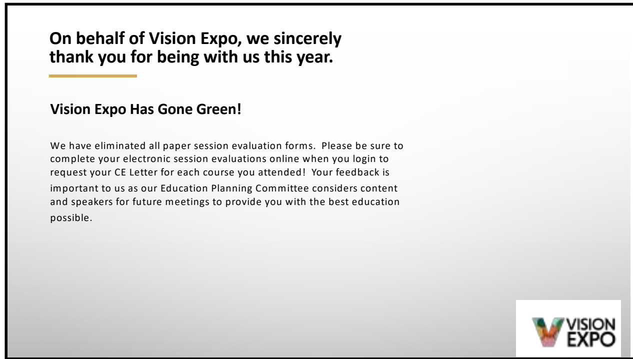

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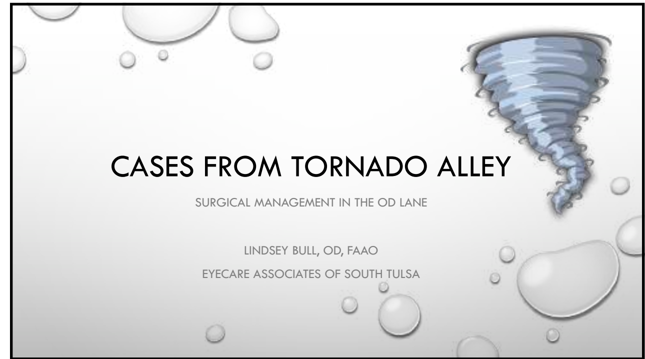

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DISCLOSURES

- ALLERGAN/ABBVIE
- VIATRIS

3

PROGRAM OBJECTIVES

- DISCUSSION AROUND EVERYDAY SURGICAL PATIENT CASES
- DECISION MAKING AROUND SURGICAL OPTIONS
  - HOW DO WE MAKE THAT CHOICE
- HOW WE AS OPTOMETRISTS PLAY A ROLE IN PATIENT SURGICAL CARE
- HOW WE CAN BEST PREPARE OUR PATIENT AND THE SURGEON

4

CASE #1: LASIK VS PRK

- 25YOM PRESENTS IN OFFICE FOR LASIK PREOP
  - OUT OF CONTACT LENSES FOR 2+ WEEKS
  - MANIFEST REFRACTION:
    - OD: -3.50 -0.25 X 155 20/20
    - OS: -3.75 -0.25 X 162 20/20
  - CYCLOPLEGIC REFRACTION:
    - OD: -3.50 -0.25 X 155 20/20
    - OS: -3.75 -0.25 X 162 20/20

- ANTERIOR AND POSTERIOR SEGMENT: WNL OU

5

CASE #1

- LASIK/PRK CONSIDERATIONS/CONTRAINDICATIONS:
  - AGE
    - 18+
  - OCULAR HEALTH?
    - DRY EYE
    - CATARACTS
    - RETINAL HEALTH
      - GLAUCOMA
      - MACULAR DEGENERATION
    - PACHS
      - RESULTANT CENTRAL CORNEAL THICKNESS?
        - 400 MICRONS[1]
        - RESIDUAL STROMAL BED 275 MICRONS OR MORE
    - K'S
      - FLATTENS 0.8D FOR EACH MYOPIC DIOPTER[2]
        - 36D LIMIT[3]
      - STEEPENS 1.0D FOR EACH HYPEROPIC DIOPTER[2]
        - 50D LIMIT[3]
    - CORNEA[3]
      - DYSTROPHIES
      - KERATOCONUS
      - NEOVASCULARIZATION
      - HSK/HSV
  - SYSTEMIC HEALTH[4]
    - AUTOMIMMUNE CONDITIONS/COLLAGEN VASCULAR DISORDERS
    - DIABETES
    - PREGNANCY AND BREASTFEEDING
  - MEDICATIONS[4]
    - ISOTRETINOIN
    - AMIODARONE
    - COLCHICINE
    - SUMATRIPTAN
    - LEVONORGESTRIL IMPLANT
  - MENTAL HEALTH[4]
  - OCCUPATION
    - Military, police, pilots, fighters

1. Ortega-Usobiaga, et al. "Update on contraindications in laser corneal refractive surgery." Arch of the Spanish ophth soc. 2023. 98(2). 105-111.
2. Reza Djodeyre, Mohammad, et al. "Long-term evaluations of eyes with central corneal thickness <400um folling laser in situ keratomileusis." Clin Ophthalmol. 2016. 10: 535-540.
3. Frohn, Andreas. "identifying the Ideal LASIK Patient." Cat and Refrac Surg Today. April 2012. crstodayeurope.com/articles/2012-apr/identifying-the-ideal-lasik-patient/
4. Gonzalez Madrigal, Pedro. Eyewiki Calculations for LASIK ablation. 2023. eyewiki.aao.org/caluculation_for_LASIK_Ablation. June 26, 2023.

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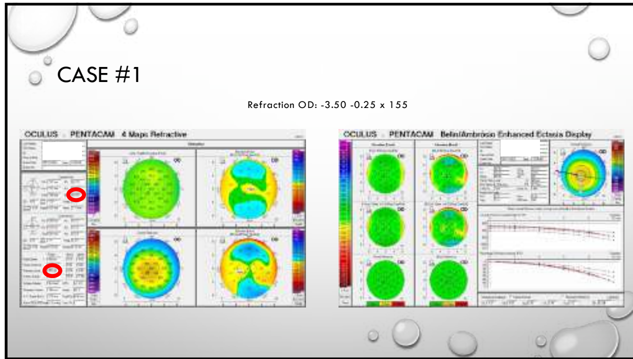

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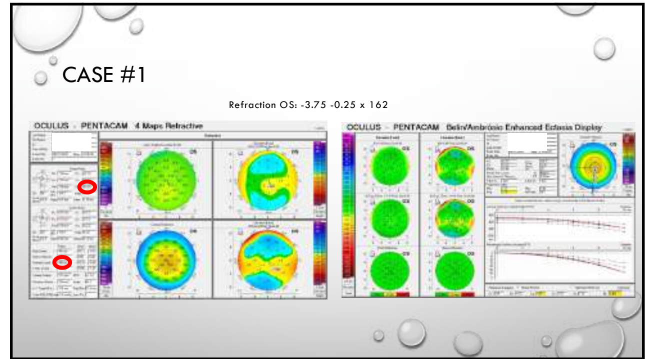

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CASE #1

- FLAP VS EPI REMOVAL:
  - 120 MICRONS VS 50 MICRONS
- ABLATION AMOUNT:
  - 6.5MM ZONE = 15 MICRONS
    - LESS GLARE/HALOS
    - MORE TISSUE ABLATED
  - 6.0MM ZONE = 12 MICRONS
    - MORE GLARE/HALOS
    - LESS TISSUE ABLATED
    - PUPIL SIZE?

- REFRACTION:
- OD: -3.50 -0.25 X 155
- OS: -3.75 -0.25 X 162

OD: 3.50x15= 52.5 + 120= 172.5
OS: 3.75x15= 56.25 +120= 176.5

Δ Pach LASIK
OD thinnest pach: 491- 172.5 = 318.5
OS thinnest pach: 489 - 176.5 = 312.5

Δ Pach PRK
OD: 491- 102.5 = 388.5
OS: 489- 106.5 = 382.5

ΔK's
3.75 x 0.8 = 3
43 - 3 = 40

So which procedure should we do?

9

CASE #1

- CONSIDERATIONS:
  - CORNEAS < 500 MICRONS[3]
    - MANY SURGEONS LIMIT LASIK TO >500 MICRONS
    - CONVERT TO PRK IT <500 MICRONS
  - ENHANCEMENT ABILITY IN THE FUTURE
    - HOW MUCH TISSUE WILL WE HAVE REMAINING?
      - LESS THAN 320 MICRONS- ENHANCEMENT POLICY DISCUSSED
    - HOW FLAT/STEEP ARE WE MAKING THE CORNEA?
  - PUPIL SIZE
  - ZONE
    - DO WE NEED TO CROP?

SO WHAT DID WE DECIDE?

PRK!

10

CASE #1

- WE ARE THE GATEKEEPERS!
  - WE- THE PATIENT AND OPTOMETRIST- DECIDE TOGETHER WHICH SURGERY WILL PROVIDE BEST OUTCOME
    - WHAT IS SAFEST
    - WHAT WILL GIVE BEST VISUAL PROGNOSIS
- WE GET TO ESTABLISH A RELATIONSHIP WITH THE PATIENT
  - WHO WILL BETTER UNDERSTAND THE PATIENT'S DAY TO DAY NEEDS?

11

CASE #1

- WAVEFRONT GUIDED:
  - LESS TISSUE CONSUMING[5]
  - LESS TIME CONSUMING PREOPERATIVELY
  - POSSIBLY FAVORED FOR ENHANCEMENTS[5]
- TOPOGRAPHY GUIDED:
  - MORE TISSUE CONSUMING[5]
  - SENSITIVE TO HIGHER ORDER ABERRATIONS[5]
  - BETTER CONTRAST SENSITIVITY[6]
  - MORE TIME CONSUMING PREOPERATIVELY
  - CAN BE USED WITH CORNEAL SCARRING[5]

OD: Residual stroma: 390 vs 377

OS: Residual stroma: 381 vs 377

5. Aslanides, Ioannis, Mearza, Ali. "Wavefront-Guided vs Topography-Guided." Cat and Refractive Surg Today. May 2006.
6. Alio JL, Montes-Mico R. Wavefront-guided versus standard LASIK enhancement for residual refractive errors. Ophthalmology. 2006;113(2):191-197.

12

CASE #1

13

CASE #1

14

CASE #1

- DAY 1 POST-OP
  - OD UCDVA: 20/25+
  - OS UCDVA: 20/20
- 4 DAY POST-OP
  - OD: 20/20
  - OS: 20/30
  - BCL REMOVED OU AT THIS APPT
- 1 MONTH POST-OP
  - OD: 20/20
  - OS: 20/20

- MEDICATION INSTRUCTIONS:
  - MOXIFLOXACIN- QID FOR 7 DAYS
  - PREDNISOLONE- QID, TID, BID, QD EACH FOR 7 DAYS
  - BROMFENAC- BID FOR 7 DAYS
  - ATIVAN (lorazepam)*- PATIENT GIVEN 2 1mg TABLETS
  - GABAPENTIN**- 1 300mg CAPSULE TID FOR 4 DAYS
  - PRESERVATIVE FREE TEARS- MINIMUM OF QID FOR 30 DAYS

GABAPENTIN: SIGNIFICANTLY REDUCED POST OPERATIVE PAIN AFTER PRK[7]

*Lorazepam is a schedule IV medication

**Gabapentin is a schedule V medication in some states

7. Lichtinger, alejandro, et al. "Gabapentin for postoperative pain after photorefractive keratectomy: a prospective, randomized, double-blind, placebo-controlled trial." J Refract Surg. 2011: 27(8): 613-617.

15

CASE #1 FINAL THOUGHTS

- PATIENT EDUCATED AND BROUGHT INTO SURGICAL DECISION MAKING
- LOOK AT HIGHER ORDER ABERRATIONS!
- CONSIDER FUTURE INTERVENTIONS THAT MAY BE NECESSARY
- PRK DOESN'T HAVE TO BE SCARY

16

CASE #2: EDOF IOL, YAG CAPSULOTOMIES… AND NOW WHAT??

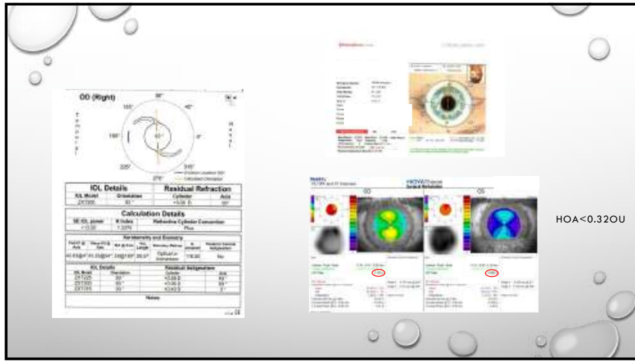
- 58YOM PRESENTS WITH COMPLAINTS OF:
  - HAZY/CLOUDY VISION THAT IS INTERFERING WITH HIS JOB
  - GLARE AND HALOS AT NIGHT
  - FEELS THAT VISION HAS DECREASED SIGNIFICANTLY OVER THE PAST YEAR
- VA:
  - OD: -6.00 -0.25 X 091 20/70-1
  - OS: -6.00 -0.25 X 070 20/60-2
  - GLARE: 20/200 OD AND OS

17

CASE #2

- ANTERIOR SEGMENT:
  - WNL
  - LENS:
    - OD 3+ NUCLEAR SCLEROSIS, 3+ CORTICAL SPOKES
    - OS 3+ NUCLEAR SCLEROSIS, 3+ CORTICAL SPOKES
- POSTERIOR SEGMENT:
  - WNL
- DIAGNOSIS: COMBINED CATARACTS OU
- RECOMMENDATION: KPE W/ IOL
  - AFTER PATIENT EDUCATION AND DISCUSSION, DETERMINED THAT PATIENT IS A GOOD CANDIDATE FOR EDOF (SYMFONY) IOL AND PATIENT ELECTS TO PROCEED OU
    - OD FIRST AND OS TO FOLLOW

18



19

CASE #2

- POST OPERATIVE MEDICATIONS:
  - PATIENT GIVEN THE OPTION
    - DROPS:
      - ANTIBIOTIC- QID 1 WEEK
      - STEROID- QID, TID, BID, QD EACH FOR 1 WEEK
      - NSAID- BID FOR 1 MONTH
    - COMBINATION DROP:
      - COMBINED ANTIBIOTIC/STEROID: QID, TID, BID, QD EACH FOR 1 WEEK
        - OPTIONAL NSAID
  - DROPLESS:
    - TRIAMCINOLONE/MOXIFLOXACIN
      - PARS PLANA OR TRANS-ZONULAR INJECTION
- PATIENT ELECTED TO PROCEED WITH DROPLESS

20

CASE #2

DROPLESS PROS

- INCREASED PATIENT COMPLIANCE
- DECREASE IN COST TO PATIENT
- DECREASE IN ENDOPHTHALMITIS[8]
- NO PRESERVATIVES ON OCULAR SURFACE

DROPLESS CONS

- FLOATER COMPLAINTS
- BREAKTHROUGH INFLAMMATION
  - DROPS NEEDED AT THAT TIME
- DIFFICULTY CONTROLLING IOP SPIKE
- POSSIBLE INCREASE IN TASS[9]

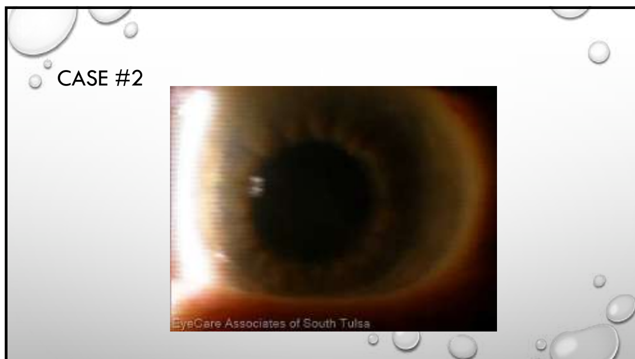
8. Ibach M. "Less Is More: What You Need to Know about Dropless Cataract Surgery." Review of Optometry. 15 May 2017. https://www.reviewofoptometry.com/article/less-is-more-what-you-need-to-know-about-dropless-cataract-surgery.
9. Patel, Kishan, Abbey, Ashkan. "A Toxic Side Effect of Dropless Surgery." Retina Today. Nov/Dec 2022. https://retinatoday.com/articles/2022-nov-dec/a-toxic-side-effect-of-dropless-surgery.

21

CASE #2

- 1 DAY POST OP OD- SYMFONY TORIC- DROPLESS
  - OD: UCDVA 20/20-
  - ANTERIOR SEGMENT OD:
    - TRACE MICROCYSTIC CORNEAL EDEMA
    - TRACE ANTERIOR CHAMBER CELL
    - IOL IN GOOD POSITION
  - RTC 1 WEEK FOR 1 WEEK P/O
  - DROPLESS:
    - TRIAMCINOLONE/MOXIFLOXACIN 0.2ML
      - IMPRIMIS
      - PARS PLANA INJECTION
- 1 WEEK POST OP OD, REC OS-
  - OD: UCDVA 20/20-
  - OS: UCDVA CF 3FT
  - ANTERIOR SEGMENT OD:
    - WNL
    - TORIC MARKINGS NOTED AT 93°
  - ANTERIOR SEGMENT OS:
    - LENS: NS 3+, SPOKES 3+
  - POSTERIOR SEGMENT OS:
    - WNL

22



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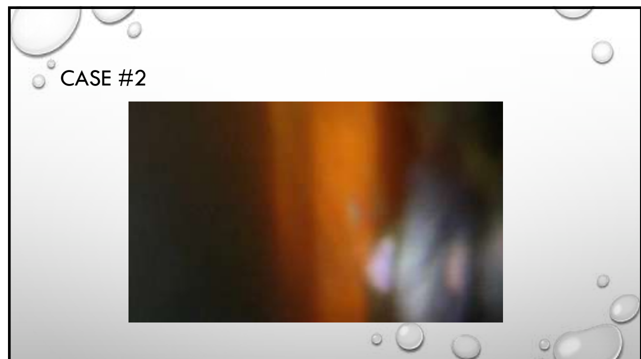

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CASE #2

- 1 DAY POST OP OS- SYMFONY WITH LRI- DROPLESS
  - OD: UCDVA 20/20
  - ANTERIOR SEGMENT OS:
    - TRACE MICROCYSTIC CORNEAL EDEMA
    - TRACE ANTERIOR CHAMBER CELL
    - IOL IN GOOD POSITION
  - RTC 1 WEEK FOR 1 WEEK P/O

- 1 WEEK POST OP OS
  - OS: UCDVA 20/20
  - ANTERIOR SEGMENT OS:
    - WNL

- 1 MONTH POST OP OU:
  - OD: UCDVA 20/20
  - OS: UCDVA 20/20
  - ANTERIOR SEGMENTS OU:
    - WNL
- MANIFEST REFRACTION
  - OD pl sph DVA: 20/20
  - OS +0.25 -0.25 @ 015 DVA: 20/15
  - PATIENT EDUCATION
    - YAG

25

CASE #2

- PATIENT RETURNS 1 YEAR LATER FOR COMPREHENSIVE EXAMINATION
  - HAS NOTICED THAT VISION HAS DECREASED AT ALL RANGES AND INCREASED GLARE
  - UCDVA OD 20/25 OS 20/40+
  - GLARE OD 20/40- OS 20/70
  - DIAGNOSIS:
    - PCO 2+ OU
      - RECOMMEND YAG CAPSULOTOMY OU
      - PREDNISOLONE BID OU FOR 7 DAYS

- 1 WEEK P/O YAG OU
  - UCDVA OD 20/20
    OS 20/20
  - D/C PREDNISOLONE AT THIS TIME

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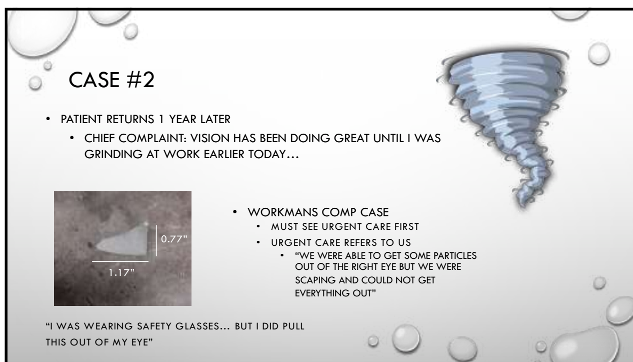

27

CASE #2

- UCDVA OD 20/150
  - DID NOT TAKE IOP!
  - DIAGNOSIS:
    - 5MM FULL THICKNESS CORNEAL LACERATION ADJACENT TO PUPIL WITH VITREOUS TO THE WOUND
      - (+)SEIDEL SIGN
  - RECOMMENDED IMMEDIATE SURGICAL REPAIR
    - FOX SHIELD OVER PATIENT OD
      - STRICT INSTRUCTIONS TO NOT TOUCH EYE
    - SURGERY CENTER NOTIFIED
    - PATIENT TRANSFERRED IMMEDIATELY

28

CASE #2

- SURGICAL REPAIR:
  - 3 BURIED CORNEAL SUTURES
    - CONSIDERATION FOR REMOVAL ONLY AFTER 6 WEEKS[10]
  - VITREOUS REMOVED FROM AC
  - WOUND HYDRATED
    - (-) SEIDEL SIGN FOLLOWING REPAIR
  - BCL PLACED DURING PROCEDURE
  - 0.1ML TRI/MOXI BY PARS PLANA INJECTION
    - INTRAVITREAL ANTIBIOTICS HAVE BEEN SHOWN TO REDUCE RISK OF ENDOPHTHALMITIS FOLLOWING OPEN GLOBE INJURIES[11]
  - DROPS:
    - OFLOXACIN QID
    - PREDNISOLONE QID
  - RTC FOR 1 DAY POST OP

- DISCUSSION INCLUDED:
  - POST-OP INSTRUCTIONS
  - GUARDED VISUAL PROGNOSIS
  - IMPORTANCE OF EYE SHIELD AND POST OPERATIVE MEDICATIONS
  - FOLLOW UP VISIT

10. Armstrong, Grayson. "YO Need to Know: 8 Pearls in Evaluating and Managing Open Globe Injuries." Jan. 2022. https://www.aao.org/young-ophthalmologists/yo-info/article/8-pearls-evaluating-managing-open-globe-injuries#:~:text=Close%20follow%2Dup%20is%20generally,considered%20six%20weeks%20post%2Doperatively. June 25, 2023.
11. Abouammoh, Marwan, et al. "Prophylactic intravitreal antibiotics reduce the risk of post-traumatic endophthalmitis after repair of open globe injuries." Acta Ophthal. May 2018. 96(3): 215-323.

29

CASE #2

- 1 DAY POST OP- CORNEAL LACERATION
  - UCDVA OD HM 2FT
  - IOP WITH ICARE OD 8MMHG
  - (-)SEIDEL SIGN
    - BCL REMOVED AT THIS TIME
  - 3 SUTURES NOTED

- 1 WEEK POST-OP
  - UCDVA OD 20/250
  - IOP WITH ICARE 11MMHG
  - BEGIN PREDNISOLONE TAPER
    - TID, BID, QD EACH FOR 1 WEEK
  - D/C OFLOXACIN AT THIS TIME
  - RTC 3 WEEKS

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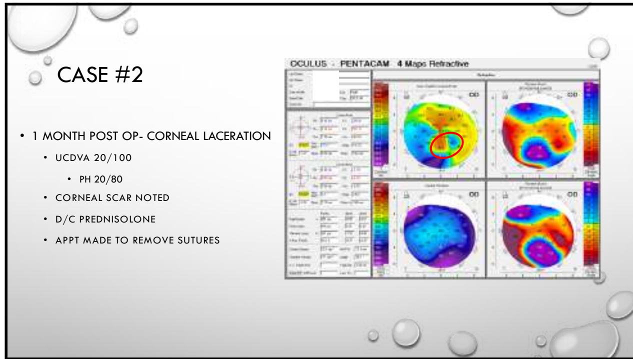

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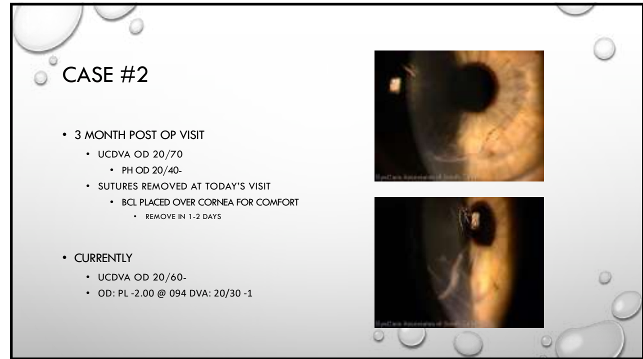

32

CASE #2

- WHAT ARE MY OPTIONS NOW?
  - GLASSES VS SCLERAL CONTACT LENS VS SOFT CONTACT LENS
  - PRK?
    - WAVEFRONT GUIDED[5]
- PROGNOSIS?
- WOULD IOL CHOICE BE DIFFERENT KNOWING WHAT WAS TO COME?

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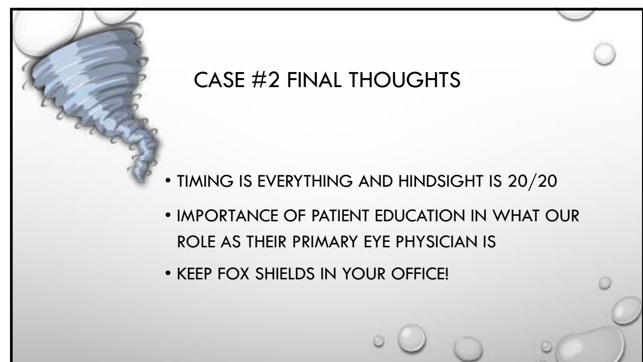


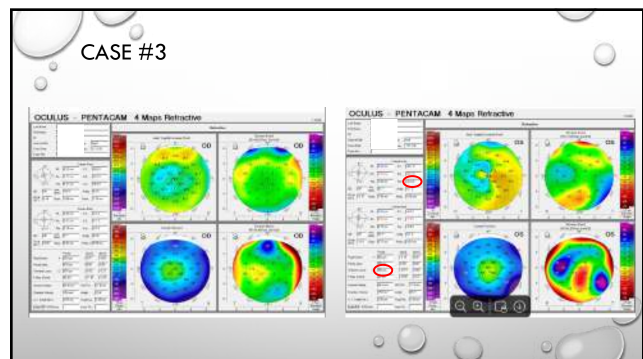
34

CASE #3: WHEN WE MIX AND MATCH

- 67YOF PRESENTS FOR CATARACT EVALUATION WITH WANT TO HAVE TO WEAR GLASSES/CONTACTS AS LITTLE AS POSSIBLE
  - HISTORY OF LASIK IN 2003
  - OD -1.50SPH 20/30-
  - OS -1.00 -3.25 X 105 20/40-2
  - GLARE:
    - OD: 20/40-
    - OS: 20/60-
- ANTERIOR SEG:
  - FLAP NOTED OU
  - CORNEAL ECTASIA OS (mild)[12]
    - No scarring
    - Topography <53D
    - Corneal thickness >475 microns
    - Stable over the course of 15+ years
- POSTERIOR SEG:
  - WNL

12. Davis, Robert, Miller, William. "Staging ectatic diseases: a therapeutic approach." Contact Lens Spectrum. 2015. 30: 34-36, 38-40.

35



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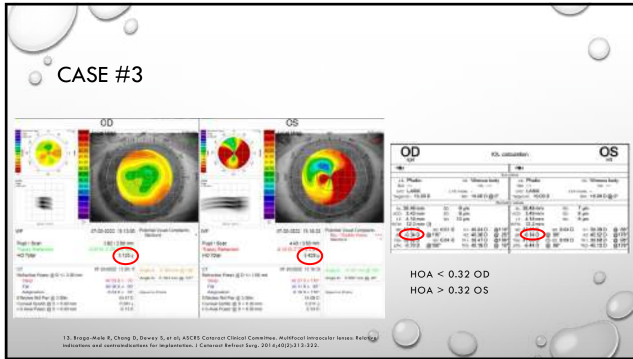

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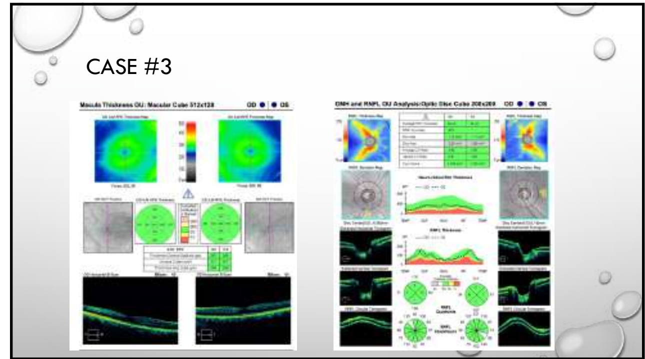

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CASE #3

- "NEAR VISION IS MORE IMPORTANT TO ME THAN GLARE"
- SO WHAT ARE OUR OPTIONS AND HOW DO WE EDUCATE THE PATIENT?
  - MONOVISION?
  - MULTIFOCAL?
    - TRIFOCAL (PANOPTIX) SHOWING ACCEPTABLE VISUAL OUTCOMES IN POST REFRACTIVE SURGERY PATIENTS[14]
    - HISTORICALLY, MF IOLS HAVE BEEN AVOIDED IN POST REFRACTIVE PATIENTS
  - EXTENDED DEPTH OF FOCUS?
    - HAVE SHOWN SUCCESSFUL VISUAL RESULTS IN POST REFRACTIVE SURGERY[15]

14. Blaylock, John, Hall, Brad. "Refractive outcomes following trifocal intraocular lens implantation in post-myopic LASIK and PRK eyes." Clin Ophthalmol. 2022. 16. 2129-2136.
15. Christopher, et al. "Comparison of Visual Outcomes of Extended Depth of Focus Lenses in Patients with and without Previous Laser Refractive Surgery." Journal of refractive surgery. 2020; 36(1): 28-33.

39

CASE #3

- TRIFOCAL OD: PANOPTIX
  - LOW HIGHER ORDER ABERRATIONS
  - MORE NEAR/DISTANCE
- TORIC IOL:
  - DISTANCE VISION
  - GOOD INTERNAL HEALTH
  - HIGH HIGHER ORDER ABERRATIONS
- OD FIRST WITH OS TO FOLLOW
- PATIENT RISKS DISCUSSED
  - NO POSSIBILITY OF PRK/LASIK ENHANCEMENT OS
    - INCLUDED IN CONSENT FORM
  - RISK OF GLARE/HALOS ESPECIALLY OS
  - MODIFIED MONOVISION

40

CASE #3

- 1 DAY P/O OD PANOPTIX:
  - UCDVA: 20/25+
  - 1+ MICROCYSTIC EDEMA
  - 1+ AC CELL
  - IOP 13MMHG WITH ICARE
- 1 WEEK P/O OD:
  - UCDVA: 20/25+
  - UCNVA: 20/30
  - ANT SEG WNL
  - IOP 12MMHG WITH ICARE
- 1 DAY P/O OS TORIC:
  - UCDVA: 20/50
  - 1+ STROMAL AND MICROCYSTIC EDEMA
  - 2+ AC CELL
  - IOP 13MMHG WITH ICARE
- 1 WEEK P/O OS TORIC:
  - UCDVA: 20/40
  - UCNVA: 20/40
  - ANT SEG: WNL
  - TORIC MARKINGS NOTED @ 002
  - IOP 10MMHG WITH ICARE

41

CASE #3

- 1 MONTH P/O OU
  - UCDVA: OD: 20/25
    OS: 20/25
    OU: 20/25+
  - UCNVA: OD: 20/20-
    OS: 20/40-
    OU: 20/20
- PATIENT REPORTS VISION IS DOING "PRETTY GOOD!"
- ANT SEG OU: WNL
- MANIFEST REFRACTION:
  - OD -0.25, -0.25 X 007 DVA: 20/25
  - OS -0.25SPH DVA: 20/25 +1
- RTC 5-6 MONTHS FOR PCO CHECK

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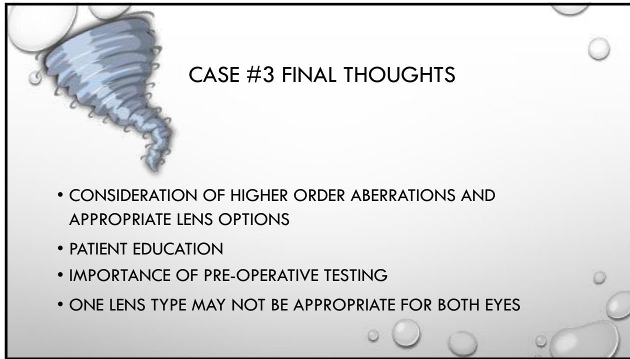


43

CASE #4: AN ABRASIVE EROSION

- 48YOM PRESENTS WITH PAIN IN OD
  - "WAS CUTTING A TREE YESTERDAY- WITH SAFETY GLASSES ON- AND SOMETHING GOT IN THE RIGHT EYE AND IT HAS BEEN EXTREMELY PAINFUL SINCE"
  - DVA: OD: 20/CF2 FT
    OS: 20/20
  - IOP: OD: NOT TAKEN
    OS: 12MMGH WITH ICARE
  - ANTERIOR SEGMENT:
    - CORNEA OD: 4X5MM CENTRAL ABRASION NOTED
    - NO FB NOTED ON EYE OR UPON LID EVERSION OD

44

CASE #4

- DIAGNOSIS: CORNEAL ABRASION OD
- PLAN:
  - BANDAGE CONTACT LENS
  - MOXIFLOXACIN QID OD
  - PF TEARS Q1H
  - PRESCRIBED GABAPENTIN 300MG
    - TAKE 1 CAPSULE TID FOR 4 DAYS
  - RTC 1 DAY FOR RECHECK

45

CASE #4

- 1 DAY POST ABRASION:
  - PATIENT COMPLAINING OF CONTACT LENS INTOLERANCE
  - VA OD: 20/400
    - IMPROVED FROM CF 2 FT
  - BCL IN PLACE
    - EPITHELIUM HEALING WITH DEFECT MEASURING 2X3MM CENTRALLY
  - CONTINUE ANTIBIOTIC AND TEARS- RTC 2 DAYS

- 3 DAY POST ABRASION:
  - PATIENT COMPLAINING OF CONTACT LENS INTOLERANCE THAT IS WORSENING
  - VA OD: 20/250
  - BCL REMOVED
  - LINEAR EPITHELIAL STAINING NOTED
    - TRACE
  - DECISION MADE TO KEEP BCL OFF DUE TO PATIENT EXPRESSING HOW MUCH BETTER HE FELT WITHOUT IT
  - CONTINUE ANTIBIOTICS FOR THE WEEKEND
  - RTC NEXT WEEK FOR RECHECK
  - TEARS: MINIMUM OF QID
  - LUBRICATING OINTMENT QHS

46

CASE #4

- 4 DAYS LATER: PATIENT RETURNS TO OFFICE- "PAIN IS BACK AND I THINK IT'S ACTUALLY WORSE."
  - VA OD: CF 2FT
  - CORNEA: 5MM AREA OF CORNEAL EROSION WITH NO EPITHELIAL DEFECT
    - NEW EPITHELIAL TISSUE "FLOATING" AND NOT ADHERED TO CORNEA
  - RECOMMENDED CORNEAL DEBRIDEMENT WITH DIAMOND BURR POLISH AND AMNIOTIC MEMBRANE
    - PROKERA SLIM MEMBRANE USED
      - SOME RESEARCH SHOWING USE OF AMNIOTIC MEMBRANE MAY ALLOW PATIENT TO HAVE LONGER TIME PERIODS BETWEEN EROSIONS[16]
      - COMPARED TO DEBRIDEMENT AND BCL- AMNIOTIC MEMBRANE AND DEBRIDEMENT REDUCED RATE OF RECURRENCE[17]
  - APPROXIMATELY 6X6 AREA OF EPITHELIUM DEBRIDED

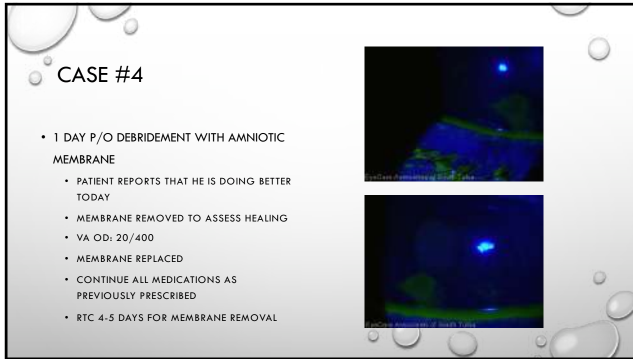
16. Finch Crouch, Jessica. "My Patient has Recurrent Corneal Erosion...Now What?" April 2019. Review of Optometry. www.reviewofoptometry.com/article/my-patient-has-recurrent-corneal-erosionnow-what.
17. Hauswirth, Scott, Horn, Milton. "Cryopreserved Amniotic Membrane After Epithelial Debridement for Recurrent Corneal Eroson. ARVO Journals. Sept. 2016. www.iovs.arvojournals.org/article.aspx?articleid+2562587.

47

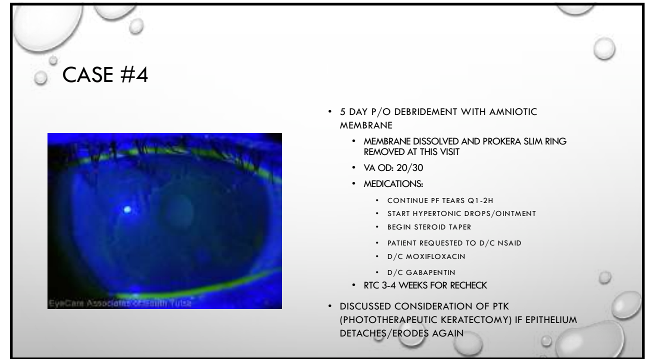
CASE #4

- PATIENT EDUCATION:
  - MEDICATIONS:
    - CONTINUE MOXIFLOXACIN QID
    - BEGIN PREDNISOLONE QID
    - BEGIN NSAID BID
    - GABAPENTIN REFILL
    - PF TEARS Q1-2H
  - DISCUSSED AWARENESS OF AMNIOTIC LENS AND BLURRINESS OF VISION
    - TAPE EYELID?
  - RTC 1-2 DAYS

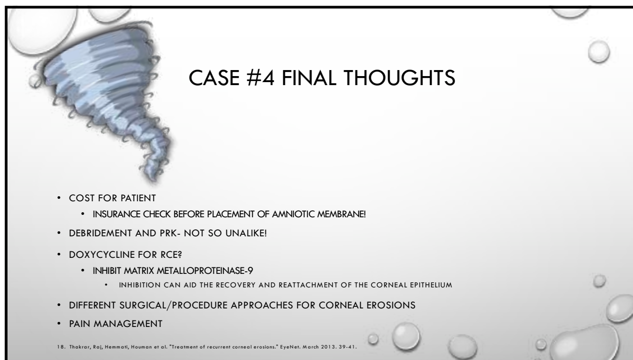
48



49



50



51

THANK YOU!

52