Bulletin

NEXT MEETING

Tuesday, September 13

St. Louis Marriott West
660 Maryville Centre Dr.

6:00 p.m. Buffet Dinner
RSVP By September 8th
paula@stlouisoptometricsociety.org
or Call or Text: 314 725-2020

7:00 p.m. Business Meeting

7:30 p.m Revitalizing the Established
Practice Through Technology
Dr. Kevin Henne
One Hour COPE C.E.
COPE ID: 47802-PM
# # # # #

COMMITTEES FOR 2016
The following committees have been appointed
by Dr. Joe Castellano.

Membership: Mary Beth Rhomberg
Kevin Lydon
Contact Lens: Dr. Nick Castellano and
Dr. Rachel Merriman
Technology: Dr. Paul Luong
Co-Management: Dr. Michelle Dierhiemer
MO State Board: Dr. Kurt Finklang
MOA Trustees: Dr. Steven Rosen
Dr. Jason Riley
UMSL: Dr. Larry Davis

If you would you be interested in serving on a
committee, please contact Dr. Joe Castellano
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Thank You BioDOptixs For The Educational Grant

From the August Meeting:

The Use of Amniotic Membranes From Womb to your Office
Presented by: Dr. Raymond Brill
Submitted by: Dr. Drew Biondo

Eye care is rapidly evolving. From dry eye to corneal abrasions, disruptive innovations are changing the way we practice. Amniotic Membranes represent one of those disruptive innovations and will soon find its way into many practices as a first line therapy for certain indications.

Placental tissue treatment was first introduced in 1910 in orthopedic or diabetic wound healing applications. It was used to reduce scarring, especially in joint surgery where scarring would limit mobility. It is now increasing in use in eye care to promote healing and reduce scarring in conjunctival and corneal tissues.

All membranes are harvested from humans who underwent cesarean section surgery and the tissue is rigorously screened for disease. The amnion is immuno-privileged and is the innermost of three layers of the placenta that is closest to the baby. The amniotic membrane reduces pain, inflammation and scar formation. It also contains a number of growth factors to promote healing and the membrane itself acts as a scaffold for cell migration and proliferation. It also has anti-angiogenic properties to prevent neovascularization and is anti-microbial.

Some indications include persistent epithelial defects from mechanical, chemical or thermal etiology; recurrent corneal erosions, keratitis, recalcitrant dry eye, post-PRK and others.

There are several sutureless membranes on the market today. Prokera, BioD and AmbioDisk are three of the most common.

Prokera Slim is the most commonly used in optometry and has a cryo-preserved membrane stretched over a polycarbonate ring. It must be kept frozen and will keep for one year. It does not require the use of a contact lens. The Prokera is the only ocular membrane that’s classified as an FDA device to reduce inflammation.

BioD Optix, Aril and AmbioDisk are examples of dehydrated membranes and can be kept at room temperature allowing them to be stocked for emergency use. They do not require rehydration. Continue on next page:
Continued from last page:
prior to use. The BioD membrane is applied stroma down (epi up). The AmbioDisk is applied epithelium down. Many agree that it doesn’t matter which way it’s inserted. The Aril membrane is stripped of the epithelium and therefore can be inserted in any orientation.

BioD membranes are dried and irradiated, allowing them to last up to five years at room temperature. They come in 15mm, 12mm and a 9mm disc. The price goes up as the size goes up too, it’s recommended that the practitioner choose the smallest one that will cover the defect.

Installing the Prokera starts by defrosting the membrane. It’s important to rinse the membrane with sterile saline and anesthetize the eye. The device is placed under the upper lid with the patient looking down and then pushed under the lower lid. It’s often helpful to use a tape tarsorrhaphy with this product to keep the device stable and improve comfort. Leave enough room to install drops as they can be placed right on top of the membrane. Because the membrane is mildly opacified, it is important to warn the patient of decreased acuity. If a loss of acuity or the cosmetic issue of the opacified eye is an issue, a dry membrane may be favorable.

To insert a dry membrane it is recommended that you use a speculum to secure the lids. The membrane does not need to be hydrated. Proparacaine is used to anesthetize the eye before insertion. The membrane is placed on a dry cornea (dried with wexel sponges) using non-toothed forceps and then the forceps or sponges are used to pat the membrane onto the eye. The BCL is placed over the membrane and the speculum is removed carefully as not to dislodge the contact lens. It is recommended that the practitioner use a large 15mm+ kontour contact lens. Don’t worry about creases or bubbles under the lens. Overall, the dried membranes tend to be more comfortable. The membrane will dissolve and it’s recommended to remove the BCL or ring after four to five days.

Medical insurance covers the procedure with the 65778 CPT code, often without prior authorization. It typically helps to justify the use of the membrane but trying other therapies before the use of AMT. There is now a zero day global period so an office visit can be billed the next day if follow-up is necessary. Because it is a surgical code, you cannot bill an office visit on the same day as the procedure. The price of the tissue is also built into the CPT. Remember to specify laterality.

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Contact Lens Report:
Submitted by: Dr. Rachel Merriman
Dr. Joe Castellano
Alcon recently announced the introduction of Dailies Total1 Multifocal contact lenses. This multifocal lens combines the comfort of the company’s Dailies Total1 water gradient lens technology with the Precision Profile lens design, a design also included in Alcon’s Air Optix Aqua and Dailies AquaComfort Plus multifocal contact lenses. Base curve is 8.5 with a diameter of 14.1. The power will range from +3.00 to -6.00 in 0.25 steps with adds of Lo, Med, and Hi. Dailies Total1 Multifocal lenses are currently available through a limited number of accounts in the United States, with a nationwide rollout expected on Sept. 1.

Membership
Submitted by: MaryBeth Rhomberg
Kevin Lydon
New Members to Be Presented in September:
Dr. Shannon Niere
Dr. Alexandra Schuette
Allergan files application for FDA approval of Oculeve Intranasal Tear Neurostimulator

According to the FDA, the handheld stimulator was investigated for temporarily increasing tear production upon activation in patients with aqueous deficient dry eye disease.

- **FDA clearance for EyePrintPRO**
  - Advanced Vision Technologies, Inc. (AVT) has received FDA clearance for the EyePrintPRO prosthetic scleral device utilizing AVT’s proprietary EyePrint Impression Process. The process creates an exact 3-D model of the ocular surface, which in combination with the EyePrint Designer software, develops a unique and precise scleral device for protection and optical correction of the eye.

- **EyeXam mobile app now offering dry eye screening**
  - EyeXam, a mobile eye care app with over a million downloads to date, launched a dry eye screening tool within the app. By incorporating the OSDI (Ocular Surface Disease Index), the app is designed to provide dry eye sufferers an easy way to screen the severity of their condition. The app also makes it easy for a user to search for a nearby eye doctor who can try to determine the cause of their symptoms and develop an appropriate treatment plan.

- **Opternative Partners With 1-800-Contacts**
  - The two have partnered to launch InstaRx, an online service that allows existing patients to update their prescriptions without seeing an eye doctor in-person. According to the companies, the service is only intended for those who have existing prescriptions and are in need of a renewal, not first-time visitors who haven’t been to an in-person eye doctor before. The service is available to all patients between the ages of 18-50 wherever telehealth services are legally permitted to operate. More info at [www.1800contacts.com/instarx](http://www.1800contacts.com/instarx)
State Board Report
Submitted by: Dr. Kurt Finklang

Reminder notices to renew your license were sent out recently. If you did not get one, you are still responsible for renewing your license. The easiest way to renew your license is online. Make sure you have 32 hours of CE attained between November 1, 2014 and October 31, 2016. You still have plenty of CE opportunities at the SLOS meeting and the MOA convention before the October 31 deadline.

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Thank you Dr. Frank Fontana for procuring an educational sponsorship from VSP
Thank You Marco for awarding SLOS an Educational Grant
Membership Dues Forms can be Downloaded from the Website www.stlouisoptometricsociety.org

CALENDAR AND UPCOMING EVENTS

Aug. 27  Student Academy Chapter Continuing Ed Program  Dr. Quinn, - 4 COPE hrs.  See Below

Aug. 28  Optometry Academe UMSL College of Optometry  6 hrs. CEE  See Next Column

Aug. 31  Visionary Eyecare & Surgery Summer Seminar  See Below

Sept. 13  Next Meeting: Revitalizing the Established Practice Through Technology One Hour COPE C.E.

Sept. 20  Pepose Vision Institute Seminar  See Below

Oct. 13-16  MOA Conference  Chateau of the Lake Branson, MO  

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Annual Optometry Academe 2016

Sunday, August 28, 2016 - 8 hrs CEE/COPE Tuition - $250.00 by August 22  
$300.00 after August 22  
Location - JC Penney Conference Center  
Continental breakfast and lunch provided

Schedule: 8:00 am - 5:00 pm

Carlo Pelino, OD, FAAO  
Salus University  
The Eye Institute  
Philadelphia, PA  

Joseph Pizzimenti, OD, FAAO  
Rosenberg School of Optometry, University of Incarnate Word  
San Antonio, TX

http://www.umsl.edu/divisions/optometry/CE%20Courses/AnnualOptometryAcademe2016.html

Topics:
1. Update on Oral Medications - 2 Hrs.
2. Update on Ocular Tumors - 2 Hrs.
3. Neuro-Ophthalmic Disease in the Optometric Practice - 2 Hrs.

For questions:  Lis Ellerbusch (314) 516-5615
PEPOSE VISION INSTITUTE
SEMINAR
Tuesday, September 20, 2016 – 6:00 p.m.
Pepose Vision Institute – 1815 Clarkson Rd.,
Chesterfield, MO
“New Paradigms in the Treatment of Diabetic Macular Edema”
1 hour CE
Presenter: Dr. Nancy Holekamp
PVI Director of Retina Diseases and the Center for Macular Degeneration
For reservations call
Elena LaPlante, 636-728-0111
Director of Practice Development