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1-hr CE

Course Title: Chasing beauty: Implementing Optometry Aesthetics Services in Your Primary Care Practice

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Course Description:

With all the advances in nonsurgical ocular (optometry) aesthetic services and the increasing patient desire for beauty enhancement services and products this is the perfect time for optometrist in primary care to provide aesthetic services and products. Most optometrist are aware of the benefits of non-surgical aesthetics services in practice as well as the correlation between ocular surface disease treatments and aesthetic enhancements. However, it is challenging for optometrist to determine which services and products are realistic to implement into a primary care practice. The course will present which primary care practice types are best suited to implement aesthetic services, list viable nonsurgical aesthetic service and product options, review technology with both aesthetic and eyecare benefits and discuss tips to guarantee success.

Learning Objectives:

1. Learn the definition of optometry aesthetics and what patient populations can benefit from services and how to collaborate with other health care professionals in the aesthetic space.
2. Learn about eight nonsurgical ocular aesthetic services to offer in practice.
3. Learn about four pieces of ocular aesthetic equipment and the aesthetic benefits associated with each piece of equipment.
4. Learn about common ocular surface disease conditions that exhibit positive outcomes with aesthetic treatments, such as MGD, Chalazions and blepharoptosis.
5. Learn how to manage common complications associated with popular aesthetic services.
6. Learn about tips for a successful implementation process to ensure ROI and positive patient outcomes.

Course Outline

I. Definition of Optometry Aesthetics

- a. Non-surgical cosmetic/aesthetic enhancements for the periorbital skin and tissue around the eyes as well as specific anterior segment structures. Including but not limited to the: brows, eyebrow, eyelashes, eyelid, iris, and conjunctiva.

II. Practice models Best Suited for Success

- a. offering services that easily tie into ocular aesthetics and cosmetics.
 - i. Premium contact lenses.
 - ii. Refractive surgical co-management
 - iii. dry eye treatment
- b. Access to patient demographics seeking aesthetic services.
 - i. Female
 - ii. 25-55
 - iii. Professional
 - iv. Aware of personal appearance
- c. Practices exhibiting a robust referral process.
 - i. Already collaborating daily with various health care providers

III. Types of optometry aesthetics services

- a. Non-surgical lid lift
 - i. Hydrochloride ophthalmic solution 0.1% (RVL Pharmaceuticals, Inc).
 - ii. Used for acquired blepharoptosis.
- b. Lash enhancements
 - i. Serums
 - ii. Lash extensions/false lashes
- c. skin care products – (Cosmeceuticals)
 - i. ocular safe retinol free eye creams and serums
 - ii. ocular safe facial wash systems
- d. Supplements- Oral nutraceutical to help with anti-aging and dry eye.
 - i. Omega 7
 - ii. MV w/Biotin
- e. Cosmetics-
 - i. Safe ingredients for eye makeup (shadow, liners, and mascara)
 - ii. Safe make remover
- f. Anterior Segment
 - i. Iris-Color enhancing disposable lenses.
 - ii. Conjunctival hyperemia-Brimonidine Tartrate opth sol. 0.025%
- g. lid hygiene
 - i. Microblephexfoliation
 - 1. In-office
 - 2. Home treatments
- h. Injections:
 - i. Toxins
 - 1. Botox
 - 2. Dysport
 - 3. Xeomin
 - ii. Fillers
 - 1. Juvéderm

IV. How to manage common complications with aesthetic services

- a. Contact dermatitis from glue toxicity from false lashes.
- b. Demodex blepharitis from false lashes and cosmetic makeup application
- c. Ocular alignment complications from injections
- d. Hyper/hypo pigmentation

V. Ocular aesthetics technology- Optometry and aesthetic connection

- a. IPL-Intense pulse light
 - i. reduced redness
 - 1. Ocular rosacea
 - ii. More even skin tone
 - iii. Decreased age spots.
 - iv. MGD/Dry Eye
- b. LLLT-low light level therapy (Red, Yellow, Blue light)
 - i. Chalazion
 - ii. Demodex
 - iii. Inflammation (MGD/Dry Eye)
 - iv. Skin rejuvenation
- c. RF-Radioactive frequency
 - i. Collagen production (tighten skin) improve wrinkles and saggy skin.
 - ii. MGD/Dry Eye
- d. Thermopulsation and Thermoelectric heat
 - i. Reduced redness
 - ii. Reduced edema
 - iii. Reduced hyperemia
 - iv. MGD/Dry Eye

VI. Collaborative Services

- a. Esthetician services
 - i. Facials
 - ii. Brows
 - iii. Waxing
- b. Oculoplastic Ophthalmologist
 - i. Blepharoplasty
 - ii. Conjunctivochalasis
- c. Dermatology
 - i. Comanage Acne patients.
 - ii. Comanage Dupliumab

VII. Ensuring Success:

- a. Knowledge
 - i. CE
 - ii. Publications-Articles
 - iii. YourSpark.com
- b. Three phase approach to implement in practice.
 - i. Phase 1
 - 1. Devise, develop, and write down your protocol.
 - 2. Map the patient journey.
 - 3. Train staff
 - ii. Phase 2
 - 1. Set goals!
 - 2. Go live!
 - iii. Phase 3

1. Monitor progress!
- c. Join organizations.
 - i. Associated Skin Care Professionals
 - ii. American Med Spa Association
 - d. Expand referral source.
 - e. Empower staff.
 - i. Delegate an “dry eye & aesthetics” champion
 - f. Boost Credibility
 - i. Write
 - ii. Lecture
 - iii. Host events
 - iv. Social media