

On behalf of Vision Expo, we sincerely thank you for being with us this year.

Vision Expo Has Gone Green!

We have eliminated all paper session evaluation forms. Please be sure to complete your electronic session evaluations online when you login to request your CE Letter for each course you attended! Your feedback is important to us as our Education Planning Committee considers content and speakers for future meetings to provide you with the best education possible.



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- Spencer Johnson has no financial interests to disclose

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Injections and Minor Procedures Workshop

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Treatment of Neoplasms

- Biopsy suspected malignant lesions
 - Asymmetry
 - Border
 - Color
 - Duration

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Biopsy Technique

- Instill proparacaine in both eyes
- Clean area with isopropyl alcohol to prepare for injection
- Inject anesthetic

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Biopsy Technique

- Clean area with povidone-iodine, with particular emphasis on the lids
- Confirm anesthesia by grasping the skin with tissue forceps
- Excision of specimen
 - Punch biopsy – generally used for flat lesions
 - Westcott scissors – generally used for raised lesions
 - Place specimen in formalin and send to lab

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Excision for Benign Lesions

- Instill proparacaine in both eyes
- Clean area with isopropyl alcohol to prepare for injection
- Inject anesthetic

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Excision for Benign Lesions

- Clean area with povidone-iodine, with particular emphasis on the lids
- Confirm anesthesia by grasping the skin with tissue forceps
- Excise lesions
 - Wescott scissors
 - Radiofrequency unit
- Apply antibiotic ointment to site of lesion, and prescribe antibiotic ointment for use BID for seven days

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Cysts

- Hidrocystoma
 - Cyst of Moll (i.e. apocrine sweat gland hidrocystoma, sudoriferous cyst, cystadenoma)
 - Translucent
 - On anterior lid margin
 - Eccrine sweat gland hidrocystoma – similar to cyst of Moll, but not confined to the eyelid margin

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Cysts

- Cyst of Zeis
 - Yellowish in appearance
 - Found along eyelid margin
- Sebaceous cyst – rarely found on eyelid, may occur at the inner canthus

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Treatment of Cysts

- Instill proparacaine in both eyes
- Clean area with isopropyl alcohol to prepare for injection
- Inject anesthetic

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Treatment of Cysts

- Clean area with povidone-iodine, with particular emphasis on the lids
- Confirm anesthesia by grasping the skin with tissue forceps
- Make a single linear incision (scalpel or radiofrequency unit) in the cyst respecting the lines of tension of the skin

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Treatment of Cysts

- Drain contents
 - Cyst of Moll – contents are watery and will flow out
 - Cyst of Zeiss or sebaceous cyst – use forceps and apply pressure from the base of the cyst to express contents out of incision
- Destroy the capsule
 - Tissue forceps and Wescott scissors
 - Radiofrequency unit on coagulation mode
- Apply antibiotic ointment to site of lesion, and prescribe antibiotic ointment for use BID for seven days

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Xanthelasma

- Composed of foamy histiocytes with surrounding local inflammation
- Referred to ophthalmology for management

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Hordeolum

- Internal – infection of the Meibomian gland
- External - infection of a gland of Zeiss or Moll
- Treatment
 - Oral antibiotic
 - Warm compresses

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Chalazion (Meibomian cyst)

- Treatments
 - Injection
 - Incision and curettage

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Injection

- Clean area with isopropyl alcohol to prepare for injection
- Inject 0.2 to 0.4 cc of Kenalog 40 into each lesion

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Incision and Curettage

- Instill proparacaine in both eyes
- Instill a few drops of Betadine into the eye being treated and leave for 2 minutes
- Rinse Betadine with sterile saline

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Incision and Curettage

- Clean area with isopropyl alcohol to prepare for injection
- Inject anesthetic
- Clean area with povidone-iodine, with particular emphasis on the lids

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Incision and Curettage

- Confirm anesthesia by grasping the skin with tissue forceps
- Apply a clamp and evert the lid to expose palpebral conjunctiva
- Make a single vertical incision

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Incision and Curettage

- Aggressively remove contents with curette, being sure to destroy the capsule
- Tobradex ointment BID for 1 week

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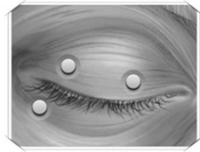
Blepharospasm

- Verify that a hemifacial spasm is not present
- Botox injections
 - Clean area with isopropyl alcohol to prepare for injection
 - Prepare Botox solution according to manufacturer's directions

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Blepharospasm

- Inject 1.25 Units to 2.5 Units (0.05 mL to 0.1 mL volume at each site)

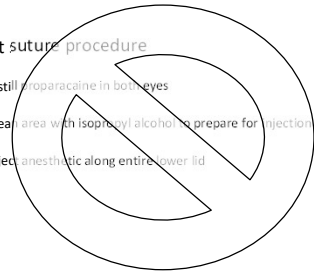


BotoxMedical.com

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Entropion

- Quickert suture procedure
 - Instill proparacaine in both eyes
 - Clean area with isopropyl alcohol to prepare for injection
 - Inject anesthetic along entire lower lid



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Punctal Occlusion

- Radiofrequency treatment
 - Instill proparacaine in both eyes
 - Clean area with isopropyl alcohol to prepare for injection
 - Inject anesthetic

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Punctal Occlusion

- Radiofrequency treatment
 - Apply 4% lidocaine with a polyvinyl acetal spear sponge (i.e. Weck-Cel sponge) to punctum
 - Confirm anesthesia by grasping the skin around the punctum with tissue forceps
 - Set the power on the coagulation mode of the radiofrequency unit to 4
 - Insert the radiofrequency tip into the punctum and press the foot pedal for 1 or 2 seconds until the tissue constricts and blanches

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Disorders of the Eyelashes

- Trichiasis – misdirection of the lashes
- Distichiasis – growth of lashes from the Meibomian glands

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Treatment

- Traditional epilation – regrowth in approximately 10 weeks
- Radiofrequency follicle ablation – permanently destroys the follicle

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Radiofrequency Follicle Ablation

- Instill proparacaine in both eyes
- Clean area with isopropyl alcohol to prepare for injection
- Inject anesthetic along entire lower lid and then roll anesthetic with a cotton-tipped applicator toward lid margin

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Radiofrequency Follicle Ablation

- Confirm anesthesia by grasping the skin with tissue forceps
- Set the power on the coagulation mode of the radiofrequency unit to 2
- Insert the radiofrequency tip into the hair shaft and press the foot pedal for 1 or 2 seconds

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Thank You
