Tempted by the FRUIT OF AESTHETICS?

ENTRY POINTS INTO OCULAR AESTHETICS

Adding aesthetics to your practice can attract new patients and revenue, but it's best to start small and build out.

BY JANELLE L. DAVISON, OD

Independent eye care providers often deal with various challenges and competition, making the pursuit to stand out and succeed a struggle. Fortunately, investing in supplementary in-office procedures and services can drive additional revenue and brand recognition to a practice.

Comprehensive eye care includes vision (refractive and specialty services), ocular health (anterior and posterior segments), and aesthetics (noninvasive procedures and cosmetics). The term *aesthetic medicine* is not new. Many areas of health care, such as cosmetic dentistry, cosmetic podiatry, and medical spas, use this term as an umbrella for providing additional customized cosmetic services to their patients.

I define aesthetic medicine as a means of enhancing one's appearance and minimizing the signs of aging under the guidance of a medical professional. As optometrists, we examine the skin and tissue around the eyes (one of the first areas to show signs of aging) and generally follow patients from early childhood through adulthood, which puts us in a perfect position to add aesthetics to our primary care practices.

The 2020 Plastic Surgery Statistics Report determined that nearly $17 billion was spent on cosmetic procedures in the United States, and approximately 13 million procedures were minimally invasive.[1] Continual scope expansion allows more and more optometrists across the country to perform injections, laser procedures, and intense pulsed light (IPL) therapy. Interestingly, many of the conditions and diseases that optometrists diagnose, treat, and manage every day have some overlap into aesthetics. Taking the time to compartmentalize and rebrand some of these daily services

AT A GLANCE

- Comprehensive eye care not only includes managing potentially sight-threatening eye conditions, but also having a strategy for safe beauty habits and guiding patients through the aging process.
- Many of the conditions and diseases that optometrists diagnose, treat, and manage every day have some overlap into aesthetics. Taking the time to compartmentalize and rebrand some of the daily services offered in practice can create an easy entry way to aesthetics.
- Startup costs can be extensive, so it's important to have a detailed plan for how you will pay for equipment acquisitions.

Photo courtesy of Janelle Davison, OD

Figure 1. Converted fourth examination room used only for dry eye and aesthetic services.

we already perform can pave the way to aesthetics (Figure 1). I'll explain how below.

THE MANY INTERSECTIONS OF AESTHETICS AND EYE CARE

Blepharoptosis

The most common type of acquired blepharoptosis is *aponeurotic*, which is the stretching of the levator muscle.[2] It is estimated that 13 million patients 50 years of age or older have ptosis.[3] Blepharoptosis can have a negative effect on quality of life, causing emotional distress and obstruction of functional vision. However, in the past, cases that were not deemed medically necessarily went untreated.

In 2020, oxymetazoline HCl ophthalmic solution 0.1% (Upneeq, RVL Pharmaceuticals) was FDA-approved for acquired blepharoptosis in adults. With this, optometrists can provide a topical, nonsurgical solution to patients looking to improve the cosmetic appearance of their droopy eyelids. Eye care providers can drive additional revenue to their practices by offering anti-aging screening bundles, quickly implementing oxymetazoline into clinic with probing questionnaires during pretesting, educating patients during the examination, providing samples, and taking before and after photos.

Sun Protection

The skin and tissue around the eye are the thinnest on the body and are the first areas on the face to show signs of aging. Sun exposure over time can lead to early periorbital wrinkles, skin cancer, and ocular health disease. Recommend sunscreens for all patients, including those with darker skin tones, such as individuals with Fitzpatrick skin types V to VI. Wearing SPF protective sunscreen has proven to be protective in minimizing periorbital wrinkles while aging.[4] According to the Centers for Disease Control and Prevention, 19 million Americans over 40 years of age have age-related macular degeneration and nearly 25 million have cataracts—both of which have a significant effect on vision and daily life function.[5,6] Prescribing UVA and UVB-blocking lenses, plus sunscreen to patients in your practice can drive additional revenue, brand awareness, and patient loyalty.

TIP: Remind patients to use care when applying sunscreen around the eyes and to use brands that are safe for use on the lid margins. Additionally, from my own experience and based on recommendations from dermatologists and aestheticians of color, advise patients with darker skin tones (eg, Fitzpatrick skin types V to VI) to use sunscreen brands that will absorb smoothly and evenly. Certain brands don't blend well with darker skin and leave a "white cast" appearance. Lastly, advise patients to use SPF 30 or higher and to reapply their sunscreen throughout the day if they are outside in direct sunlight.

Cosmetic Concerns

The cosmetics industry is a billion-dollar industry with little regulation. On June 25, 1938, the Food, Drug, and Cosmetic Act was signed into law.[7] Since then, little regulation or updates have occurred. The law only allows the FDA to regulate misbranding or false labeling, but it cannot approve or recall products.[8]

Optometrists are on the front lines of educating the public about beauty ingredients and trends that can be harmful to the ocular surface and exacerbate symptoms of dry eye and meibomian gland dysfunction. For example, applying eye liner with toxic ingredients along lid margins (also known as the waterline or tightline) can disrupt the tear film and lead to meibomian gland obstruction and dysfunction (Figure 2).[9] Studies show that daily eye liner and/or mascara use can significantly affect noninvasive tear breakup time and meibography scores over time.[10]

In my opinion, telling a patient they can't wear makeup is not a

Photo courtesy of Janelle Davison, OD.

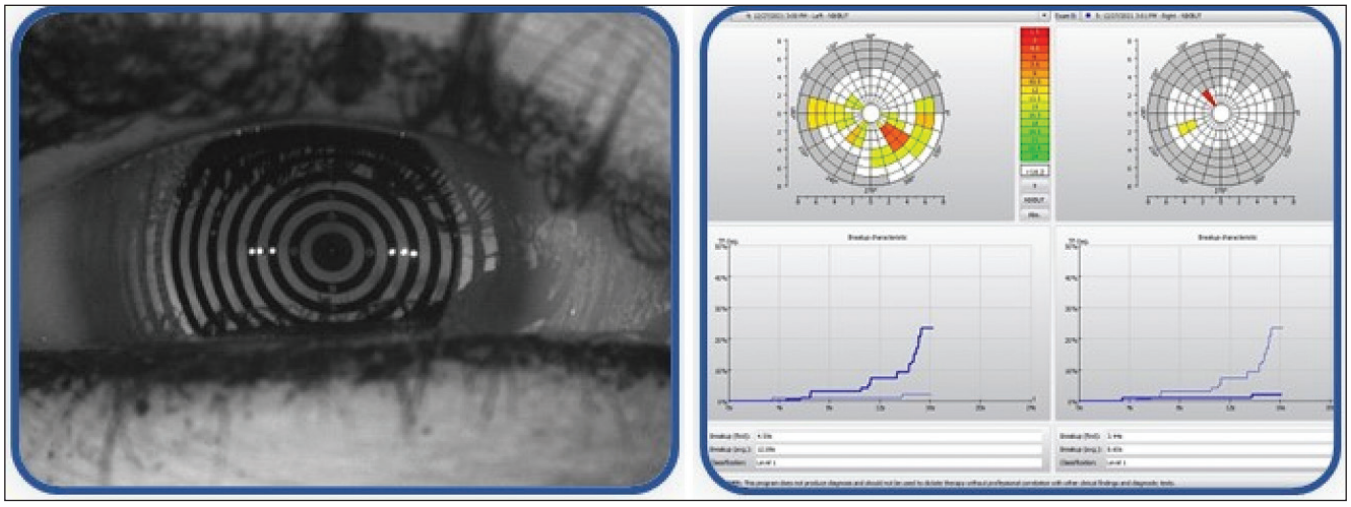

Figure 2. A 46-year-old Black female with reported ocular discomfort secondary to poor makeup application. The noninvasive tear breakup time was abnormal due to putting eyeliner on the "waterline" (left).

solution. I prefer to educate my patients and offer alternatives. I recommend products with safer ingredients and take the time to discuss the pros and cons of proper makeup application (Figure 3). Patients appreciate having a professional discuss makeup trends and habits with them. From the chair, I provide my makeup recommendations. To bring additional revenue into my practice, I sell cosmetics, dry eye products, and skin care products out of my retail optical and on my website (Figure 4).

Aesthetics is a natural extension of managing and treating dry eye disease (DED), ocular rosacea, and meibomian gland dysfunction. Many light-based energy devices used to treat the signs and symptoms of DED stimulate collagen production, which results in skin rejuvenation. The versatility of energy devices to address both DED and dermatologic skin conditions has increased the ability of eye care practitioners to implement advanced level dry eye and skin treatments in practice.[11]

Rosacea

This common skin condition affects roughly 16 million Americans.[12] According to the American Academy of Dermatology, more than half of patients with facial rosacea will develop ocular symptoms.[13] Ocular rosacea presents with red, itchy watery eyes and is associated with *Demodex* blepharitis. IPL therapy is a great first therapy to implement into practice. IPL can also treat facial wrinkles and sun damage by increasing collagen synthesis as

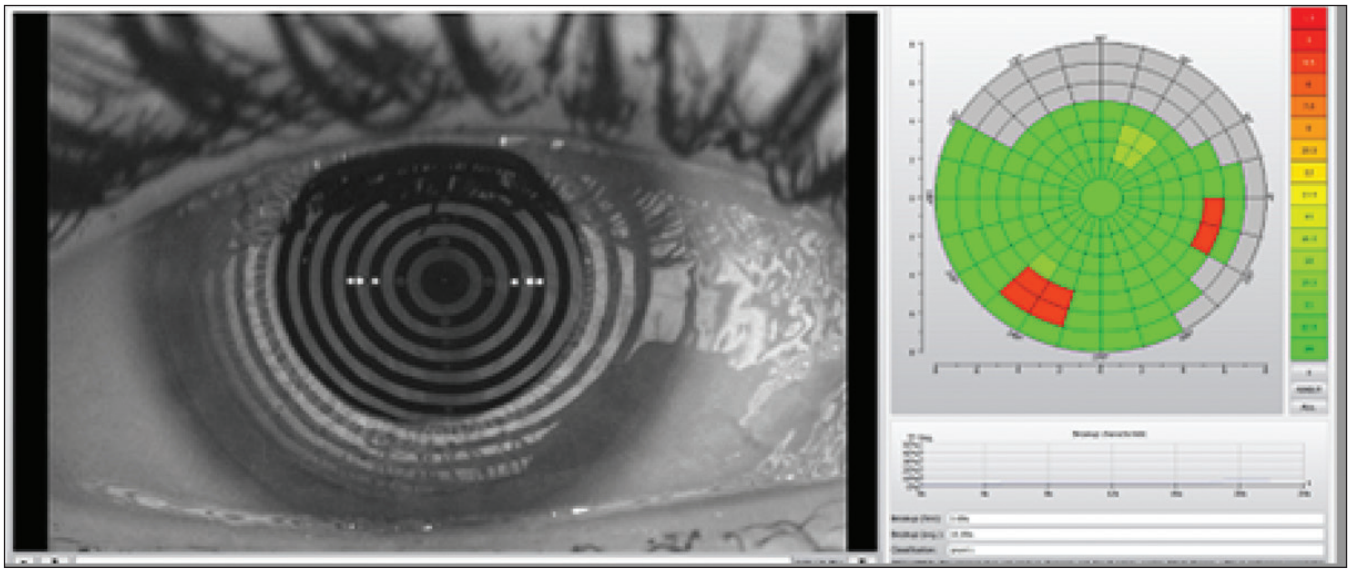

Figure 3. After proper education to discontinue using eyeliner on inner lid margins and with home therapy, the patient returned 30 days later with improved noninvasive tear breakup time.

Image courtesy of Janelle Davison, OD.

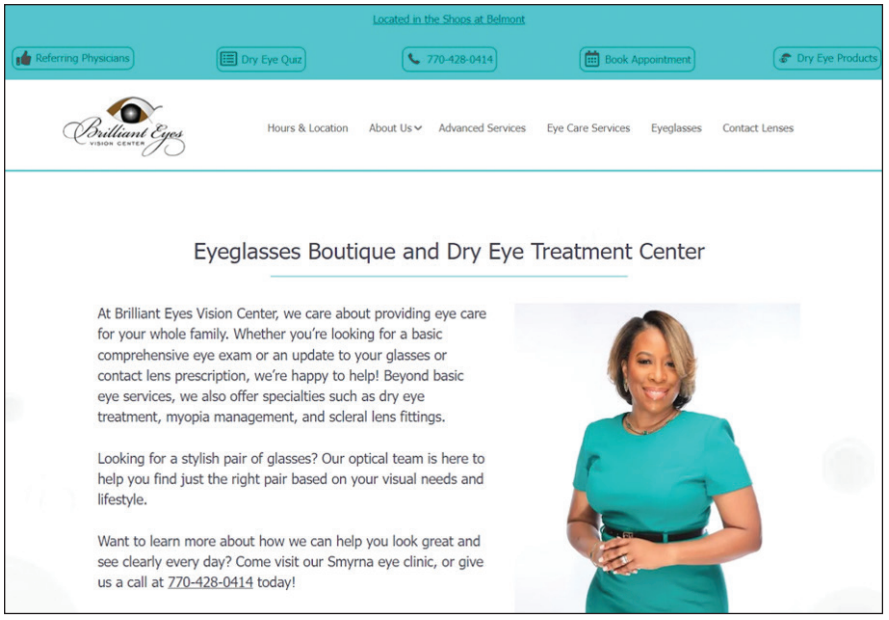

Figure 4. Dr. Davison's website homepage with call-to-action buttons for online e-commerce. Website design by EyeCare Pro.

it treats facial and ocular rosacea because it ablates the abnormal telangiectatic inflammatory blood vessels on both the face and eyelids.[11,14] IPL therapy also minimizes dry eye symptoms by improving the quality of meibum secretion in the meibomian glands and down regulating inflammation.

Beauty treatments and dry eye therapies are overlapping more and more as therapies continue to demonstrate positive improvements in the signs and symptoms of DED, as well as effectiveness in managing aging skin. Studies have demonstrated the benefits of improving dry eye and wrinkles in radiofrequency therapy and low light level therapy.[15,16] Expanding your dry eye services to include light-based energy devices, such as IPL therapy, can elevate the continuity of care and patient experience.

ROI WITH AESTHETICS

Adding aesthetics to your practice can bring in new patients and additional revenue; however, speaking from experience, startup costs can be extensive and overwhelming. (I have invested nearly $100,000 in my dry eye practice since 2020.) Thus, it is important to outline a detailed strategy for how you will pay for equipment acquisitions.

When I consider bringing in new services or equipment, I take the time to research the pros and cons. I reach out to colleagues who are using the device in practice, and I contact the company to request a one-on-one in-office demonstration. I also consult with both my chief financial officer and my accountant to determine the best way to purchase new equipment (ie, cash vs finance). Once I determine my fee structure for the new services (I research competitive pricing and set my fees usually $50-$100 above), I then calculate the number of patients per month needed to break even on the purchase and set a date for desired payoff.

In my opinion, adding aesthetics to an optometry practice makes financial sense—as long as you go about it the right way. I did it, and it has allowed me to increase both my gross practice revenue and my revenue per patient. Obviously, you don't want to close your eyes and jump in headfirst. Start small and build out.

Offering aesthetics services in your practice will not only create brand recognition and patient loyalty, but it will also bring in additional revenue. Just remember: Comprehensive eye care not only includes managing potentially sight-threatening eye conditions, but also having a strategy for safe beauty habits and guiding patients through the aging process (Figure 4). ■

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