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Don't Let Your Lids Get You Down

Description

This lecture provides the key insights regarding blepharoptosis including therapeutic versus surgical management. The course will cover causes of ptosis including neurological and even life-threatening presentations as well as differentiating ptosis from other conditions such as dermatochalasis. With a diagnosis of non-neurological associated ptosis, you have one of the newest prescription therapeutics at your disposal and we'll delve into how the drug works in alleviating ptosis, when and how to prescribe it.

Learning Objectives

1. Differentiate ptosis from other similar conditions including dermatochalasis
2. Determine if a neurological cause is present ranging from Horner's Syndrome to 3rd nerve palsy and potential space occupying lesions
3. Gain confidence in the therapeutic management of ptosis and fully understand the treatment options available

1. What is Comprehensive Eye Care?
2. Review Facial Anatomy and how it all works together
3. What's unique about the skin around the eyelids?
 - a. Skin Fundamentals
 - b. Intrinsic and Extrinsic Aging
 - c. Wrinkle Generators
 - i. Sun Exposure
 - ii. Smoking
 - iii. Excessive Alcohol
 - iv. Poor Nutrition
 - d. Topicals
 - i. Vitamin C-10, 15, 20%
 - ii. Vitamin E
 - iii. Ferulic Acid
 - iv. Phloretin
 - e. Building Collagen
 - f. Cosmeceuticals
 - g. Skin Diet
 - i. Alpha Lipoic Acid-40 mg/day
 - ii. Omega-3 Fatty Acids
 - iii. ALA (alpha-linolenic acid)-flax seed
 - iv. EPA (eicosapentaenoic acid)fish oil

- v. DHA (docosahexaenoic acid) fish oil
 - vi. Vitamin C (L-Ascorbic acid) 1000 mg/day
 - vii. Citrus fruits and berries
 - viii. Vitamin E 300 IU/day
 - ix. Almonds, sunflower seeds, avocado, spinach, sweet potato, and wheat germ oil
 - x. Vitamin B5 (Pantothenic Acid) 50-100 mg/day
 - xi. Chicken liver, sunflower seeds, egg yolk, broccoli, fish, and pomegranate
 - xii. Polyphenols-shown to synergistically enhance SPF when used with sunscreen
 - xiii. Green Tea, berries, red wine, olives, chocolate, grape skins and seeds, and walnuts
4. What can go wrong
- 1. Ptosis
 - a. Life-threatening
 - b. Non-life-threatening
 - 2. Dermatochalasis
 - 3. Lateral Rhytids
 - 4. Laxity
 - 5. Aponeurosis
5. How can we help?
- a. Review Anatomy of Periorbital muscles
 - b. Therapeutic options-non-invasive method to help with blepharoptosis
 - c. Neurotoxins
 - d. Dermal Fillers
 - e. Laser cosmetic procedures
 - f. Surgical oculoplastic procedures
 - g. Cosmetic Products
 - h. Marketing
 - i. Education in the lane with your patients
 - j. How to incorporate aesthetics into the primary care practice
6. Anatomy Review
- a. Assessing the patient
 - i. How
 - ii. When
 - iii. What to say
7. Energy based Medicine & Procedures
- a. IPL-Not a laser-light based therapy
 - i. Dry Eye Disease and MGD
 - ii. Photofacial
 - iii. Acne Rosacea
 - iv. Pigment
 - b. Ablative Lasers (2940nm, CO2)
 - c. Non-ablative Lasers (1540nm erbium, 1450 nm diode, 1320 Nd:YAG)

- d. RadioFrequency
 - i. Surgical handpieces
 - ii. Skin tightening handpieces
- 8. Surgical Oculoplastic Procedures and Co-Management
 - a. Ptosis Repair
 - i. Levator repair
 - ii. Mueller's repair
 - iii. Phenylephrine Test
 - b. Dermatochalasis
 - i. Blepharoplasty
 - 1. MRD-1
 - 2. VF results
 - ii. Upper
 - iii. Lower
 - c. Ectropian
 - i. Lateral Strip Tarsorrhaphy
 - d. Entropion
 - e. Brow Lift
 - f. BrowPexy
- 9. Marketing
 - a. Internal
 - b. External
 - c. Digital
 - d. Professional
- 10. Education in the lane
 - a. Look. Ask.-Ask.Look
 - b. Talk to your patients!!
 - c. Offer education
 - d. Offer solutions