134 | NCI Vision Systems..... | 702 | Tear Film Innovations..... | 1801 |
| BlephEx..... | 741 | Heidelberg Engineering..... | 1002 | Neuro Optometric Rehabilitation Association International..... | 136 | TelScreen..... | 1031 |
| Blue Frog | 1447 | Heine USA | 811 | NeuroLens..... | 1500 | TLC Laser Eye Centers..... | 1641 |
| Bruder Healthcare Company..... | 1828 | Hoya Vision Care | 1611 | New York Eye | 1414 | Topcon Medical Systems | 1219 |
| CareCredit..... | 1600 | Icare USA | 1737 | Nidek | 1028 | Tropical CE..... | 704 |
| Centervue | 1504 | i-dealoptics | 1411 | Nova Southeastern University College of Optometry | 2014 | Tura | 535 |
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| Chadwick Optical..... | 1701 | IDOC | 1741 | NuSight Medical | 1722 | US Vision..... | 1642 |
| Clearlens..... | 531 | IER innovations..... | 1544 | Oasis Medical..... | 841 | Valley Contax..... | 1900 |
| ClearVision Optical/BluTech | 911 | iHireOptometry | 1935 | Oculus | 1130 | Villa Eyewear..... | V6 |
| Cliara | 703 | Imagewear | 439 | Ocusoft | 1401 | Vision Trends | 644 |
| Coburn Technologies | 941 | iMatrix | 937, 1035 | OD Solutions | 1946 | Visionary Eye Partners | 1937 |
| Color My World/Color Blind Glasses | 1702 | ImprimisRx..... | 1607 | Ophthalmogix..... | 1743 | Visioneering Technologies..... | 707 |
| Compulink Healthcare Solutions | 1829 | Innexus by Innereactive | 1707 | Optikam Teck..... | 1601 | Vital Tears | 1542 |
| CooperVision | 1119 | Integra Life Sciences | 1806 | OptiLanes..... | 801 | Volk Optical..... | 1513 |
| Corporate Optometry | 138 | International Sports Vision Association | 136 | OptiUSA/BK Frames | 529 | VOSH International..... | 137 |
| Costa Sunglasses | 329 | Interstate Optical..... | 1313 | Optometric Architects | 1042 | VSI, a division of Enhanced Medical Services..... | 1310 |
| Crystal Practice Management..... | 1604 | Invision Magazine | 945 | Optometric Protector Plan | 840 | VSP Global/VSP Optics Group/ Eyefinity/Marchon/Altair | 1329 |
| Davette's Lunettes..... | V3 | lota | 1917 | Optometry Giving Sight | 2012 | Walman Instruments..... | 921 |
| De Rigo REM Eyewear..... | 441 | Jeunesse Innovations | 323 | Optos | 1301 | Walman Optical | 921 |
| Demandforce..... | 641 | Johnson & Johnson Vision | 733 | Optovue | 1518 | Wal-Mart Health and Wellness | 1541 |
| Design Eyewear Group: • Face a Face, Kilsgaard | V14 | Kala Pharmaceuticals | 1911 | Orgreen + Goldsmith | V4 | Weave | 1137 |
| • ProDesign, Nifties, Woow..... | 337 | Kasperek USA Optical | 229 | Orion Vision Group..... | 642 | Westgroupe..... | 442 |
| DGH Technology..... | 1511 | Katena | 534 | Ottica Veneta..... | V12 | Wiley X..... | 243 |
| Digital Healthcare Professionals | 1928 | Keeler Instruments | 1506 | Partners In Vision | 221 | Wolters Kluwer | 1805 |
| Digital Heat Corporation | 1944 | Kentucky College of Optometry | 2021 | Patch | 230 | X-Cel Specialty Contacts..... | 921 |
| Diopsys..... | 1238 | Kids Bright Eyes | 643 | PatientPop..... | 1800 | Zeiss..... | 1015 |
| Doctible | 1804 | Kio Yamato Optics | V11 | PentaVision | 135 | Zero Gravity Skin | 1603 |
| Doctor Multimedia | 900 | Konan Medical..... | 1835 | | | | |
| | | LA Eyeworks | V7 | | | | |
| | | Lacrimedics | 1840 | | | | |
| | | Lacrivera..... | 1540 | | | | |

Presentation Theater #3: Today's Talks

10am-11am
Macular Pigment Supplementation: A Prescription for Vision and Cognitive Health

12pm-1pm
Creating a Pathway to a Certified Staff

1pm-2pm
Visually Induced Trigeminal Dysphoria May be the Leading Source of Headaches, Eyestrain and Dry Eye Sensation (Grantor: Neurolens)

4pm-5pm
Marketing Your Practice and Patient Acquisition (Grantor: Luxottica)



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Symposia Amphitheater Entrance

FASHION DISTRICT

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The View
Visit SECO's Luxury Eyewear Pavilion, which brings some of the world's most exclusive frame companies and brands to New Orleans.

CENTRAL BUSINESS EXCHANGE
Attendees can conveniently access industry meetings in the exhibit hall. The **CBX** can be accessed from 7am to 8pm today through Saturday.

Buzz Bar
Grab a hot cup of coffee or a refreshing cocktail while you shop!



Food Tasting Tour — Today, 4pm-5pm
Taste your way through the Big Easy on a food tour of New Orleans's French Quarter without leaving Optometry's Marketplace™, stopping to sample some of the city's most distinctive foods along the way. Bring an appetite for everything from jambalaya to beignets. Also takes place tomorrow 3pm-4pm.



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Practice of Tomorrow

The Practice of Tomorrow interactive exhibit will share a vision for the future of eye care delivery including how we design, build, and operate our practices.



Darby's Bar

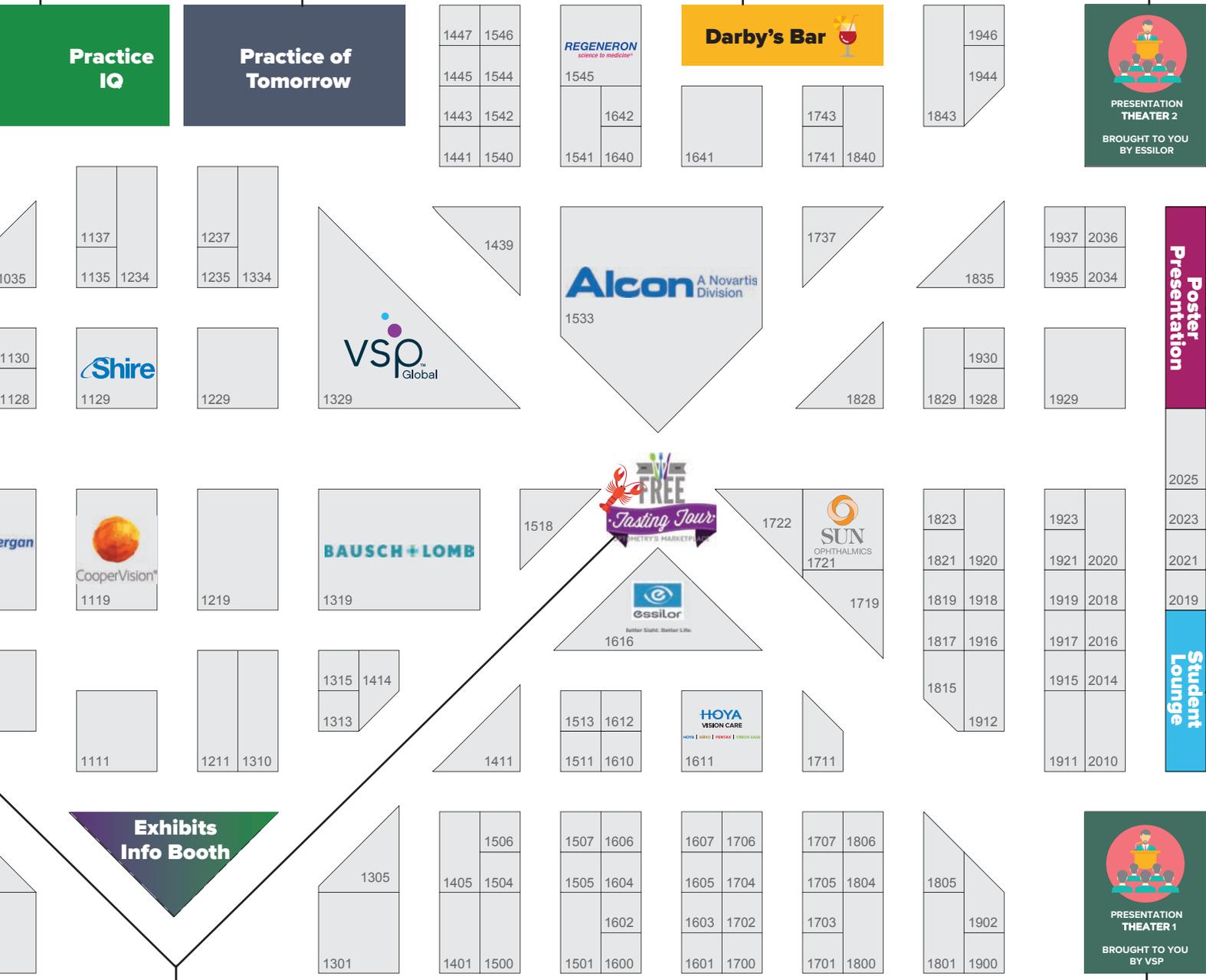
Grab a drink, catch up with friends and let the good times roll at Darby's Bar! Join us for drinks and networking during exhibit hall hours. We will see you there!

Presentation Theater #2: Today's Talks

10am-11am: What's Next...The Blind Spots of Practice Profitability
 1pm-2pm: What's Next.. The Myopia Epidemic
 3pm-4pm: The Importance of Staff Development
 4pm-5pm: What's Next... Reinventing Refraction

Poster Presentations

See the latest research and case reports from students, residents, faculty and practicing ODs. Presenters will be available for questions.



MAIN ENTRANCE

Presentation Theater #1: Today's Talks

10am-11am
 Procuring Practice Buyers and Sellers
 1pm-2pm
 How to Use Your Practice as a Personal Wealth Generator
 4pm-5pm
 Creating a Culture of Excellence

Student Lounge

Come to the Student Lounge to take a break between sessions, network with other students and meet your peers. Sponsored by





Show Specials & Product Launches

Make the most of your time at Optometry's Marketplace™ with these great deals in the exhibit hall.

Art Optical Contact Lens, Booth #1505

Diagnostic savings special: save \$50 on diagnostic fitting sets, including Ampleye Scleral, KeraSoft Thin and Rose K XL Semi-Scleral lens designs.

Cliara, Booth #703

Introducing Cliara Chio. Free sample to attendees. Special SECO 2019 introductory pricing \$10 plus shipping per unit order. Free shipping on orders of three or more. Bulk pricing available upon request.

Color My World/Colorblind Glasses, Booth #1702

New partner discount: any office signing up to be a Partner Office with CMW will receive \$100 off our full kit with all five glasses and all five clip-on versions, or \$50 off a partial kit with all five glasses and one clip-on for demonstration to your patients.

Corporate Optometry, Booth #138

Corporate optometry careers: one free job posting to SECO attendees who come to the booth.

Design Eyewear Group, Booth #337

Purchase any 30 frames from Prodesign, Woow or Nifties and receive two of equal or lesser value free. Restrictions apply; see booth for details.

Encore Vision, Booth #438

Order any 20 frames and receive two frames absolutely free, or you can receive 10% off any orders \$500 or more. Exclusions may apply.

Eyes of Faith Optical, Booth #1000

Get a 25% discount for 20 or more designer styles and 10% off the 10-year Anniversary collection.

Gazal Eyewear, Booth View 8

Now opening new accounts in the Southeast. Please stop by our booth to see the show specials, and grab some Gazal Eyewear swag and a tasty glass of champagne to ease those CE pains away!

iMatrix, Booths #937, #1035

The company has launched a new line of nine digital marketing solutions tailored to the needs of clients; including a range of services such as SEO, paid advertising and patient relationship management. The goal is to create a digital marketing strategy that works for each individual practice. iMatrix also has an array of à la carte services that can be added on to any solution to create a truly customizable product. Stop by the iMatrix booth to redeem your free office photo shoot or \$200 in Google Ad-words! Must be a current client or sign up onsite.

Kasperek USA Optical, Booth #229

Order 18 frames from any of our qualifying collections to receive a free iPad.

Kids Bright Eyes, Booth #643

We are excited to join SECO this year in New Orleans! Check out our show promotion: buy one collection (10 frames) and get one free frame plus 10 free stay-puts! Buy 24 frames and get three free frames plus 20 free stay-puts! All frames wholesale for just \$18.95 and are always backed with our one-year warranty.

Lacrimedics, Booth #1840

VisiPlug is the market-leading 180-day dissolvable occlusion therapy device. Regularly \$29/box, they are on sale at SECO 2019 for \$20/box. Will call available at the booth or \$5 UPS Ground flat-rate shipping.

MacuHealth, Booth #2025

Purchase one to four cases of MacuHealth with LMZ3 and save \$7 per bottle. Purchase five or more cases and save \$9 per bottle. Free shipping in the continental US for orders of four or more cases.

MaximEyes, by First Insight, Booth #711

Optometrists who attend a 10-minute demo of MaximEyes EHR at booth #711 will receive a \$10 Starbucks gift card. Free data conversion if you buy MaximEyes while at SECO 2019. See more at firstinsight.com.

OptiUSA/BK Frames, Booth #529

Get 15% off any show floor and online orders. Only for OptiUSA customers.

Quidel, Booth #1930

InflammaDry MMP-9 diagnostic test special: purchase 18 boxes for the price of 16 (\$2880/\$8 per test). Includes 360 tests for 180 patients. InflammaDry is the first rapid, in-office CLIA-waived test that detects elevated levels of MMP-9, an inflammatory marker that is consistently elevated in tears of patients with dry eye disease. InflammaDry is easily performed in four simple steps, minimally invasive, requires no special equipment and accurately identifies patients with dry eye, allowing for optimal treatment methods.

Santinelli International, Booth #1135

Santinelli, a name synonymous with precision ophthalmic lens finishing for nearly 45 years, will debut its newest all-in-one edging system, the LEXCE, at SECO 2019. Santinelli's most compact, feature-rich, multifunctional edging system yet can grind all materials, including the application of safety bevels, and advanced technology makes cycle-time processing 15-30% faster. This competitively priced, all-in-one system is offered in multiple configurations for new as well as existing labs. In-show special for sales made during SECO 2019: financing rates of 1.99% (for those who qualify).



Specsy, Booth #1445

Receive 40% off your turnkey Specsy retailer kit. The kit contains everything you need to get up and running with Specsy and begin selling custom 3D-printed frames in your shop.

The Dry Eye Doctor, Booth #842

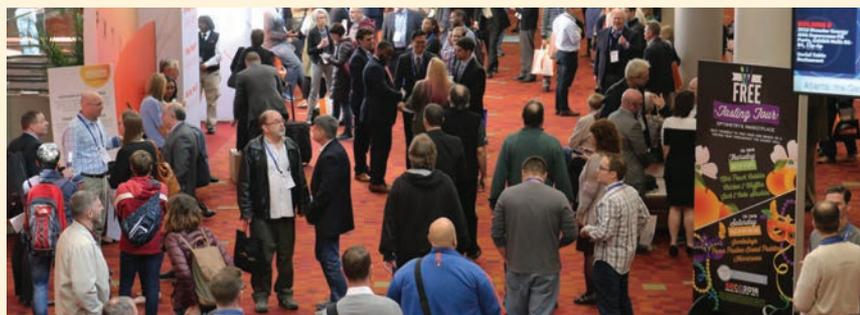
We offer 10% off of any products purchased at our booth. Stop by to hear about other ways to save.

Walman Optical, Booth #921

Two show specials offered: (1) Buy 12 ProLens designer frames, get \$150 gift card or lab credit, and (2) New customers who purchase 10 frames will get 10 frames free.

X-Cel Specialty Contacts, Booth #921

Ask us about our \$150 Atlantis Scleral set. This offer is for a limited time only, so act fast!



SECO CHAMPION SPOTLIGHT

Published in partnership with CooperVision.

Differentiate Yourself with Biofinity® Multifocal



Britney Caruso, OD

Offering the best visual solutions to your patients can have a tremendous effect on your practice growth by bolstering your reputation as a “vision problem-solver” in your community. Dr. Britney Caruso of Caruso Eye Care in Lake Worth, Florida recently spoke with us about the impact Biofinity® multifocal has had on her practice growth. Here’s what she had to say.

What initially made you start fitting Biofinity and then continue fitting it based on the experience you had with it?

Dr. Caruso: Well, I was truly reluctant to get into this multifocal market, because monovision seemed so easy. I was afraid that I would not have the same experience with the multifocal. Then my contact lens rep introduced me to other doctors who were having successes with multifocals. I figured if all of these other people are having so much success, I should be able to do the same. I was introduced to some of the clinical pearls, and some basic tips on how to fit the lenses. As soon as I started, I saw how happy the patients were with the lens... it was almost contagious. I saw my practice start to grow, and I realized that fitting Biofinity multifocal was linked to practice growth.

Do you find that monovision patients adapt well and are happy with the multifocal versus their old monovision setup?

Dr. Caruso: Absolutely. The younger the patients, the more adaptable they are. But even for my more mature patients who have been wearing monovision lenses for some time transitioning them to the Biofinity multifocal lens is actually quite simple. They are happy with the range it gives them and adapt easily.

What do you think the biggest challenge is then in fitting a multifocal patient?

Dr. Caruso: The biggest challenge is trying to figure out which lens to pick. For most multifocal fit sets, it seems like you have to understand a huge, complex equation: $+0.025/-0.25, D, N$. It just seems so complicated. With the Biofinity multifocal, as long as you understand a few basics from the fitting guide, fitting the lens is pretty simple.

What features of the Biofinity multifocal were most important to you? What do you think resonates the most from a practitioner’s standpoint in terms of lens features to make it a lens of choice?

Dr. Caruso: Well for one, it is a comfortable lens on the eye. It feels like the Biofinity sphere. Two... there seems like there is a nice range of clarity. My patients report that they can see clearly at a full range from distance to near. And three... like I said, is the ease of fitting the lens.

What overall impact did Biofinity multifocal have on your practice?

Dr. Caruso: It is incredible. I work in a somewhat rural area. There is nothing by my office. Many people do not realize that my office even exists. The main way that people find me is through referrals. When I started fitting Biofinity multifocal lenses, people would go out in the community and say, “My doctor fit me in this lens, and now I do not need reading glasses.” It really creates a wow factor.

As I started to fit these lenses, I found that more people were being referred to my practice by other patients in the area. Or patients came in and said, “My friend got multifocal lenses, and she was fit by you. I would like to try it too.” It was almost contagious. I found that, specifically, my multifocal contact lens practice has grown exponentially since I began using Biofinity multifocal.

And then with the clariti® 1 day multifocal, my practice has grown even more... because with the clariti 1 day multifocal, I fit the patients who may just want a lens for going out on the weekends or doing fun activities or just want the convenience of a daily without giving up their multifocal setup. It is also a super easy fit and has been a great addition to our practice for continued growth.

Read more about Biofinity multifocal and clariti multifocal on their product pages and ask your sales rep how offering these options can benefit your practice.

SPEAKER SPOTLIGHT



Dr. Castillo's SECO 2019 course schedule includes:

• **Growing Your Practice Through Advanced Optometric Procedures: Radiosurgery**

Friday 7–8am, Room 286

• **Growing Your Practice Through Advanced Optometric Procedures: Botulinum Chemodenervation**

Friday 6–7pm, Room 397

Richard E. Castillo, OD, DO

President, American Society of Optometric Surgeons, Consulting Surgeon, Chief of Surgical Services, Professor & Assistant Dean for Surgical Training/Education at Northeastern State University

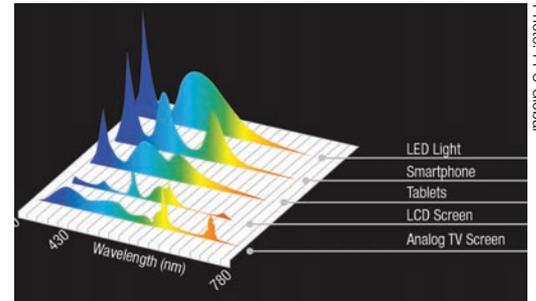
As a practicing ophthalmologist/optometric surgeon, professor and assistant dean of surgical services, Dr. Castillo wears many hats. His professional contributions include more than 800 invited lectures, several textbook chapters and serving on or chairing numerous committees for the NBEO and AOA. He has been recognized by the Oklahoma House of Representatives and the Oklahoma Optometry Board for outstanding contributions to the advancement of optometry and surgical care in the state. He is a recipient of the OAOP's Distinguished Service Award.

Today: 5pm–6pm ROOM 394-396

Blue Light Blues

Preventive strategies can protect eyes from overexposure to this deleterious light wavelength.

In her course, “Singing the Blues: The Research Behind Blue Light,” Houston’s Bridgitte Shen Lee, OD, will review digital eye strain, sleep disorders, macular pigment and accumulative long-term retinal effects of exposure to electromagnetic wavelengths ranging between 380nm and 780nm. The course will also focus on practical solutions to educating patients on blue light protection.



Newer technologies such as LEDs and smartphones emit far more blue light than older technologies such as analog TV screens.

“It is vital to teach docs what we know today, what we should prescribe and provide to our patients and what research to keep an eye on,” she says. Current lifestyles revolving around the internet, social media and cell phone usage have made digital devices pervasive. Small screens at shorter distances, the amount of time spent focusing on screens during the day and the impact of LED backlighting have led to focusing and accommodative issues. Lifetime exposure could lead to long-term damage to the retina.

In addition, the course will touch on the possible impact blue light has on oxidative stress on corneal epithelial cells and its impact on exacerbating dry eye symptoms and ocular discomfort.

According to Dr. Shen Lee, the current external solutions involve specific lens designs and protection against UV and blue light, disposable contact lenses and evaluating and managing dry eye. These options work to reduce dry eye and fatigue symptoms and improve quality of life. Nevertheless, Dr. Shen Lee believes optometrists should be more proactive and ask about their patient’s electronic device habits and daily usage. This will lead to not only treating the symptoms but maybe preventing them as well.

LED lights used in digital devices can negatively impact the circadian rhythm and affect melatonin production, which can make it difficult for patients to fall asleep and also lead to sleep quality issues. While Dr. Shen Lee knows that sleep hygiene is an important issue to address with patients, she understands that they will not drastically change their lifestyles, strictly adhere to the standard recommendations and refrain from using their devices an hour or two before going to bed. Still, she emphasizes the role the optometrist plays in diminishing the effects blue light has on patients in this sensitive window. Highlighting benefits that interest or matter to patients’ lifestyles will help the patient better understand the concessions they may have to make.

Dr. Shen Lee also thinks boosting macular pigment and carotenoids can help visual performance, sleep quality and physical symptoms from lengthy screen time. Ocular nutrition can come from natural food sources, such as fish, or supplements. The improvement in macular pigment could help protect the macula from the negative effects of blue light and associated oxidative stress and also enhance visual acuity and improve contrast sensitivity.

The course will review the various ongoing social media initiatives spreading awareness of digital eye strain and blue light protection that practitioners can pass along to their patients. Dr. Shen Lee will also discuss blue light’s effects on the tear film and its relationship with myopia. ●

SECO 2019
WHERE SIGHT MEETS VISION™
PRESENTS

BAD HABITS
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I'm Changing the Way I Talk About Sunwear

By Gregory W. Hicks, OD, Owner/Optomertist, Family Eye Centers & Director of Professional Affairs, Hoya Vision Care

Did you know that only 12% of people who wear prescription eye glasses also own and wear prescription sunglasses? I also heard the average flea market sells twice as many pairs of sunglasses as the average optometry practice. You know what that makes me? Fed up with myself! I must be doing something wrong.

Everyone I care about and love, my kids, my wife, my staff—myself!—we all wear prescription sunglasses. I know how important it is to be protected from the sun's harmful rays and I make sure those close to me are protected as well.

I love my patients, too. I am their eye health provider. Their eye care and eye wear expert. Their trusted advisor. Why are all of my patients not wearing prescription sunglasses?

Then It Hit Me!

I've been talking about sunwear all wrong for a long time. A few years ago my lab, Hoya Vision Care, developed new computer lens technology. They encouraged me to talk to patients about the computer pair being the primary pair of glasses. This made so much sense. It is easy to talk to patients about all the hours they spend in front of their phones, laptops and tablets. They quickly understood the computer pair of glasses was necessary as their primary pair of glasses.

The same logic applies to sunwear. When people are outside their primary pair of glasses must be sunglasses! Sunwear protects the outside and the inside of the eye from UV and HEV blue light. We know all of the health risks—

pinguecula, pterygium, photokeratitis and cataracts.

Sun season is right around the corner. Now is the time to prepare yourself and your team – education through classes and white papers, inventory of sun frames, retail pricing strategy. In June it is too late. Make sure your practice is ready to implement and realize quick gains.

Remember that “primary” is not just for people who work outdoors. Those are the obvious folks who should be in prescription sun. Sun is NOT a second pair. Sun is a primary pair for anyone who is outside at the time they are outside. Let's not discount the value of what prescription sunwear does for our patients.

Sunglasses Are Funlasses!

We don't have to spend all day scaring people, that's no fun. Sunglasses are fun to wear! Everyone looks cooler and sexier in sunglasses – even me! Plus sunglasses are a marketing bonanza. There are so many fun facts and images of sunglasses that can be used on your web site, blog and social media channels. Did you know...

- There is a painting from 1352 that depicts a man in sunglasses?
- Chinese judges used quartz stones to hide their eyes while hearing cases
- The first mass market sunglasses sales effort for sunglasses was on the Jersey Shore in 1929
- Some of the most iconic images form space, film and pop culture are of people in sunglasses

You can use these fun facts to get your patients excited about the fun that comes with sunglasses.

Commit to Your Fun Sun Center

I know it's scary. I've done it. Write a check for \$40,000 to a couple of frame vendors to set up a complete display of sun wear. And, gosh, I'd be proud of myself if we turned that inventory two times during the year. What was I thinking? Two times! It has to be four or five times if I'm serious about protecting my patients by getting them into sun wear.

A real commitment to a fun sun center is an investment. My first step to ensuring my investment pays off is making sure every one of my patients has fun by trying on sunglasses when they are in my office. It is much easier to start the conversation with a compliment about how great they look in sunglasses!

For some practices sunwear may not be the direction you want to focus on. That is ok. Pick another area of care that is meaningful to you. Just be sure to lower your expectations when it comes to sun.

Mom Is the Key

We all know that mom is the family decision maker, especially when it comes to health care. There are a few basic facts that every mom should know, and you are the one who should tell her:

- The crystalline lens is crystal clear in children – this allows more sunlight to pass to the retina
- UV damage is cumulative throughout one's lifetime

- 80% of the UV damage occurs before the age of 18

An underutilized opportunity is photochromics for kids. It is the one-pair solution that provides benefits in all conditions. It also is a more budget conscious option than two pairs and it easier on younger kids to be complaint – no switching and less opportunity to lose or break a second pair.

Simple Goals. Real Bottom-Line Impact.

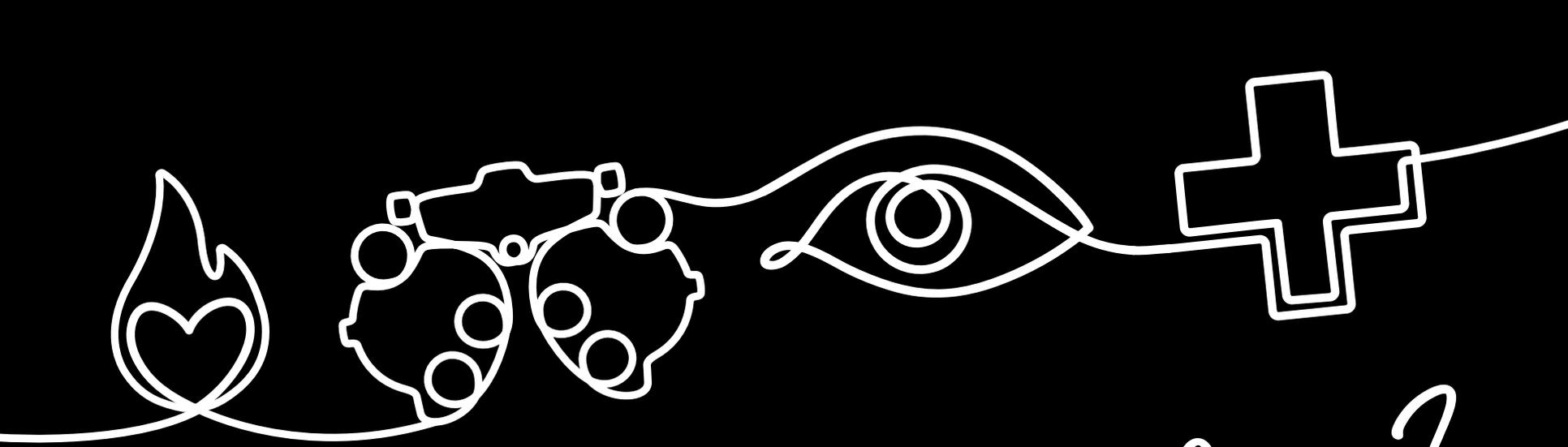
“One” is a simple goal. Is it reasonable for you to sell one more primary pair of sun PALs a day? Think about two more patients leaving your office with a polarized pair and three more in a photochromic each week. That's it. One per day, five per week. A conservative estimate on only the lenses' margin would put more than \$50,000 to the bottom line. Plus, you have thrilled and protected more patients!

You Have Excellent Choices

No matter which lab you use they all have great polarized and photochromic options. I happen to like Hoya's Sensity photochromics with Stabilight Technology. They also offer a well-known consumer brand with Coppertone Polarized Lenses. Coppertone is the only lens brand that is near universally known by our patients. Coppertone is also recommended by the Skin Cancer Foundation.

I'm ready to have fun with sunwear. Are you?





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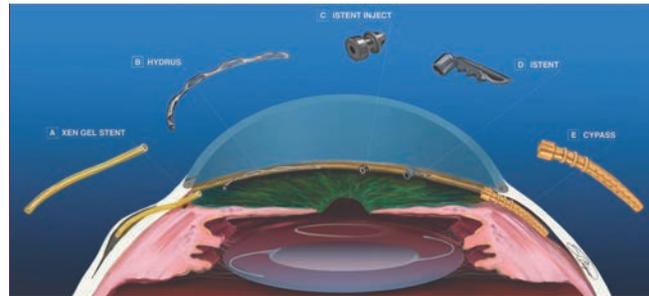
Mighty MIGS: An Expert Sizes up the Landscape

Tomorrow morning, one of the standout pieces of the SECO 2019 conference will happen: ophthalmic researcher and surgeon Iqbal “Ike” Ahmed, MD, will be here to speak on microinvasive (sometimes called ‘minimally invasive’) glaucoma surgeries (MIGS). Dr. Ahmed is world-renowned for his work in the diagnosis and surgical treatment of glaucoma, as well as other ocular diseases.

Ten years ago, Dr. Ahmed coined the term MIGS and helped develop the modality when iStent manufacturer Glaukos asked him to advise the company on the product. Today, MIGS is an umbrella term for a host of products and procedures that, in general, involve puncturing the trabecular meshwork and installing a device to drain the aqueous for glaucoma patients in an effort to lower intraocular pressure (IOP).

At tomorrow’s presentation, Dr. Ahmed will discuss the latest developments in MIGS as well as newer techniques in glaucoma surgery, including indications, complications and comanagement.

The essence of MIGS, according to a commen-



MIGS options abound—where do they all fit in?

tary by Dr. Ahmed in *The Ophthalmologist*, can be enumerated in five points:¹

- The *ab interno* microincision—usually made during cataract surgery—must be extremely small. “The smaller the incision, the safer the procedure,” Dr. Ahmed wrote.
- The device itself must cause minimal trauma to the eye. Ensuring this includes taking into account the manufacturing materials and placement.
- Any MIGS device should achieve the goal of lowering IOP, even if only by 1mm Hg.

• It should be safe and avoid the complications associated with other procedures.

• Patients should recover swiftly and “the procedure should have minimal impact on patients’ quality of life,” Dr. Ahmed wrote.

His presentation at SECO will review the devices on the market and will address the optometrist’s role in managing patients who have the implant. For instance, recent concerns about the CyPass (Alcon) implant have led to a greater need for careful follow-up of these patients, a responsibility ODs are ideally suited for.

Dr. Ahmed’s novel treatments and inventions don’t stop with MIGS. His CV also includes devices that may one day lower IOP with a specialized pair of contact lenses or spectacles. He is also a professor at the University of Utah and an assistant professor and the director of the Glaucoma and Advanced Anterior Segment Surgery fellowship at the University of Toronto. ●

1. Ahmed I. A Brief History of MIGS. *The Ophthalmologist*. theophthalmologist.com/business-profession/a-brief-history-of-migs. August 15, 2017. Accessed February 15, 2019.

SECO Attendees Got a Glimpse of the New Practice of the Future

Continued from Page 1

Private Equity Pros and Cons

Next up, Christopher Quinn, OD, and Daryl F. Mann, OD, discussed a hot topic in the profession: private equity. Dr. Quinn shared several reasons why optometry is an attractive venture: the industry is highly fragmented, has a low-risk profile with an attractive combination of retail sales and medical care and it’s growing.

Selling to private equity has several advantages for optometrists—such as removing the financial risks associated with a small practice—but an exit strategy shouldn’t actually be one of them, Drs. Quinn and Mann agreed.

“Private equity firms are less interested in someone who wants to leave,” Dr. Quinn said. “A lot of the value created in a practice is because of the providers who are there. Using it as an exit strategy makes it less attractive to private equity.”

Handing over the reins can also allow clinicians the chance to focus on what is really important: the patient. Taking care of the administrative duties of a practice is practically a second job, Dr. Quinn said. “We went to school to become doctors, we didn’t do it to become administrators,” he said. “By partnering with someone who can take care of the business aspects of the practice, we can really focus on the patient care.”

Disadvantages include losing autonomy as a solo practitioner, which changes the practice’s culture and risks changing employment terms, they said.

Dr. Mann went into more detail of what becoming part of a private equity firm looks like, including the specifics of the business structure. While the firm may have majority control of the company, it is rarely involved in the day-to-day operations of the practice, Dr. Mann said.

At the end of the day, practitioners must carefully weigh the pros and cons, and it’s not without risks. “We all want to join a good company,” Dr. Mann concluded. “And we haven’t seen it yet, but some of these companies will fail.”

Pharma Boom

Dr. Wroten wrapped up the session with a rapid-fire rundown of the latest therapeutics hitting the market this year or in clinical trials. He started with new dry eye medications such as Cequa (cyclosporine-A ophthalmic solution 0.09%, Sun Pharma), which is “much smaller than any molecule we have been able to manufacture before,” he said.

Many new meds will allow ODs the chance to treat patients with age-related macular degeneration, even without expanded scope of practice. That’s because new formulations are oral or even

topical anti-vascular growth factor drops. “This is really exciting for me as far as the care we are going to be able to provide our patients and the expanded care we will be able to offer our patients in the not too distant future,” Dr. Wroten said.

Dry eye therapies are moving beyond the tried-and-true to include therapies that are administered through the nose. Who knew the next dry eye target would be the nose, Dr. Wroten joked.

He highlighted many more novel therapies in the pipeline, including an eyedrop dispenser, extended release and pro-drugs for glaucoma, pressure-balancing goggles and meibomian gland therapies.

He spent some time sharing the new diagnostic possibilities optical coherence tomography angiography creates, including the chance it could reveal retinal thinning in Alzheimer’s and diagnose it, even in eye clinics.

The session ended with brief mentions of the latest minimally invasive glaucoma surgery offerings, as well as cataract surgery advancements.

“So what does our future hold?” he asked. “We’ve covered a lot here and we have barely scratched the surface. But what excites me about private equity is that they see the potential in eye care, despite telemedicine, despite apps. The future is bright with opportunities for each of us if we take advantage of them.” ●

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Corneal Ulcer Treatment Pearls

Continued from Page 1

the nerve itself. Dr. Bozung recalled a little rhyme, “*Acanthamoeba*, can’t believe ya!” to remember, “as in, ‘I can’t believe you’re in so much pain!’” she said. The inflammation will often be so intense, they will keep their eyes shut, she added.

But pain alone is no way to make a diagnosis. Some other observations must be considered. For instance, fungal etiologies have ill-defined borders. Also, a herpetic infection is likely if the stromal edema is out of proportion to the epithelial defect. And, be aware, if you find a herpetic infection, a secondary bacterial infection may already be underway.

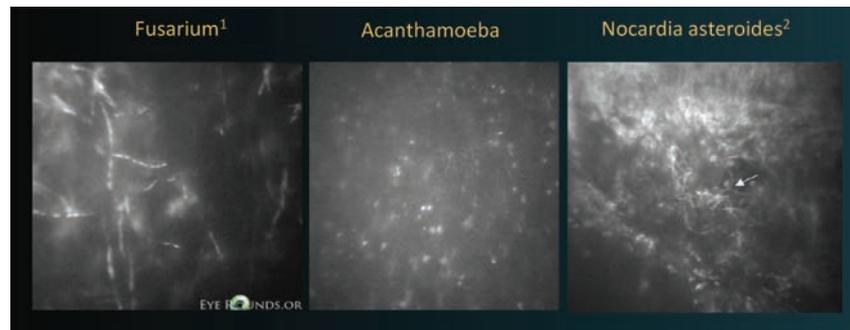
Often, though, you’ll need direct evidence, such as from a corneal culture. Dr. Bozung said even if you’ve already started the patient on an antibiotic, a culture may be worthwhile to help target treatment, although a culture may be more difficult after antibiotics are started. She says to evaluate whether to culture using the 3-2-1 rule: if you observe a 3mm or larger infiltrate, or two or more infiltrates 1mm or less from visual axis.

Additionally, she recommended committing to memory the how, what and where of culturing.

Another important culturing tip she discussed: be cautious not to swab the eyelids. If you end up culturing everything that can be found on the lid, you’ll be no closer to a diagnosis than when you started.

Imaging

Because corneal ulcers have many etiologies, it’s vital for the optometrist to narrow down precisely what’s causing the ulceration before they can effectively begin treatment. Imaging can help illuminate precisely what’s going on, and where. Ultra high-resolution optical coherence tomography (OCT) can be a supportive tool in diagnosis and management, including objective treatment response, of microbial keratitis, explained Dr. Bozung. This technology can help differentiate residual scarring from



Confocal imaging, seen here, is adept at showing *fusarium*, identifiable by its branching fungal hyphae through the stroma; *Acanthamoeba*, identifiable from the double-walled cysts and highly reflective round bodies; and *nocardia asteroides*, which appear as reflective, thin-branching filamentous bacteria.

active infection. Potential findings using OCT include stromal infiltrates, desmetocele, stromal scarring or—in the case of fungal infections—small stromal, or even full-thickness, cystic spaces (i.e., necrosis).

Confocal microscopy has excellent resolution and magnification that can image microbes through transcorneal planes, making it ideal for atypical infections. However, with confocal microscopy, acquiring and interpreting images can be difficult.

Treatment

First-line treatments of small, peripheral ulcers can be limited to fluoroquinolones, in particular besifloxacin; however, if you suspect a MRSA infection, a combination of vancomycin and trimethoprim may offer better coverage.

Some cases won’t respond to antibiotics and could benefit from a more invasive approach: amniotic membranes. Presently, two types exist, the cryopreserved and the dehydrated. “I caution in using these right away though,” she stressed. As “you’re not really treating the underlying organism.”

For cases where neither is appropriate, Dr. Bozung said, other cases might require “the big guns,” namely, therapeutic penetrating keratoplasty, photodynamic therapy with photosensitizing agent, or corneal crosslinking. Some of these procedures are outside of the optometrist’s scope. But researchers believe both therapeutic penetrat-

ing keratoplasty and photodynamic therapy with photosensitizing agent can help debulk the infection, she said. The most exciting prospect seems to be crosslinking, about which Dr. Bozung said, “there’s three main ways in which we think it helps. First, it can inhibit the microbial growth. It can induce oxidative damage to the pathogens that are in the cornea and, of course, it

The How, What and Where of Corneal Culturing

- How: Anesthetize the cornea.
- What: Sterile spatula, spud, blade, swab (pre-moistened swabs, saline or broth, improve sample collection).
- Where: Advancing borders—purulent material may provide inadequate yield.

strengthens the cornea. So, it’s going to theoretically prevent further penetration of the pathogen and reduce susceptibility of the stroma for being degraded.”

For many patients, treatment of corneal ulcers doesn’t stop when they feel better. Regular at-home therapies such as daily lid scrubs, warm compresses, artificial tears or omega-3 supplements are necessary to help patients maintain a healthy cornea. ●

SPEAKER SPOTLIGHT



Dr. Madonna’s SECO 2019 course schedule includes:

• **Use Visual Fields and OCT to Monitor Glaucoma Progression**

Friday, 11am–12pm, Room 292

• **Glaucoma Myths, Mysteries and Misconceptions**

Friday, 5pm–7pm, Room 390

• **The Great Bourbon Street Glaucoma Debate**

Sunday, 8am–10am, New Orleans Theater

Richard J. Madonna, MA, OD, FAAO

Professor; Chair, Dept. of Clinical Education; and Director, Office of Continuing Professional Education, SUNY College of Optometry

Widely recognized for his expertise in the field of glaucoma, Dr. Madonna’s clinical practice is limited to that disease. He lectures nationally and internationally on glaucoma and ophthalmic imaging. Among many professional activities, he currently serves as vice president of the Optometric Glaucoma Society. He has received a number of awards, most recently the American Academy of Optometry’s 2017 Vincent Ellerbrock Clinician-Educator Award.

Keratoconus Treatment: New and Improved

CXL is turning heads, but we still have much to learn about this exciting new technique.

Before considering keratoconus treatment options, optometrists must first understand the disease, Clark Chang, OD, told attendees of his “Contemporary Keratoconus Treatments” session Wednesday afternoon. The definition Dr. Chang gave for keratoconus is a classic one: progressive apical thinning with inferior conical protrusion that is non-vascularized and non-inflammatory for the most part. He added that it occurs bilaterally but may be asymmetrical, is a mechanical trauma in patients with reduced corneal biomechanics and causes intraocular pressure spikes, increased surface temperatures, contact lens trauma and keratocyte apoptosis.

Dr. Chang noted that the disease has an early onset, within the first one to two decades of a patient’s life, but he warned attendees that while progression will more than likely slow as a patient ages, it may still be occurring, so it is important to set realistic expectations. In addition, Dr. Chang said that while the prevalence of keratoconus was thought to be one in 2,000, improved technology and a better understanding of the disease have led to its prevalence rising to one in 375.

Crosslinking Steals the Show

Despite today’s in-depth understanding of the disease itself, several challenges associated with conventional keratoconus management techniques remain. Biomechanical weakening leads to progression, both of which contribute to irregular optics, said Dr. Chang. The goal then becomes figuring out how to stop the mechanical weakening to reduce progression and decrease the problems associated with irregular optics. Among the slew of keratoconus treatment options that aim to do exactly this, corneal crosslinking (CXL) is making its way into the spotlight.

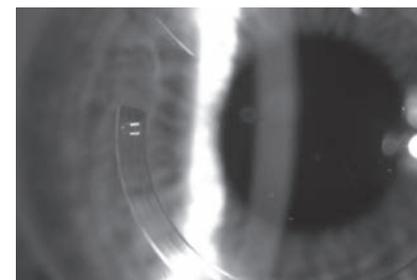
The goal of CXL is to prevent corneal ectatic diseases from progressing, requiring a penetrating kera-

toplasty, according to Dr. Chang. He noted that indications include keratoconus—documented progression may not be necessary in the case of high-risk patients—ectasia post refractive surgery, pellucid marginal corneal degeneration, corneal melting and infectious keratitis. Complicating these indications are age, comorbidities and a decline in function, said Dr. Chang. He strongly recommends referring patients for CXL before their cornea thins to less than 400µm. As with any management technique, potential risks do exist. Dr. Chang noted that these include infectious episodes, sterile infiltrates,

loss of best-corrected visual acuity and continued progression.

Prioritizing the Patient

While CXL is new and exciting, it is important not to get too caught up in today’s keratoconus management and treatment innovations. After all, the focus should be on patients and how well they understand and are coping with their diagnosis. “Patients can be filled with anxieties when they know that they have a progressive condition,” said Dr. Chang, who stressed that it is the OD’s job to not only intervene as early as possible and provide the best treatment for



Combining CXL with an intrastromal corneal ring segment might be the wave of the future for this new and exciting therapy for keratoconus.

better results, but to also make the process easier and more seamless by guiding patients and keeping them informed every step of the way. ●

Saturday: 11am–12pm ROOM 297

The Low-down on Lasers

This course teaches you everything you need to know about ALT and SLT.

Tomorrow’s course, “Laser Therapy for the Open-angle Glaucomas,” will help attendees better understand laser trabeculoplasty, and selective laser trabeculoplasty (SLT) specifically, and where it falls in the glaucoma treatment armamentarium, according to session speaker Nathan Lighthizer, OD, assistant professor and assistant dean of Clinical Care Services at the Oklahoma College of Optometry.

“Traditionally, laser trabeculoplasty has been a second-line option once maximum medical therapy has been tried with eye drops,” he says. “However, literature has emerged that has shown SLT to be equivalent to eye drops in terms of IOP reduction when used as first-line therapy in selected glaucoma patients.”

In fact, the American Academy of Ophthalmology’s Preferred Practice Patterns state, “laser trabeculoplasty can be considered as initial therapy in selected patients.”

With the shift toward early laser treatment, clinicians should be



In this session, you will learn about the differences between ALT (left burns) and SLT (right burns).

prepared to refer sooner, or do it themselves in states that allow it. But clinicians must first understand how it works. Dr. Lighthizer will provide a crash course on both argon laser trabeculoplasty (ALT) and SLT.

“We will go through the protocols of how to do the procedure, proper patient selection for an SLT, what to expect during the procedure and how to manage these patients postoperatively,” Dr. Lighthizer says.

Because SLT is now more commonly performed than ALT, most of the session will focus on this modality. The laser therapy “permits selective targeting of pigmented trabecular meshwork (TM) cells without

causing structurally or coagulative damage to the TM,” he says.

Dr. Lighthizer will share many practice pearls garnered from his years of experience. When deciding between 180-degree vs. 360-degree treatment, for example, the current protocol is 360 degrees in one eye unless the patient has pigment dispersion syndrome (PDS), pigment dispersion glaucoma or significant pigment in the TM. In those cases, use 180 degrees or less, he says.

The latter part of the presentation will drill down into the specifics for certain patient populations, such as laser therapy for normal tension glaucoma and PDS.

Unfortunately, clinicians can expect a diminishing effect over time with SLT—and only a modest response in some. But because SLT causes no mechanical damage, retreatment may be possible. Dr. Lighthizer will wrap up the session with a brief discussion of the current research on retreatment, and how to do it effectively if you need to. ●

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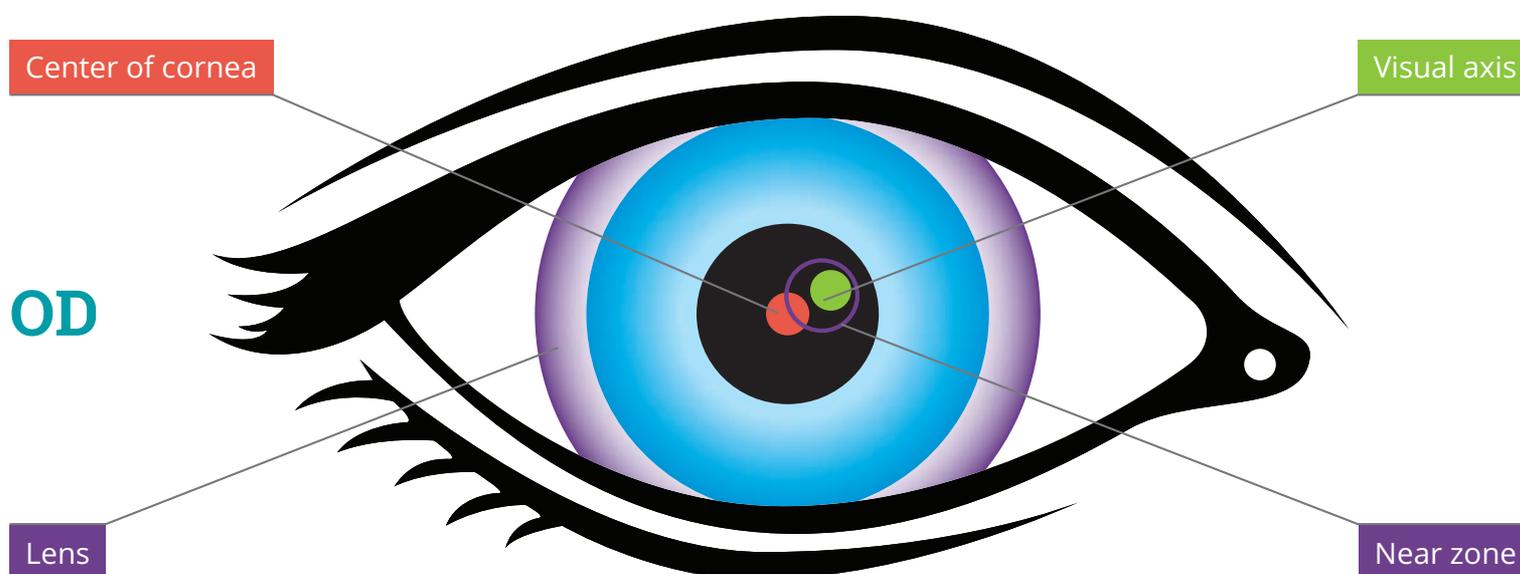
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