



BUILDING A DRY EYE PRACTICE



Insights drawn from an integrated practice setting.

BY JADE COATS, OD

The best way to focus on building your own dry eye practice is to look for disease, listen to patients, and educate them. Sure, fancy equipment can help to quantify dryness, but becoming more aggressive about managing and treating dry eye

disease (DED) can be quick, inexpensive, and rewarding.

PAY CLOSE ATTENTION

Simply by using basic tools already in your office, you can investigate the signs and symptoms of DED more thoroughly, which will help

you to establish a dry eye practice quickly. Although patients' subjective chief complaints are helpful, staining the cornea and assessing the meibomian gland function of every patient can also help you to understand the severity of their DED status. Spending a few extra minutes with patients to identify any evidence of DED and to educate them about their condition will benefit both them and your practice.

At our practice, once ODs, MDs, and technicians started asking the right questions and listening to patients' answers, we were astounded by how many of them, young and old alike, experience symptomatic DED at some point in their lives. Being aware of and checking corneal and tear film integrity are just as important as listening to patients' primary, secondary, and tertiary complaints. Interestingly, patients exhibiting DED often vaguely

AT A GLANCE

- ▶ Being aware of and checking corneal and tear film integrity are just as important as listening to a patient's primary, secondary, and tertiary complaints.
- ▶ Patients with DED don't necessarily say that their eyes feel dry.
- ▶ Implementing a recommended follow-up protocol involving two to four annual appointments can help motivate patients to stick with their treatment plans.

describe their vision as *blurry, foggy, or hazy* and their eyes as *watery and burning* but not necessarily *dry*.

Taking the time to educate patients on *why* their eyes feel the way they do and *what* their treatment options are encourages them to keep their follow-up appointments. It's awesome to see patients make connections, such as recognizing the correlation

between the nighttime use of an overhead ceiling fan and the chronic blurriness in their morning vision, or realizing that watery eyes can actually signal DED.

KEEP THE PATIENT IN THE GAME

Implementing a recommended follow-up protocol involving two to four appointments annually can

sometimes motivate patients to adhere to their treatment plans. It is also important to project a positive attitude and provide feedback on how patients' current status compares with their status at previous visits. This strategy can help keep patients engaged. Because some patients with DED are asymptomatic, consistently remind all patients that their visual potential is only as good as their corneas are lubricated.

ESTABLISH A PROTOCOL

If yours is an OD-MD practice, it is important for you and your fellow eye care providers to establish a dry eye treatment protocol. For example, my colleagues and I explain to patients exactly why we must prime and prepare their corneas before cataract or refractive surgery. By making them aware of their DED and ocular surface problems preoperatively, we help to optimize surgical outcomes. We are also setting more realistic expectations that they may experience DED in the future.

RECIPE FOR SUCCESS

The earlier DED is identified and treated, the better the outcome. Following the tips outlined in this article can help you to establish a dry eye practice. ■

QUICK TIPS



Use basic tools such as sodium fluorescein staining to consistently look for signs and symptoms of DED in every patient.



Ask patients questions whose answers could point to a DED diagnosis.



Implement a follow-up protocol to motivate patients to adhere to their treatment plans.



Establish a dry eye treatment protocol.

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