

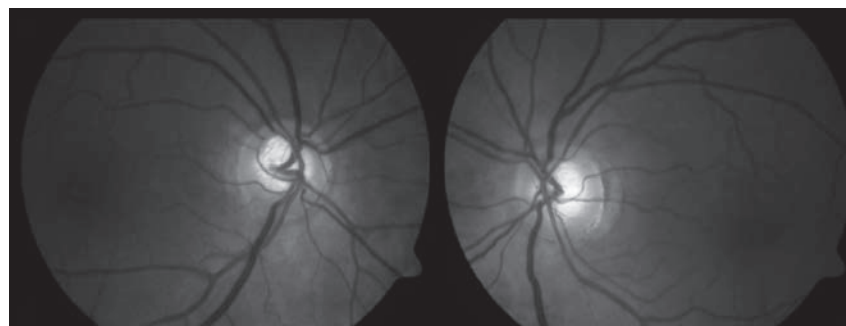


Glaucoma: Everyone's a Suspect

These patients may be of more concern than those with late-stage disease because their risk is unknown.

Optometrists tend to focus on patients with progressive glaucoma who are at a higher risk of going blind, remarked Richard J. Madonna, MA, OD, in his Thursday afternoon session, "Managing the Glaucoma Suspects." This, however, is how they can miss an entire segment of patients. "To me, [glaucoma suspects] are probably the most challenging patients that I have because, when you think about it, they don't have clear-cut signs of the disease process," he told his audience.

Dr. Madonna defined a glaucoma suspect as someone with at least one risk factor that increases the likelihood of developing the disease but without definitive glaucomatous optic neuropathy (GON) or visual field defects.



This 47-year-old Hispanic female was referred as a glaucoma suspect. Dr. Madonna walked attendees through the steps to properly document her risk of developing the disease.

Slow and Steady

The first step toward managing these patients is determining who qualifies as a suspect. Clinicians should take their time when deciding whether a patient should be treated as a glaucoma suspect, as this decision is not trivial and should be made only after gather-

ing all of the facts, according to Dr. Madonna.

Right off the bat, optometrists must be able to identify the early signs of glaucoma. "If you miss the subtle signs of early glaucoma, the patient doesn't get into the glaucoma surveillance system," Dr. Madonna said. "We need to

ensure that we continue to have good observation skills." He noted that clinicians should be exercising these skills while analyzing findings such as intraocular pressure (IOP), gonioscopy, structural exams of the disc and functional exams. Despite preconceived notions, Dr. Madonna suggested the macula is affected in early glaucoma and that measuring it should also be added to the clinical exam for the best chance of identifying early disease.

Dr. Madonna recommended taking multiple measurements and using several different tools to determine a patient's IOP peak, average and range for the most accurate and least variable results. When doing spectral-domain optical coherence tomography, he said to evaluate tomogram findings and

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OIS Addresses Challenges and Opportunities

ODs and industry execs gathered to talk shop and move the profession forward.

More than 225 individuals from 32 states gathered Thursday afternoon to attend the inaugural Ophthalmic Innovation Summit (OIS) at SECO. The event was designed to facilitate the exchange of information between clinical, capital and corporate leaders and accelerate the development and commercialization of novel therapies. Research and industry leaders provided short summaries of recent and upcoming drugs and products, each followed by a panel discussion.

"What we try to do at OIS is introduce you to emerging products with emerging clinical benefits—those things that are poised to change eye care," said Emmet T. Cunningham, MD, PhD, co-chair of the event. "You'll see how they can

be integrated into clinical practice with a more optometric approach and input."

"Mapping the future of the profession is what this meeting is all about, and I'm happy to help bring this to SECO," added co-chair James Thimons, OD.

The afternoon of innovation presentations included discussions from Ocnexus Therapeutics, Macu-Logix, SightGlass Vision, Eyenovia, SilkTech, Eyedaptic and Ocumedic.

The dry eye spotlight allowed Kala Pharmaceuticals, Oyster Point Pharma, Novaliq, Sight Sciences and Johnson & Johnson Vision to discuss their breakthroughs in drug delivery, such as a nasal spray, a water-free system and a wearable open-eye device that applies localized heat. A panel moderated by co-



Dr. Karpecki led a panel discussion on dry eye therapy innovations.

chair Paul Karpecki, OD, discussed the potential benefits of these different delivery systems.

Mati Therapeutics, Allergan, Vivid Vision and Bausch + Lomb participated in the glaucoma innovation spotlight, which focused on punctal plug and nitric oxide

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Getting to the Point of Injections

Before performing these procedures, understand the protocol.

Few optometrists in America can perform injections, but for those in states where it's permitted—or just those interested in how it's done—Jason Duncan, OD, FAAO, reviewed what ODs need to know on Thursday morning. He's a professor at Southern College of Optometry in Tennessee (one of the states where these procedures are performed by optometrists) who expresses a clear passion for treating the many lesions, lumps and bumps that can develop around the eye and lids.

First Things First

Before even picking up a needle, Dr. Duncan said, do your due diligence. That includes obtaining the patient's written informed consent and a careful history of the patient's allergies. Additionally, any doctor performing injections needs to follow OSHA regulations, including proper disposal—no doctor needs the headache of one of their technicians getting stuck by an improperly discarded needle—and protective equipment. Dr. Duncan recommended anyone performing an invasive procedure use nitrate gloves instead of latex, which can trigger allergies. In fact, some patients (and doctors) can be so sensitive to latex that even a needle that came wrapped in a latex wrapper can cause a reaction. A quick intradermal pathergy test can help the clinician identify whether the patient is likely to experience such an allergic reaction.

The Mechanics of an Injection

Dr. Duncan reviewed the precise mechanisms of drawing medication into the syringe, handling techniques and how to effectively equalize the pressure to avoid having the medication unexpectedly spray out of the needle (be sure to keep the bevel up and inject at an approximate 15° angle). Remember to apply pressure after injecting the medication, he warned. Some types



Dr. Duncan explained the elements of a syringe and the specifics of proper handling in his Thursday morning course.

of injections aren't currently in any optometrist's scope of practice, but Dr. Duncan advocates for any medical profession to at least be familiar with how they're performed and the safety protocols of each.

Anesthesia

Before some injections—subconjunctival, for example—local anesthesia must be instilled. Although they're not common, side effects can occur, and any optometrist using lidocaine must be aware of signs of central nervous system reactions, which manifest as lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred or double vision, vomiting, sensations of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness and respiratory depression and arrest.

Hands Off

If a patient presents with a lump around the eye that is hot to the touch, swollen, red or painful, it's probably best not to inject. Dr. Duncan learned this lesson the hard way, he said, when he attempted to inject a patient whose lesion had a small yellow spot in the middle of a large red bump. The hardened yellow bit indicated that it could be

removed, but everything else about it indicated it shouldn't be touched. He ended up injecting into the pus and, "what happens to anesthetic in the presence of pus? It won't work," he explained.

Other presentations to refer out, according to Dr. Duncan, include sebaceous cell carcinoma (which may appear to be a chalazion that recurs in the same location), anything that appears to be malignant (signs include ulceration, color change and size change) and dermolipoma (a condition in which orbital fat prolapses forward around the eyelid; that's a job for an oculoplastic surgeon).

Potential Complications

Any aspect of a procedure and its follow-up care can have deleterious effects. Dr. Duncan has personally seen patients experience allergic reactions to neomycin, particularly patients with especially light skin.

Subconjunctival injections have the potential to create spikes in intraocular pressure and even lead to glaucoma as far out as a month after the injection, so patients should be monitored regularly.

Dr. Duncan stressed that many of these procedures don't pay much, but they are simple ways to make a tremendous impact on the lives of patients. ●

SECO To Vote on 13th Member State

Oklahoma optometrists look forward to partnership.

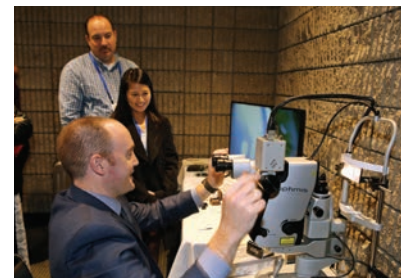
SECO's family may be growing. With a vote this afternoon during the House of Delegates meeting, SECO's board will be deciding whether to add Oklahoma as the 13th member state of SECO—the first addition since 1947. Current member states include Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Virginia and West Virginia.

The Oklahoma Association of Optometric Physicians (OAOP) represents more than 500 optometrists in the state.

"OAOP's core values are rooted in integrity and competence through medical and educational excellence and pioneering the vision for tomorrow's leadership," explained Jason Ellen, OD, president of the OAOP. "SECO's mission is perfectly aligned with these values, and we are confident that our eye care professionals will greatly benefit from our SECO membership. We look forward to learning the results of the vote."

Joel Robison, OD, executive director for the OAOP, said he's hopeful that SECO membership will provide them an opportunity to work in conjunction with other member states. Nathan Lighthizer, OD, who practices in Oklahoma, added, "It seems like a natural fit for Oklahoma to join SECO, especially considering that numerous states share very similar scope of practices with Oklahoma. I think it will be very mutually beneficial for all involved."

One benefit Oklahoma ODs can collect on immediately is being charged membership rates during SECO registration.



Oklahoma's Nathan Lighthizer, OD, has been a regular presenter at SECO. Today, the organization will vote on admitting his state as its 13th member.

SATURDAY, FEBRUARY 23

SECO's comprehensive program offers over 250 educational courses throughout the conference. Here are today's.

Time	#	Course	Presenter(s)	Location
7am-8am	134	How to Take the Recurrent Out of Recurrent Corneal Erosion	Colatrella, Varanelli	Room 295
	135	Blood Flow in Glaucoma	Semes	Room 296
	136	Tech Support: You Got This	Parker	Room 290
	137	Injectable Medications in Eye Care	Than	Room 284
	138	Intracranial Hypertension and the Eye	Johns	Room 293
	593	Visual Consequences of Systemic Pediatric Conditions	Frazier	Room 287
	594	How to Optimize Your Patient's Retinal Health Over a Lifetime	Dierker	Room 285
	595	Beauty is in the Eye of the Beholder: Noninvasive Cosmetic Procedures	Elliott	Room 286
	596	Digital Eye Strain	Hagemeyer	Room 298
	597	Office Based Minor Surgical Procedures: Preparing the Room, the Patient and Yourself	Graves	Room 299
	598	Low Vision Technology: An Interactive Experience	Call	Room 288
	599	Sunshine Has a Dark Side	Manso	Room 289
600	Backstage Pass to the Amazing Trunk Show	Roberts	Room 297	
7am-1pm	811	ABO Review Course	Drake	Room 385
8am-9am	601	Diplopia: Don't Panic	Rovick	Room 393
	603	Using Contact Lenses For Myopia Control	Qayum	Room 389
	604	Performing Thorough and Reliable Visual Fields	Graves	Room 399
	605	Sphere, Toric and Multi-focal Contact Lens Evaluation/Troubleshooting and an Introduction to Specialty Contact Lens	Moscow	Room 388
	606	Hiring Right	Manso	Room 397
8am-10am	62	Glaucoma and MIGs	Ahmed	New Orleans Theater
	602	Total Ophthalmic Competence	Lawrence	Room 390
9am-10am	607	Guide to Taking Patient History	Attar	Room 388
	608	Vision Testing for All Ages and Acutities	Rovick	Room 399
	609	The Significance of Eye Symptoms	Russo	Room 393
	610	Filtering Lenses	Manso	Room 389
	611	Amblyopia Management for the Primary Care Practioner	Sorkin	Room 294
	812	Prism Progressive Learning Lab	Wild, Singley	Room 387
9am-4:30pm	900	SECO Optometry Board Review: Part 1	McBryar, Gurwood, Myers, Tyler, Weaver, Modica	Room 291
10am-11am	935	Practicing in a World of Disruptive Technology (Grantor: VSP)	Wright	Presentation Theater 1
	937	What's Next...The Blind Spots of Practice Profitability (Grantor: Essilor)	Parker, Pigneri	Presentation Theater 2
	938	A Commercial Leaseholders Practice Building Guide—And I Still Don't Sell Glasses But I Fit Lots of Contacts (Grantor: Energeyes)	Wilson	Presentation Theater 3
10am-12pm	813	Refractometry: Basic Lecture and Lab	Guyette, Call	Room 398
	814	Eye Dissection Learning Lab	Griffith	Room 384
10:35am-11am		Laser Tag: From Capsulotomies to Iridotomies!	Castillo	Practice IQ stage
11am-12pm	139	Diagnostic Testing in Uveitis	Colatrella, Varanelli	Room 293
	140	Laser Therapy for the Open Angle Glaucomas	Lighthizer	Room 297
	141	Low Dose Atropine for Myopia Control	Johns	Room 295
	142	Vitreomacular Disorders	Rafieetary	Room 292
	143	The Care and Handling of Ocular Prosthetics	Sanders	Room 298
	612	Service with a Smile	Elliott	Room 290
	613	Visual Hallucinations: Not Always a Migraine	Porzukowiak	Room 296
	614	Just Hanging Around: Lid Ptosis 101	Graves	Room 399
	615	Understanding Prism the Ins and Outs, the Ups and Downs	Brackley	Room 397
	616	Effective Triage in Pediatric Eye Care	Qayum	Room 299
	617	Hey PAL! Troubleshooting and Matching Tasks	Manso	Room 284
	618	The Solution Dilemma	Russo	Room 285
619	The Frames Advisor	Smith	Room 390	
12pm-12:25pm		The DNA of Product Assortment	Mixon	Practice IQ stage

EDUCATIONAL PROGRAM

For course descriptions and the entire five-day education program, visit attendseco.com/education.

Time	#	Course	Presenter(s)	Location
12pm-1pm	305	FREE OD Lunch Symposium Presented by Alcon		Amphitheater Hall H
	933	What's Next...The Myopia Epidemic (Grantor: Essilor)	Hanlin, Parker	Presentation Theater 2
	936	Student Debt: The Numbers Actually Work in Your Favor (Grantor: VSP)	Schultz, Wright	Presentation Theater 1
		Creating a Pathway to a Certified Staff	Franklin	Presentation Theater 3
12pm-1:15pm	307	FREE Student Symposium (Presented by Alcon, JJVC and Coopervision)		Room 394-396
12pm-2pm	815	Lensometry Learning Lab	Wild, Singley	Room 387
	816	Slit Lamp Learning Lab	Attar	Room 386
12:35pm-1pm		Interactive Patient Experience For The Future (Presented by Alcon, JJVC and Coopervision)	Rinkus	Practice IQ stage
1pm-2pm	145	Current Protocols in Oral and Topical Medications	Autry	Room 295
	626	Managing Strabismus Using Spectacles	Qayum	Room 286
	646	Creating an Experience	Mixon	Room 388
1pm-3pm	144	Clinical Evaluation of the Optic Nerve in Glaucoma [CEE/TQ COURSE]	Lifferth	Room 289
	146	Secrets of an Infectious Disease Expert	Kalayjian	Room 297
	147	Watch Out for AMD Imposters [CEE/TQ COURSE]	Rafieetary	Room 390
	148	Prevention of Medical Errors	Semes	Room 299
	620	Ocular Urgencies and Emergencies [CEE/TQ COURSE]	Myers, Gurwood	Room 393
	621	Non-pharmacological Management of Myopia	Bodack	Room 399
	622	Common Sense Approach to Coding: 99XXX vs 92XXX Codes, Diagnostic Testing, Procedures and Modifiers	Moscow	Room 292
	623	Ocular Anatomy and Associated Disorders: A High Speed Tour From Front to Back	Rovick	Room 392
	624	The How and Why of Entrance Testing	Brackley	Room 298
	625	Focusing on Diabetes and Its Ocular Manifestations	Brujic	Room 284
	704	Vision Therapy Learning Lab	McBryar, Sorkin	Room 383
	705	Ocular Prosthetics Learning Lab	Sanders	Room 384
	1pm-7pm	817	NCLE Review Course	Russo
3pm-3:25pm		Botox Injection Skills	Castillo	Practice IQ stage
3pm-4pm	934	What's Next...Reinventing Refraction (Grantor: Essilor)	Hammonds	Presentation Theater 2
	940	Practice Management for the Corporate Optometrist Panel Discussion (Grantor: Energyeyes)	Wilson	Presentation Theater 3
		Maximizing Reimbursements with Your VSP Patients (Grantor: VSP Global)	Winnick	Presentation Theater 3
3pm-5pm	706	Brain Injury Learning Lab	McBryar, Sorkin	Room 383
	818	Refractometry: Advanced Lecture and Lab	Guyette, Call	Room 398
4pm-5pm	150	IOP in Perspective	Semes	Room 289
	151	Secure Office Communications	Parker	Room 299
	153	Prosthetic Grand Rounds	Sanders	Room 286
	627	Optical Dispensing for the Pediatric Patient	Elliott	Room 287
	631	Keep Patients in the Express Lane	Roberts	Room 388
	632	Patient Communication and Sales Strategies	Manso	Room 390
4pm-6pm	149	Treatment and Management for Challenging Anterior Segment Cases [CEE/TQ COURSE]	Colatrella, Varanelli	Room 294
	152	The Modern Management of Ocular Oculusive Disease [CEE/TQ COURSE]	Myers, Gurwood	Room 285
	628	Judicious Prescribing Review of Commonly Used Oral Narcotics	Lighthizer	Room 399
	629	The Many Faces of MS [CEE/TQ COURSE]	Modica	Room 289
	630	Know Your Digital Score: It's The Secret to Attracting New Patients	Carter	Room 298
	633	Multifocal Contacts: How They Work and How to Make Them Work	Brujic	Room 284
5pm-6pm	154	Office and Internet Security	Parker	Room 299
	634	ADHD and Visual Problems	Frazier	Room 287
	635	Cataract Co-management from A to Z	Autry	Room 290
	636	The Ultimate Team Member	Roberts	Room 388
	637	Safe vs Unsafe Claims in Blue Light Management	Manso	Room 390
	638	Glasses to Glaucoma: Signs, Symptoms and Treatment of Common Eye Conditions	Moscow	Room 286
5pm-7pm	901	Ophthalmic Professionals Certificate Program Final Assessment 1	Lawrence, Franklin	Room 387

SUNDAY, FEBRUARY 24, EDUCATIONAL PROGRAM

Time	#	Course	Presenter(s)	Location
8am-10am	63	The Great Bourbon Street Glaucoma Debate	Hom, Madonna, Autry, Semes	New Orleans Theater
	639	Welcome to the World of Scleral Lenses [CEE/TQ COURSE]	Brujic	Room 288
10am-11am	640	The Weakest Link: An Interactive Experience	Roberts	Room 298
10am-12pm	155	Who, Why and How of Scleral Lens Fitting	Barnett	Room 289
	156	Co-management Quandaries [CEE/TQ COURSE]	Mann, Thompson, Ajamian	Room 287
	641	Contact Lens: Tales From the Trenches	Brujic	Room 285
11am-12pm	642	Hurry Sickness	Roberts	Room 298
12pm-2pm	643	Anterior Segment Alphabet Soup	Tyler	Room 394-396
	644	The Issue of Non-Compliance	Drake	Room 285
2pm-4pm	157	Everything You Ever Wanted to Know About Posterior Segment Inflammation	Rafieetary	Room 293
	645	Selecting the Proper Lens for the Prospective Contact Lens Patient	Russo	Room 285
4pm-5pm	158	Oculoplastic Update	Thompson	Room 284

Missed a course at SECO 2019? Log onto secouniversity.com throughout the year to access all courses.

CAREER ACHIEVEMENT AWARD

Without the tireless efforts and years of exhaustive research of Donald Korb, OD, FAAO, optometry wouldn't know all it does today about meibomian gland dysfunction, giant papillary conjunctivitis or lid wiper epitheliopathy. Indeed, Dr. Korb coined all three of those terms. He is also a pioneer of contact lens and artificial tear development, a long-time political advocate for optometry and the inventor of the LipiFlow and LipiView devices for meibomian gland imaging and treatment.

For these reasons and his many other contributions to eye care over a decades-long career, Dr. Korb was honored by *Review of Optometry* at a ceremony Thursday night. The annual award

has recently been renamed the Frank Fontana Career Achievement Award in memory of St. Louis's Frank Fontana, OD—the award's first recipient—after his death late last year. His life and career were celebrated at the dinner on Thursday as well.



Above: *Review of Optometry* Publisher Jim Henne presents Dr. Korb the career achievement award. At right: Dr. Korb shares a moment with Joe Boorady of J&J Vision and Howard Purcell of New England College of Optometry.



SPEAKER SPOTLIGHT



Dr. Modica's SECO 2019 schedule includes:

• **SECO Optometry Board Review: Part 1**

Saturday 9am–4:30pm, Room 291

• **The Many Faces of MS**

Saturday 4pm–6pm, Room 392

Patricia Modica, OD, FAAO

Associate Clinical Professor, SUNY College of Optometry

Dr. Modica is a graduate of the Pennsylvania College of Optometry at Salus University and completed a residency in primary care and a fellowship in neuro-ophthalmic disease at The Eye Institute of the Pennsylvania College of Optometry. She is currently an associate clinical professor at SUNY College of Optometry, where she teaches neuro-ophthalmic disease and neuroanatomy and sees neuro-ophthalmic disease patients.

She has lectured nationally and internationally on related topics and has published the textbook *Neuro-Ophthalmic System: Clinical Procedures* by Butterworth-Heinemann. She is a Fellow of the American Academy of Optometry and currently serves as the Vice-Chair for the Special Interest Group "Neuro-Ophthalmic Disorders in Optometry."

Message from incoming SECO president J. Max Ernst, OD

Carrying on SECO's Tradition of Excellence

Thank you, SECO, for this tremendous opportunity and thank you, Dr. Balius, for so graciously handing over the reins. I'm pleased to have been recognized with this honor—as I accept the prestigious role, I want to start by taking a look back.



from hard lenses to soft and to all of the options we have today. Keeping abreast of changing spectacle lens designs and materials was—and still is—vital to optometric care.

In the 70s and 80s, as optometry began the change from an optical profession to a primary care profession, SECO was teaching disease management, diagnostic techniques and therapeutic treatments. SECO states led the way in this change. West Virginia, North Carolina and Kentucky all advanced this profession in the early days of optometry becoming the primary eye care profession.

Now, nearly a century later, we meet again here in New Orleans with the exact same mission and opportunity. Surgical procedures and medical treatments unheard of at that first meeting are now be-

In 1923, a group of optometrists met in Greenville, SC, to gather information from each other and form an organization that would come to be known as the Southeastern Educational Congress of Optometry (SECO). Those doctors were dedicated to the improvement of optometry through education and fellowship. Since that first meeting, SECO has advanced the knowledge of all optometrists. First, it was teaching our colleagues better optics and lens designs. Then, it focused on contact lenses as they changed

ing performed by your colleagues. Optometrists here in Louisiana are performing laser procedures, as well as in Oklahoma and Kentucky. SECO continues to stand with all optometrists in our mission to give eye care professionals like yourselves the best and most up-to-date education possible.

As an organization led by and for optometrists, SECO is dedicated to the 12 states that comprise our membership. It is from those members, our trustees, the committee volunteers, and the executive committee, that we draw our greatest strength: a diversity of ideas and knowledge. These folks dedicate a significant amount of time to SECO.

Optometrists and allied healthcare professionals from across the nation and world recognize the value of their SECO experience. From cutting-edge education, the expansive exhibit hall, the social functions or simply meeting up with their friends, SECO provides our

colleagues with those opportunities.

SECO is a strong organization and is well prepared to continue into the future. While other regional bodies have faltered, SECO remains dedicated to its core tasks. We will continue to support our member states, optometry schools and affiliate partners with education grants, SECO University and access to the best education in the country

From each of our state members, I ask your leadership what we can do to help your membership, the individual doctors of optometry. When we work as a team, we will do great things together. I ask each of you to contact me if you have any ideas or questions you would like to put forward.

Thank you for this opportunity. I will continue our great traditions in SECO. We will keep bringing you the best education and programs for the optometrist of today and tomorrow. Now, let's go have some fun! ●

Message from outgoing SECO president Emilio Balius, OD

SECO's Location Isn't 2019's Only Change

Welcome to SECO 2019! Thank you for joining us in this exciting new location! For the first time in more than five decades, we are welcoming you to a new setting—beautiful, vibrant New Orleans. This city makes a fitting backdrop for our profession's annual conference. I'm so pleased that you've chosen to join us, and if you are new to SECO, we welcome you and encourage you to connect with this vital and hospitable gathering of peers.

SECO has a long-standing history of providing ophthalmic professionals leading-edge innovations and best practice business solutions that shape eye care. However, history and tradition do not keep SECO from taking a fresh approach to conference and education offerings. I'm confident that,

as you plan your sessions, explore Optometry's Marketplace™ and join us for the many and varied networking opportunities, you will be inspired and will gain new, business-impacting insights.

When I accepted the role of SECO president, I expressed my commitment to continue to build this great conduit to learning and provide the most impactful, innovative, emerging education our community needs to be successful.

This is an exciting year for SECO. Make the most of your conference by participating in our many offerings, including the new "See the Vision of Tomorrow" forum.



You will absolutely need to make time to explore 200 companies representing more than 900 leading brands—perhaps the most we've ever hosted—exhibiting at Optometry's Marketplace™. It's your best opportunity to see all of the latest equipment, technology, eyewear trends and innovations in optometry. Take full advantage of the opportunity to get hands on, ask questions and even place orders for your office. While visiting Optometry's Marketplace™, be sure to sit in on one, or many, of the innovative, informative sessions hosted at three Presentation Theaters where you can learn something new and earn up to nine free CE hours in the time remaining for the

conference (a total of 27 hours will have been offered over the course of the week).

We've also created a new series, the Practice IQ Eye-cons Expert Series, where forward-thinking experts will share their knowledge and lessons learned on some of the biggest topics in their field of expertise.

Thank you for being here. I hope that you enjoy your time at SECO and you take in all the sights, sounds, and tastes this beautiful city has to offer. And more importantly, I hope you leave here with an assortment of new skills and a revitalized approach to business success.

Next year, we move back to Atlanta. The home may be familiar, but the SECO experience is always unique and irreplaceable, so plan to join us to achieve your business goals in 2020. ●

SECO 2019's Award Winners

These top experts are recognized for their commitment to the profession and their exceptional skills.

According to SECO International President Emilio Balias, OD, “the ophthalmic profession is strengthened by individual contributions of knowledge, leadership, advocacy and service.” With this in mind, SECO will recognize five outstanding contributors to the field.

“Each year, SECO takes the opportunity to celebrate those that are going above and beyond in their efforts to serve” says Dr. Balias. This year, the awards will be issued to Pete Smith, OD (Optometrist of the South), Melanie Jenkins, CPO, (Paraoptometric of the South) Kayla Campbell, OD, (Young Optometrist of the South) Catherine Amos, OD, FAAO (Distinguished Service Award) and Jerald Combs, OD (President’s Award).

Optometrist of the South

The 2019 Optometrist of the South Award will be presented to Pete Smith, OD of Greer, South



Carolina. Dr. Smith has been in private practice in South Carolina for nearly fifty years, alongside his wife and fellow practitioner, Rosalind Overton-Smith, OD. A lifetime member of the South Carolina Optometric Physicians Association (SCOPA) and the American

Optometric Association (AOA),

Dr. Smith has served on the SCOPA Board of Directors and provided invaluable leadership and advice as a result of his years of experience in private practice. He is a grassroots expert, actively involved in advocacy work to support the optometry profession legislatively and working with legislators to develop their trust when it comes to vision and eye-related issues. Dr. Smith’s contributions to optometry in South Carolina are immeasurable and he continues to influence and make a difference in the profession.

Paraoptometric of the South

The 2019 Paraoptometric of the South Award will be presented to Melanie Jenkins, CPO of Spring Hill, Tennessee. Ms. Jenkins is a crucial asset to the office of Rob Szeliga, OD, managing all administrative aspects of Spring Hill Eyecare with



heart and creativity. Her involvement and attention to the community are unparalleled, whether it is her commitment to internal office initiatives that put a smile on the faces of Spring Hill Eyecare associates, charitable initiatives that give back to the community, or involvement in the state association officers’ board. Ms. Jenkins’ hard work, dedication, and willingness to go above and beyond at Spring Hill Eyecare is recognized and appreciated among optometry professionals.

Young Optometrist of the South

The 2019 Young Optometrist of the South Award will be presented to Kayla Campbell, OD of Barboursville, West Virginia. Dr. Campbell is a graduate of Alderson Broaddus University where she earned a B.S. in Chemistry and Biology, graduating Magna Cum Laude, before attending and receiving her Doctor of Optometry degree in 2014 from Indiana University School of



Optometry. She returned to West Virginia to practice optometry, becoming involved in the West Virginia Association of Optometric Physicians and the community programs they support, including education and leadership programs.

In 2019, Dr. Campbell will become the newest Trustee of the WVAOP Executive Board. A devoted mother and wife, Dr. Campbell is an important asset to the optometric program and the West Virginia Association of Optometric Physicians.

Distinguished Service Award

The 2019 Distinguished Service Award will be presented to Catherine Amos, OD, FAAO, of Hoover, Alabama. Dr. Amos is recognized for her outstanding service and distinguished contribu-



tions to the advancement of continuing education in optometry worldwide during 40 years of service as a dedicated volunteer leader with SECO International.

Dr. Amos graduated from the University of Alabama School of Optometry with her Doctor of

Optometry degree in 1974, making her the first female graduate of the school. She has served on numerous committees and boards of many professional organizations throughout her career. Dr. Amos has served as President of the Birmingham Area Optometric Society, and President and Chairman of the Board of the Alabama Optometric Association (ALOA), among others. She has published 10 refereed papers and presented over 30 continuing education courses. She is currently serving as Chair of the Disaster Relief Committee for Optometry Cares.

President's Award

The Southern Council of Optometrists is pleased to honor Jerald Combs, OD, of Martin, Ken-



tucky, with the 2019 President’s Award in recognition of his dedicated years and outstanding advancements to the profession of optometry. Dr. Combs received his Doctor of Optometry degree from the University of Alabama School of Optometry before returning to pri-

private practice in Kentucky. He previously served as President of the Kentucky Optometric Association from 1988-1989, President of Kentucky Board of Optometric Examiners in 2003, 2005 and 2012. His dedication to the growth of optometry serves as an example to the professional community. Dr. Combs has had numerous professional and civic achievements over the years, including being honored as the Optometrist of the South at SECO 2005. ●

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**Additional registration fees if attending both meetings. Agenda subject to change. Review Education Group partners with Salus University for those ODs who are licensed in states that require university credit. See www.reviewsce.com/events for any meeting changes or updates.


**OPTOMETRY'S
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**EXHIBIT HALL EVENTS FOR
SATURDAY, FEBRUARY 23**
**OPENS: 10am
CLOSES: 4pm**
PRACTICE IQ PAVILION

Continue your education outside the classroom at this nontraditional learning area, where you can dive deep into valuable topics such as the latest innovations in digital health, medical devices, surgical and clinical care and advanced practice procedures to position your practice for long-term success. Open during exhibit hall hours.

PRACTICE IQ EYE-CONS EXPERT SERIES

Listen to forward-thinking experts share their knowledge and lessons learned on some of the biggest topics in their fields of expertise. Sessions are offered at no charge. Today's schedule:

10:35am–11am: Laser Tag: From Capsulotomies to Iridotomies!

12pm–12:25pm: The DNA of Product Assortment

12:35pm–1pm: Interactive Patient Experience For the Future

3pm–3:25pm: Botox Injection Skills

Sponsored by Primary Care Optometry News.

STUDENT LOUNGE

Come to the Student Lounge to take a break between sessions, network with other students and meet your peers—and to receive your \$100 cash stipend! *Sponsored by Luxottica.*

PRESENTATION THEATERS

Attend accredited presentations for eye care professionals at one of SECO's popular Presentation Theaters. Courses are free to attend on a first-come, first-served basis. Today's schedule:

- 10am–11am**
- Practicing in a World of Disruptive Technology (Grantor: VSP)
 - What's Next... The Blind Spots of Practice Profitability (Grantor: Essilor)
 - A Commercial Leaseholders Practice Building Guide—And I Still Don't Sell Glasses But I Fit Lots of Contacts (Grantor: Energieyes)
- 12pm–1pm**
- Student Debt: The Numbers Actually Work in Your Favor (Grantor: VSP) [Not for CE credit]
 - What's Next... The Myopia Epidemic (Grantor: Essilor)
 - Creating a Pathway to Certified Staff
- 3pm–4pm**
- What's Next... Reinventing Refraction (Grantor: Essilor)
 - Practice Management for the Corporate Optometrist Panel Discussion (Grantor: Energieyes)
 - Maximizing Reimbursements with Your VSP Patients (Grantor: VSP) [Not for CE credit]

**PRACTICE OF
TOMORROW
INTERACTIVE EXHIBIT**

Stop by to design the future of your practice, discover new office designs, methods to enhance workflows and the latest technologies for your team to work more effectively. Open during exhibit hall hours. *Sponsored by De Rigo REM, Johnson & Johnson Vision Care and Zeiss.*


MULTIMEDIA POSTER PROGRAM

Booth #1928

See the latest optometric research and case reports through these posters from students, residents and faculty that take advantage of technology to deliver a dynamic presentation that's far beyond the posters of old.

THE VIEW

Visit SECO's Luxury Eyewear Pavilion, which brings some of the world's most exclusive frame companies and brands to New Orleans.

NEW ORLEANS FOOD TASTING TOUR

Today, 3pm–4pm

Taste your way through the Big Easy on a food tour of New Orleans's French Quarter without leaving Optometry's Marketplace™, stopping to sample some of the city's most distinctive foods along the way. Bring an appetite for everything from jambalaya to beignets.



Exhibitor Listing for SECO 2019 (as of February 11, 2019)

EXHIBITOR	Booth	EXHIBITOR	Booth	EXHIBITOR	Booth	EXHIBITOR	Booth
A&A Optical	628	Dry Eye Doctor, The	842	Lafont	629	Plusoptix	1443
ABS Smart Mirror	1441	Dry Eye Institute	1439	LasikPlus	1305	Premier Ophthalmic Services	705
ABB Optical Group	701	Dynamic Labs	1815	Lens Butler, The	805	Presenta Nova	1719
Acuity Pro	1237	Eastern Ophthalmic Supply & Repair	906	Leon Global Group	1920	Primary Care Optometry News and Healio.com by Slack	139
AI Care	700	EdgePro by GPN Technologies	1711	Lighthouse by Web.com	1821	Professional Eye Care Associates of America	429
Akorn	1040	Edison Optics	222	Lombart Instrument	806	Quantel Medical	807
Alcon	1533	E-dr. Network/New Era	1823	Lumenis	1610	Quidel	1930
Allergan	1019	Elsevier	1704	Luneau Technology USA (AIT, Briot, WECO, LPO, Visionix)	1029	Regeneron	1545
Allied Powers	1706	Encore Vision	438	L'Unique Optique	V 10	Reichert	810
American Academy of Optometry	122	Energieyes, the Association of Corporate- Affiliated Optometrists	245	Luxottica Group	235	Review of Optometry	843
American Academy of Orthokeratology and Myopia Control	121	Eschenbach Optik	1235	M&S Technologies	1507	RightEye	1538
American Board of Opticianry – National Contact Lens Examiners	130	eSee Acuity	813	MacuHealth	2025	Roya.com	1916
American Board of Optometry	131	Essilor Instruments USA	1912	MacuLogix	904	Salus University Pennsylvania College of Optometry	2018
American Society of Optometric Surgeons	1044	Essilor of America	1616	Marco Ophthalmic	816	Santinelli International	1135
Angiogenesis Foundation, The	2036	Ethis Healthtech	1236	Marcolin USA Eyewear Corp	1111	ScienceBased Health	1640
Applied Medical Systems	1612	Europa Eyewear	639	MaximEyes by First Insight	711	Scleral Lens Education Society	123
Arbor Eyewear	420	Eye Designs	1229	MaxiVision (MedOp Health)	1923	Second To None Beauty	2010
Armed Forces Optometric Society	118	EyeCarrot Innovations	1902	Mei System	1703	Select Merchant Solutions	1234
Armourx Safety	1915	Eyefficient	708	Mid-Gulf Instruments	706	Shamir Insight	2023
Art Optical Contact Lens	1505	Eyefunc	234	Modern Optical International	528	Shire	1129
Article One	422	Eyes of Faith Optical	1000	Modern Optometry/Bryn Mawr Communications	943	Sight Sciences	1929
Aspex Eyewear Group	1211	Eye Vance Pharmaceuticals	2020	Mondottica USA	435	Signet Armorlite	1315
Avalon Eyewear	335	Faniel Eyewear	V2	Morel Eyewear	434	Smilen Eyewear	431
Avesis, a Guardian company	545	Focus Laboratories	1843	My Vision Express	940	Solutionreach	1501
Baumvision	V5	Fortifeye Vitamins	1605	Myco Industries	1606	Southern College of Optometry	2019
Bausch + Lomb	1319	FoxFire Systems Group	1705	MyEyeDr	1005	Specsby	1445
Bayou Ophthalmic Instruments	803	Gazal Eyewear	V8	National Academy of Opticianry	128	Studio Optyx	538
Beaver Visitec International	1128	Global Expo	740	National Board of Examiners in Optometry	1602	Sun Ophthalmics	1721
Binocleuses	V1	Good-Lite	901	National Optometric Association	120	Sun Ophthalmics, Medical Information	742
Bio-Tissue	800	Hai Laboratories	1001	National Vision	1334	Suppleyes	1819
BK Frames	529	Healthy Eyes Advantage	134	NCI Vision Systems	702	Tear Film Innovations	1801
BlephEx	741	Heidelberg Engineering	1002	Neuro Optometric Rehabilitation Association International	136	TelScreen	1031
Blue Frog	1447	Heine USA	811	NeuroLens	1500	TLC Laser Eye Centers	1641
Bruder Healthcare Company	1828	Hoya Vision Care	1611	New York Eye	1414	Topcon Medical Systems	1219
CareCredit	1600	Icare USA	1737	Nidek	1028	Tropical CE	704
Centervue	1504	i-dealoptics	1411	Nova Southeastern University College of Optometry	2014	Tura	535
Central One Optical	228	Identity Optical Lab	1817	Novartis Pharmaceuticals	1700	UAB School of Optometry	2016
Chadwick Optical	1701	IDOC	1741	NuSight Medical	1722	US Vision	1642
Clearlens	531	IER innovations	1544	Oasis Medical	841	Valley Contax	1900
ClearVision Optical/BluTech	911	iHireOptometry	1935	Oculus	1130	Villa Eyewear	V6
Cliara	703	Imagewear	439	Ocusoft	1401	Vision Trends	644
Coburn Technologies	941	iMatrix	937, 1035	OD Solutions	1946	Visionary Eye Partners	1937
Color My World/Color Blind Glasses	1702	ImprimisRx	1607	Ophthalmogix	1743	Visioneering Technologies	707
Compulink Healthcare Solutions	1829	Innexus by Innereactive	1707	Optikam Teck	1601	Vital Tears	1542
CooperVision	1119	Integra Life Sciences	1806	OptiLanes	801	Volk Optical	1513
Corporate Optometry	138	International Sports Vision Association	136	OptiUSA/BK Frames	529	VOSH International	137
Costa Sunglasses	329	Interstate Optical	1313	Optometric Architects	1042	VSI, a division of Enhanced Medical Services	1310
Crystal Practice Management	1604	Invision Magazine	945	Optometry Protector Plan	840	VSP Global/VSP Optics Group/ Eyefinity/Marchon/Altair	1329
Davette's Lunettes	V3	lota	1917	Optometry Giving Sight	2012	Walman Instruments	921
De Rigo REM Eyewear	441	Jeunesse Innovations	323	Optos	1301	Walman Optical	921
Demandforce	641	Johnson & Johnson Vision	733	Optovue	1518	Wal-Mart Health and Wellness	1541
Design Eyewear Group: • Face a Face, Kilsgaard • ProDesign, Nifties, Woow	V14 337	Kala Pharmaceuticals	1911	Orgreen + Goldsmith	V4	Weave	1137
DGH Technology	1511	Kasperek USA Optical	229	Orion Vision Group	642	Westgroupe	442
Digital Healthcare Professionals	1928	Katena	534	Ottica Veneta	V12	Wiley X	243
Digital Heat Corporation	1944	Keeler Instruments	1506	Partners In Vision	221	Wolters Kluwer	1805
Diopsys	1238	Kentucky College of Optometry	2021	Patch	230	X-Cel Specialty Contacts	921
Doctible	1804	Kids Bright Eyes	643	PatientPop	1800	Zeiss	1015
Doctor Multimedia	900	Kio Yamato Optics	V11	PentaVision	135	Zero Gravity Skin	1603
		Konan Medical	1835				
		LA Eyeworks	V7				
		Lacrimedics	1840				
		Lacravera	1540				

Presentation Theater #3: Today's Talks

10am-11am
A Commercial Leaseholders Practice Building Guide—And I Still Don't Sell Glasses But I Fit Lots of Contacts (Grantor: Energeyes)

12pm-1pm
Creating a Pathway to Certified Staff

3pm-4pm
Practice Management for the Corporate Optometrist Panel Discussion (Grantor: Energeyes)



Today's Practice IQ: Eye-Con Expert Series Talks

- 10:35-11am: Laser Tag: From Capsulotomies to Iridotomies
- 12pm-12:25pm: The DNA of Product Assortment
- 12:35pm-1pm: Interactive Patient Experience For the Future
- 3pm-3:25pm: Botox Injection Skills

Practice IQ Pavilion

Stop by any time to enjoy educational exhibits on clinical care, practice management and long-term strategic planning. Plus, the Eye-Cons Expert Series (see details to the left) offers high-profile lectures from thought leaders several times each day.



Symposia Amphitheater Entrance

FASHION DISTRICT



The View
Visit SECO's Luxury Eyewear Pavilion, which brings some of the world's most exclusive frame companies and brands to New Orleans.

CENTRAL BUSINESS EXCHANGE
Attendees can conveniently access industry meetings in the exhibit hall. The **CBX** can be accessed from 7am to 8pm today through Saturday.

Buzz Bar
Grab a hot cup of coffee or a refreshing cocktail while you shop!

Food Tasting Tour — Today, 3pm-4pm
Taste your way through the Big Easy on a food tour of New Orleans's French Quarter without leaving Optometry's Marketplace™, stopping to sample some of the city's most distinctive foods along the way. Bring an appetite for everything from jambalaya to beignets.

Practice of Tomorrow

The Practice of Tomorrow interactive exhibit will share a vision for the future of eye care delivery including how we design, build, and operate our practices.



Darby's Bar

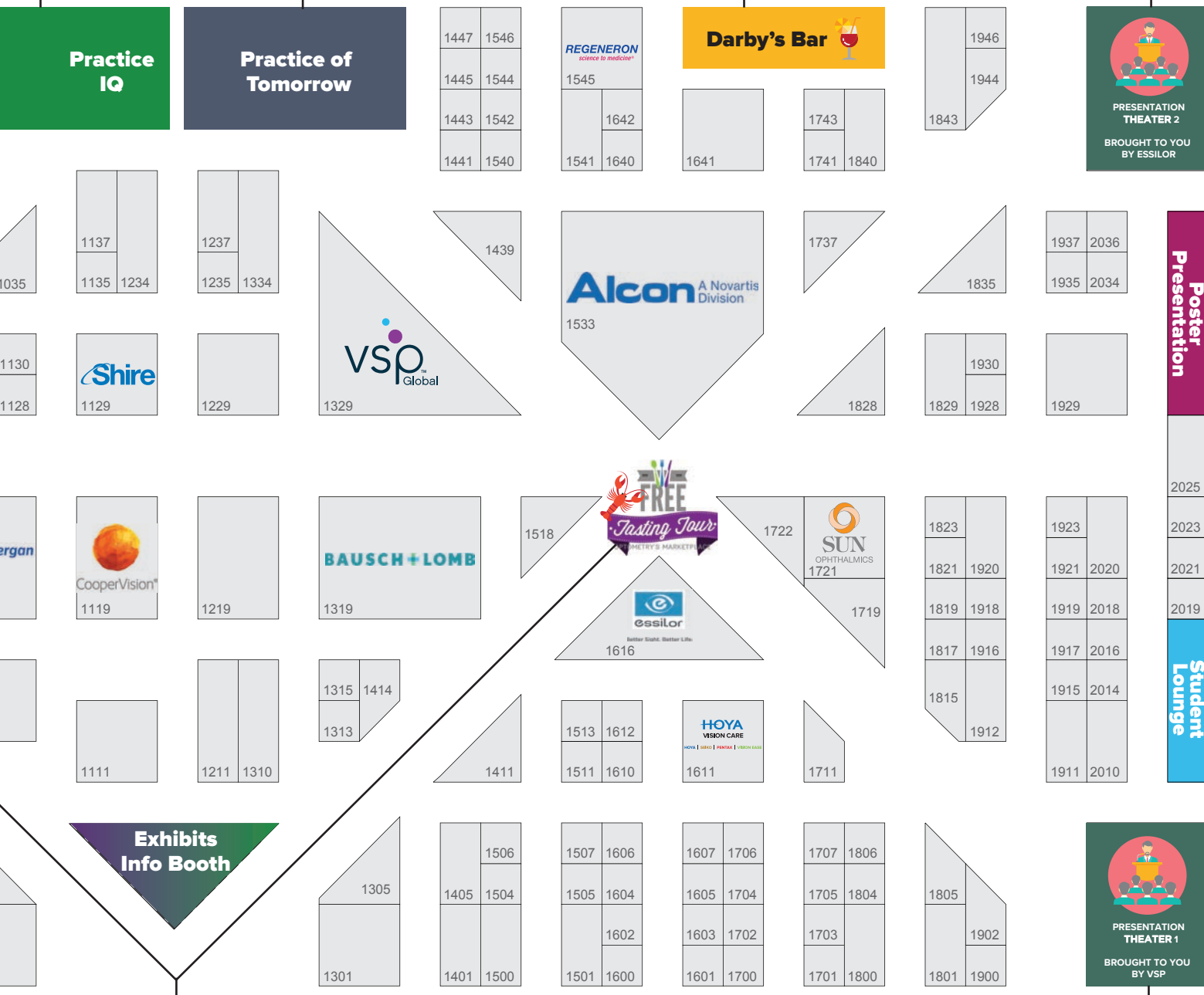
Grab a drink, catch up with friends and let the good times roll at Darby's Bar! Join us for drinks and networking during exhibit hall hours. We will see you there!

Presentation Theater #2: Today's Talks

10am-11am: What's Next... The Blind Spots of Practice Profitability
 12pm-1pm: What's Next... The Myopia Epidemic
 3pm-4pm: What's Next... Reinventing Refraction

Poster Presentations

See the latest research and case reports from students, residents, faculty and practicing ODs. Presenters will be available for questions.



MAIN ENTRANCE

Presentation Theater #1: Today's Talks

10am-11am
 Practicing in a World of Disruptive Technology
 12pm-1pm
 Student Debt: The Numbers Actually Work in Your Favor
 3pm-4pm
 Maximizing Reimbursements with Your VSP Patients



Student Lounge

Come to the Student Lounge to take a break between sessions, network with other students and meet your peers. Sponsored by





Show Specials & Product Launches

Make the most of your time at Optometry's Marketplace™ with these great deals in the exhibit hall.

Art Optical Contact Lens, Booth #1505

Diagnostic savings special: save \$50 on diagnostic fitting sets, including Ampleye Scleral, KeraSoft Thin and Rose K XL Semi-Scleral lens designs.

Cliara, Booth #703

Introducing Cliara Chio. Free sample to attendees. Special SECO 2019 introductory pricing \$10 plus shipping per unit order. Free shipping on orders of three or more. Bulk pricing available upon request.

Color My World/Colorblind Glasses, Booth #1702

New partner discount: any office signing up to be a Partner Office with CMW will receive \$100 off our full kit with all five glasses and all five clip-on versions, or \$50 off a partial kit with all five glasses and one clip-on for demonstration to your patients.

Corporate Optometry, Booth #138

Corporate optometry careers: one free job posting to SECO attendees who come to the booth.

Design Eyewear Group, Booth #337

Purchase any 30 frames from Prodesign, Woow or Nifties and receive two of equal or lesser value free. Restrictions apply; see booth for details.

Encore Vision, Booth #438

Order any 20 frames and receive two frames absolutely free, or you can receive 10% off any orders \$500 or more. Exclusions may apply.

Eyes of Faith Optical, Booth #1000

Get a 25% discount for 20 or more designer styles and 10% off the 10-year Anniversary collection.

Gazal Eyewear, Booth View 8

Now opening new accounts in the Southeast. Please stop by our booth to see the show specials, and grab some Gazal Eyewear swag and a tasty glass of champagne to ease those CE pains away!

iMatrix, Booths #937, #1035

The company has launched a new line of nine digital marketing solutions tailored to the needs of clients; including a range of services such as SEO, paid advertising and patient relationship management. The goal is to create a digital marketing strategy that works for each individual practice. iMatrix also has an array of à la carte services that can be added on to any solution to create a truly customizable product. Stop by the iMatrix booth to redeem your free office photo shoot or \$200 in Google Ad-words! Must be a current client or sign up onsite.

Kasperek USA Optical, Booth #229

Order 18 frames from any of our qualifying collections to receive a free iPad.

Kids Bright Eyes, Booth #643

We are excited to join SECO this year in New Orleans! Check out our show promotion: buy one collection (10 frames) and get one free frame plus 10 free stay-puts! Buy 24 frames and get three free frames plus 20 free stay-puts! All frames wholesale for just \$18.95 and are always backed with our one-year warranty.

Lacrimedics, Booth #1840

VisiPlug is the market-leading 180-day dissolvable occlusion therapy device. Regularly \$29/box, they are on sale at SECO 2019 for \$20/box. Will call available at the booth or \$5 UPS Ground flat-rate shipping.

MacuHealth, Booth #2025

Purchase one to four cases of MacuHealth with LMZ3 and save \$7 per bottle. Purchase five or more cases and save \$9 per bottle. Free shipping in the continental US for orders of four or more cases.

MaximEyes, by First Insight, Booth #711

Optometrists who attend a 10-minute demo of MaximEyes EHR at booth #711 will receive a \$10 Starbucks gift card. Free data conversion if you buy MaximEyes while at SECO 2019. See more at firstinsight.com.

OptiUSA/BK Frames, Booth #529

Get 15% off any show floor and online orders. Only for OptiUSA customers.

Quidel, Booth #1930

InflammaDry MMP-9 diagnostic test special: purchase 18 boxes for the price of 16 (\$2880/\$8 per test). Includes 360 tests for 180 patients. InflammaDry is the first rapid, in-office CLIA-waived test that detects elevated levels of MMP-9, an inflammatory marker that is consistently elevated in tears of patients with dry eye disease. InflammaDry is easily performed in four simple steps, minimally invasive, requires no special equipment and accurately identifies patients with dry eye, allowing for optimal treatment methods.

Santinelli International, Booth #1135

Santinelli, a name synonymous with precision ophthalmic lens finishing for nearly 45 years, will debut its newest all-in-one edging system, the LEXCE, at SECO 2019. Santinelli's most compact, feature-rich, multifunctional edging system yet can grind all materials, including the application of safety bevels, and advanced technology makes cycle-time processing 15-30% faster. This competitively priced, all-in-one system is offered in multiple configurations for new as well as existing labs. In-show special for sales made during SECO 2019: financing rates of 1.99% (for those who qualify).



Specsy, Booth #1445

Receive 40% off your turnkey Specsy retailer kit. The kit contains everything you need to get up and running with Specsy and begin selling custom 3D-printed frames in your shop.

The Dry Eye Doctor, Booth #842

We offer 10% off of any products purchased at our booth. Stop by to hear about other ways to save.

Walman Optical, Booth #921

Two show specials offered: (1) Buy 12 ProLens designer frames, get \$150 gift card or lab credit, and (2) New customers who purchase 10 frames will get 10 frames free.

X-Cel Specialty Contacts, Booth #921

Ask us about our \$150 Atlantis Scleral set. This offer is for a limited time only, so act fast!



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ABOUT

MAY 17-19, 2019

Join Review's New Technologies & Treatments in Eye Care May 17-19, 2019, at the Gaylord Opryland in Nashville.

This meeting provides up to **18* COPE CE credits** including interactive workshops!**

LOCATION

Gaylord Opryland

2800 Opryland Drive
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Reservations: 615 889-1000
DISCOUNTED RATE: \$209.00/night

Identify yourself as a participant of "New Technologies and Treatments Nashville" for discounted rate. Rooms limited.

REGISTRATION

Registration Cost: \$495

Early Bird Special: \$420

Special pricing ends March 15, 2019

ONLINE:

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PHONE:

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E-MAIL:

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**16th Annual Education Symposium
Joint Meeting with NT&T in Eye Care

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**Subject to change, separate registration required. See event website for complete details.

SECO CHAMPION SPOTLIGHT

Published in partnership with Allergan.



Allergan: 70 Years Advancing Eye Care

On our 70th anniversary, we would like to thank and honor the healthcare professionals around the globe who have partnered with Allergan in caring for patients.

Seventy years ago, Gavin S. Herbert, Sr., and his son, Gavin Herbert, Jr., brought Allergan to life with a droplet and a dream in a small laboratory above their Los Angeles drugstore. Seeing the potential to bring novel medications to patients around the world, Gavin Jr provided the leadership for Allergan to become a leading global eye care company. Their lifelong commitment to advancing eye care and improving the lives of patients remains at the heart of our organization.

Over the last 70 years, Allergan has discovered, developed, and delivered some of the most innovative products in the industry. Allergan has launched 125 eye care products and invested billions of dollars in new treatments for the most prevalent eye conditions including glaucoma, ocular surface disease, and retinal diseases such as diabetic macular edema and retinal vein occlusion. Our eye care pipeline includes 12 additional agents for multiple ocular conditions.

Our commitment to the well-being of patients is also reflected in philanthropy. Allergan and The Allergan Foundation support more than 150 organizations around the world working to improve lives and communities.

Allergan contributes significantly to the eye care community. We work closely with eye care clinicians, research leaders, and managed care organizations to stay abreast of their needs. We provide support for continuing education programs and academic institutions, as well as for recent graduates. For patients, we offer a variety of patient savings and assistance programs to ensure greater access to Allergan medications.

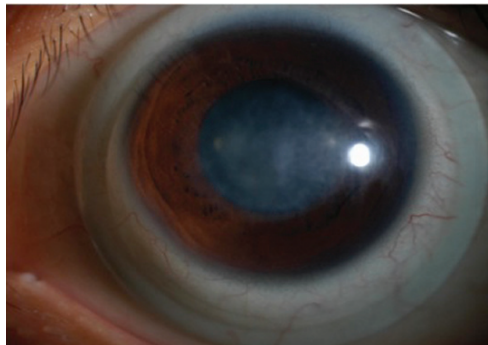
As a leader in eye care, we remain committed to helping eye care providers deliver the best in patient care through innovative products and outreach programs. Thank you, again, to the many healthcare professionals who have trusted Allergan for excellence in patient care. We look forward to working with you on this important mission for many years to come.

Sunday: 10am–12pm ROOM 289

Get Yourself a Scleral Lens Primer

ODs gearing up to add these to their practice can learn the who, why and how from a pro.

More and more optometrists are fitting patients with scleral lenses, and the upward trend shows no signs of stopping, according to Melissa Barnett, OD, FAAO, FSLs, FBCLA, principal optometrist at the University of California, Davis Eye Center. Clinicians ready to jump on the bandwagon and embrace fitting these lenses can learn the ropes by attending Dr. Barnett’s Sunday morning lecture, “Who, Why and How of Scleral Lens Fitting” to get started.



During Dr. Barnett’s Sunday morning session, clinicians will learn how to fit scleral lenses for all sorts of corneal conditions, including persistent epithelial defects.

“It is a fun lecture that commences with the history and growth of scleral lenses, covers scleral lens indications and troubleshooting techniques, encompasses technologies used in scleral lens fitting and includes the future of scleral lenses,” Dr. Barnett says. “There is something for everyone and many clinical pearls are included in this lecture.”

To begin, Dr. Barnett will provide a brief discussion of the modality’s rise in popularity and then dig into the specifics, including the various lens designs, diameters, characteristics and their modern-day materials. These lenses are ideal for patients with irregular corneas, Dr. Barnett says, and clinicians can reach for them for everything from corneal ectasias, persistent epithelial defects and ocular surface disease to poor comfort with traditional gas permeable designs. Newer indications include correction for high refractive error, presbyopia and for soft lens wearers who are unhappy with the comfort and vision in their current modality.

Dr. Barnett will dispel many of the common myths that hold clinicians back from embracing scleral lenses, such as the thought that they are too complicated to fit or they are only for specialty patients. The key to success, she says, is proper patient education. Patients who are prepared for the commitment, which may include extra visits, lens handling education and cost, will be far more successful, she says.

Clinicians—especially newcomers—will be most successful if they follow designated fitting steps that begin with choosing the appropriate lens diameter and ending with materials and designs such as multifocal lens options and surface coatings.

The presentation will then walk attendees through the five steps of lens fitting, replete with clinical images and fitting pearls garnered from Dr. Barnett’s robust experience. When deciding where to start, for example, clinicians should follow the fitting guides, select a lens based on the sagittal depth of the eye and make significant jumps as you move through the fitting set during the trial lens fitting process. And when you are ready to order lenses, don’t be afraid to use your knowledgeable lab consultants, Dr. Barnett says.

The second half of the presentation is geared toward clinicians comfortable with the basics and ready to take on advanced fitting techniques and technologies. Tools such as topographical maps, optical coherence tomography, profilometry and corneal-scleral profile software can all help clinicians fine-tune their lens fits. A discussion of the EyePrint Pro impression based technology will help the most advanced scleral lens practitioners become familiar with this new tool.

Dr. Barnett will wrap up with a rundown of troubleshooting tips such as how to handle lens decentration, mid-peripheral bearing, compression, hypoxia and fitting presbyopes, to name a few. She will leave attendees with a list of resources to help them along their scleral lens journey well beyond the session. ●

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Low Vision: ODs Need to Be Prepared

Friday began with tips and tricks to make this subspecialty a reality in the clinic.

Early risers gathered yesterday morning to learn about a patient population everyone will be dealing with sooner or later: low vision. Scott Gartner, OD, director at Low Vision Solutions, and Tom Porter, OD, director of Low Vision Services at St. Louis University, teamed up to share their 80 years of combined expertise on the topic.

“Something is going to happen in optometry no one is ready for,” Dr. Porter said. “It’s what I call the perfect storm. The population is aging, and age-related macular degeneration and diabetes—the main causes of vision loss—are two diseases we aren’t even close to curing. Added to that, we don’t have enough practitioners entering the field of low vision to care for these patients.”

That’s because low vision has always had a bad rap, the speakers agreed. Many assume it takes a lot of time, has a low success rate and uses too many optics formulas. But low vision has an 80% to 85% success rate, they said, and it’s simply a must in optometric practice. Research estimates as many as 37 million Americans fall into the low vision category, and that number may double in the next 15 years, they explained.

While low vision seems complicated, clinicians can focus on changing the three key “ingredients,” the

speakers said: enhanced contrast, magnification and modified patient behavior.

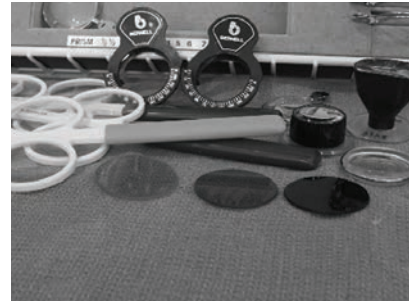
Contrast

When it comes to contrast sensitivity, patients never say they have diminished contrast, and instead describe hazy, cloudy or foggy vision, Dr. Porter said. Once you know what you are dealing with, you can improve the lighting, modify the object-background relationship and provide appropriately tinted lenses. Both speakers also agreed that clinicians have to ensure patients pick a tint that is not only comfortable and reduces glare but also improves contrast.

Magnification

This is where the session took a technical turn. The speakers shared a simplified understanding of “just noticeable difference,” in which “the lens change that the eye can respond to is half the denominator of the visual acuity,” Dr. Porter explained.

For magnification, clinicians only need to divide what the patients can see by what they need to see; thus, divide their best-corrected visual acuity by the visual acuity required for a given task, they explained. As an example, they asked what magnification would be necessary for a patient



A low vision refraction often requires specific tools, such as flippers loaded with equal + and – lenses in increments, which can help you test changes more rapidly.

with 20/100 vision who wants to read a newspaper (requiring 20/50). 20/100 divided by 20/50 gives you 2x magnification. Simple, right?

They shared several optical tips attendees should keep in mind, such as the fact that for every 4D of plus, you get 1x magnification. Also, increasing the reading power in glasses decreases the focal point at the working distance, and the field of view decreases as the magnification increases.

Low Vision Refraction

To help clinicians implement these principles into their practice, the speakers provided a quick list of refraction tips such as using flippers with equal + and – lenses in increments to test changes more rapidly. During this discussion, Dr. Porter

provided some visual learning with his own custom, color-coded flippers and Jackson cross cylinder.

Visual Goals

One of the most important aspects of a low vision exam is setting patient expectations, they said. You have to know what the patient needs to see, and prioritize the tasks. “Dr. Porter actually taught me a great tip for setting patient goals,” Dr. Gartner said. “Write three to five of their most important visual goals on index cards. This helps you stay on task during the exam.” Dr. Porter also places each low vision device on the card to help demonstrate what the patient should use for each goal.

“They don’t get a Swiss Army knife,” Dr. Porter said. “They need many different devices for different visual tasks.”

The session ended with a succinct recap: the low vision population is growing, all low vision patients experience emotional stresses, they will all have reduced contrast sensitivity, problems start around 20/50 and clinicians only need to address contrast sensitivity, magnification and behavior modification.

Dr. Porter left attendees with a foreboding thought: doing nothing means you share in the responsibility for the outcome. ●

How to Handle Glaucoma Suspects

Continued from Page 1

signal strength to ensure segmentation was done properly as well as thickness, deviation and TSNIT maps to shed light on findings that could help reveal a patient’s glaucomatous status.

Risky Business

In addition to clinical findings, risk factors associated with glaucoma also help establish suspicion. Dr. Madonna noted that among these are race (African-Americans and Hispanics are at higher risk), age (older patients have an elevated

risk) and family glaucoma history (having siblings with glaucoma increases your risk more so than having other family members with the disease). He added that other risk factors include diabetes, Raynaud’s phenomenon, migraines, steroid use, heavy smoking, hypotension and lower ocular perfusion pressure.

Of the methods Dr. Madonna mentioned to calculate risk was the Ocular Hypertension Risk Calculator. The tool takes age, IOP, central corneal thickness, vertical cup-to-disc ratio, pattern standard devia-

tion and loss variance into account when determining a candidate’s risk of glaucoma. Someone is considered at low risk if their result is less than 5% and should be monitored, moderate risk if between 5% and 15% and should potentially undergo treatment, and high risk if greater than 15%, meaning they should receive treatment.

Step Up to Glaucoma

The likelihood of developing GON increases as the number and strength of risk factors increases, Dr. Madonna said. He stressed

the importance of assessing risk and looking for clear-cut structural and functional abnormalities and progression when gathering information about a glaucoma suspect. All of this helps to prevent the loss of vision-related quality of life, he added. “We’ve got to grab hold of glaucoma,” Dr. Madonna said. “It’s in essence a primary care disease. It should be taken care of by primary care optometrists to your best level of understanding and comfort, and if you’re not comfortable, we should be referring to others.” ●

OIS Addresses Eye Care's Challenges and Opportunities

Continued from Page 1

delivery systems and a mobile virtual reality perimeter that focuses on comfort, psychophysics and a low cost. Murray Fingeret, OD, surmised that glaucoma treatment is going to be different 10 years from now and that injectables will be a main part of that future.

The imaging and diagnostic innovations spotlight included presentations from Heidelberg Engineering,

Zeiss, Topcon and Oculus on optical coherence tomography angiography (OCT-A), efficiently using data in imaging platforms, swept-source OCT and the Pentacam's use for refractive surgery, keratoconus management, cataract surgery and contact lens fittings. Joseph J. Pizzimenti, OD, moderated a panel discussion that covered the technologies' effects on clinical decision-making and improving patient outcomes, as well as

maintaining human connection with patients as these diagnostic tools evolve. "The more tools we have, the better we can manage patients, but we also have to know how to best use these tools," Mohammad Rafieetary, OD, said.

The summit concluded with a panel of industry leaders discussing how the field of optometry can get involved. The group discussed how peer-to-peer education and mentor-

ing helps clinicians become more comfortable engaging with industry, especially after seeing the success of a peer. The panel emphasized that products are now specifically targeted to optometrists for their practice needs. "Now you know how interested industry is—they want to get in front of you, learn from you and hear from you," Dr. Cunningham noted. "That's why, I think, this meeting is a success." ●

ODs are Key to Diabetes Management

Communication between clinicians is vital, and optometrists are on the front lines.

Doctors are going to see a significant increase in diabetes over the next 40 years, Paul Chous, MA, OD, FAAO, CDE, explained at Friday morning's course "Diabetes Case Studies: A Collaborative Treatment Approach." He explained the scope of it this way: if all the Type 2 diabetes patients globally were the population of a country, it'd be the world's third largest.

How have things gotten so out of control? Dr. Chous said clinicians are diagnosing patients too late, and testing isn't predictive enough. In addition, too few doctors are weighing in on patients' conditions. Optometrists, he argued, should take on some of that responsibility. "We can intervene to keep people from getting worse. In fact, we can help them go backward in terms of disease severity," he said.

"If we can get more minds in the soup, maybe we can motivate patients to take better care of themselves," he added.

Dr. Chous was joined by William Li, MD, president and medical director of The Angiogenesis Foundation, and Dave Brown, MD, who has pioneered research into age-related macular degeneration, diabetic retinopathy (DR) and vein occlusion.

We Have the Tools

Optical coherence tomography angiography (OCT-A) can help ODs find

areas of non-perfusion that wouldn't be detectable otherwise. Today's OCT imaging equipment can even identify subclinical diabetic macular edema (DME). These patients need to be followed more closely and coached on lifestyle changes or referred to an endocrinologist or a retina specialist.

In particular, refer patients with severe proliferative DR, Dr. Chous said. Any patient with neovascularization of the optic disc and vitreous hemorrhage or retinal detachment should be referred within 24 to 48 hours.

Evidence-based Tips

One of Dr. Chous's top pearls of wisdom: don't get diabetes in the first place. It sounds glib, but at-risk patients can be caught early—by optometrists—and can make lifestyle changes to dodge the vision-threatening effects of diabetes. Dr. Chous shared a handful of these tips.

Partnering with a primary care physician to find a drug that takes patients' pre-diabetic status into account is one example. Also, "if you walk 30 minutes a day five days a week, you could cut your risk of developing diabetes about 60%—but only after four years. In 10 years, the risk reduction is only 38%," but even delaying diabetes onset can prevent patients' suffering micro and macro vascular complications of diabetes.



Following their individual presentations, Drs. Li, Chous and Brown had a roundtable discussion about diabetes.

Understand Neovascularization

"Blood vessels are good, until they're bad," said Dr. Li, a vascular specialist. He spoke on the mechanics of angiogenesis (i.e., neovascularization) and how diabetes affects it. Angiogenesis is typically a wound healing response that nourishes organs, but conditions such as diabetes send this response awry and cause leakage. Part of what diabetes does is prevent the normal growth of these vessels, potentially providing a blood supply for cancerous growths, Dr. Li explained. That's where prevention is key—when patients control their blood sugar, they may be able to stave off abnormal vascular endothelial growth factor (VEGF).

Dr. Li explained how optometrists can play a critical role in diabetes management by understanding the vasculature and observing and monitoring the patient's fundus over time.

"Like everything else in diabetes, retinopathy is probably smoldering for a long time" before it's evident in clinical exam, Dr. Li explained. The optometrist, he explained, plays a critical role in diabetes suppression and prevention. Comprehensive medical care isn't done piecemeal through specialists who don't communicate. Doctors need to collaborate, and it often starts with a dilated eye exam and, when necessary, OCT imaging.

Treat Early

Dr. Brown suggested clinicians can best treat diabetes and vascular diseases when detected early. Two major research projects—the RISE/RIDE studies—evaluated anti-VEGF drugs in DME and show that patients who received the medications were less likely to lose vision in the long run and were even able to reduce the number of injections necessary to maintain homeostasis.

However, lasers and injections on their own are often not enough, Dr. Brown explained. Patients need to make lifestyle changes as well, which include regular visits to the doctor. Even after getting to the point where they need laser or anti-VEGF treatments, many patients simply drop out and others neglect changes to diet and exercise. The threat of vision loss from retinopathy is often what motivates patients, he said. ●



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Control—or Be Controlled by—Myopia

“If we don’t do it, who will?” Paula L. Johns, OD, MPH, FAAO, asked attendees of her “Myopic Degeneration: Pathology and Treatment” session Friday morning, referring to myopia control. She described myopia as a public health crisis and urged her colleagues to get on board with learning more about managing the condition before it becomes even more widespread.

While myopia is a risk factor for certain diseases, it is also a disease itself, according to Dr. Johns. “Myopia shifts your mindset from, ‘How can I get someone glasses or contacts to correct what they have?’ to, ‘How can I intervene to prevent the progression of myopia to prevent pathologic myopia?’” she said.

Pathologic Myopia

Dr. Johns noted that myopia is commonly bilateral and has the ability to cause irreversible vision loss.

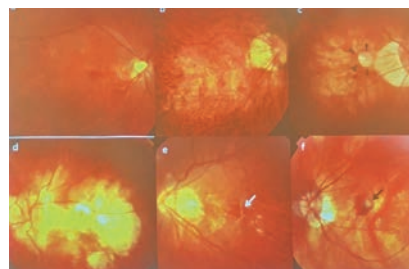
Looking at study findings, she concluded that pathologic myopia affects about 3% of the global population and causes vision loss and blindness in 7% of European patients and 12%

to 27% of Asian patients. She added that myopia in general affects 20% to 50% of adults in the United States and up to 90% of young adults in Taiwan, Singapore and Hong Kong. While these numbers are already high, the incidence of the condition is only rising, especially for children. Throughout a 17-year span, a study showed that the number of seven-year-old Taiwanese children impacted by myopia rose more than three-fold from 5.8% to 21%. This can be largely attributed to a reduction in time spent outdoors, an increase in screen time and near work and a rise in higher education, Dr. Johns stated.

Complicated Complications

As with any condition, complications exist. For pathologic myopia, Dr. Johns noted that these include lacquer cracks, macular changes, chorioretinal atrophy, posterior staphyloma, choroidal neovascularization, myopic foveoschisis and peripheral retinal issues.

Lacquer cracks are mechanical breaks in Bruch’s membrane that can develop at any stage of pathologic



Photos A-D show Categories 1-4 in the pathology of myopia, each worse than the prior, while E highlights a lacquer crack and F, a Fuchs’ spot surrounded by choroidal neovascularization.

myopia, while macular changes are associated with diffuse and patchy chorioretinal atrophy and posterior staphylomas with axial elongation, said Dr. Johns.

She went on to highlight choroidal neovascularization as a major cause of vision loss in pathologic myopia patients, 5% to 11% of whom succumb to this process. Another complication commonly associated with pathologic myopia, myopic foveoschisis or myopic traction maculopathy, involves the splitting of the inner and outer retinal layers, said Dr. Johns. She added that it has

a slow course that can progress to a macular hole or severe central vision loss if left untreated and is common in eyes with posterior staphylomas. She recommended establishing suspicion for myopic foveoschisis in patients with high myopia who have slowly progressing decreased vision and posterior staphylomas, especially because these patients are usually asymptomatic. Dr. Johns noted that treatment usually means a vitrectomy with ILM peel or a macular buckle with vitrectomy.

As for peripheral retinal complications, Dr. Johns said these include lattice, retinal holes/breaks/tears or detachment, white without pressure and pavingstone degeneration.

Lead the Charge

Dr. Johns advised her audience to know when to refer, what myopia control options exist and when to consider prescribing myopia control. “I think it’s something that we as optometrists should take the lead in,” she said. “If we’re not doing anything about it, then I don’t think we’re serving our patients properly.” ●

Saturday: 1pm–2pm ROOM 295

Make the Most of Meds, Old and New

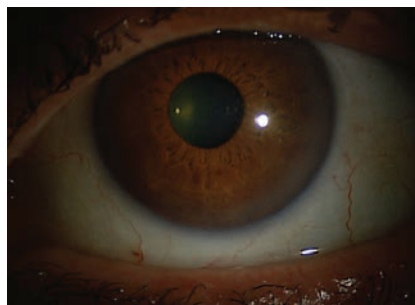
Sometimes, too much of a good thing can be a problem. With a plethora of ocular pharmaceuticals on the market and more in the pipeline, it can be challenging to properly choose the right one and establish the ideal regimen. Attendees of today’s “Current Protocols in Oral and Topical Medications” session will receive expert advice from an optometrist—who’s also a pharmacist—to help.

“This lecture entails my own personal protocols for prescribing various topical and oral medications developed over years of experience in pharmacy and in a secondary/tertiary ophthalmology referral center,” says lecturer Jill Autry, OD, RPh.

The course will review prescribing a variety of antibiotics, such as fluoroquinolones, tobramycin and moxifloxacin, and discuss how surgeons use these drugs today for postoperative coverage. She’ll also explain the application of steroids for conditions such as severe iritis and even mild-to-



The new drug Lumify has excited many ODs and patients for its ability to significantly reduce ocular redness, as seen in these before (left) and after photos.



moderate inflammatory dry eye, as well as following cataract or refractive surgery. Cycloplegics, allergy meds, antifungals and glaucoma agents—and their interactions with each other—will also be taken into consideration.

Dr. Autry stresses that the session will be fast-paced, treatment-based and clinically oriented—but it won’t focus on studies, debates or disease states.

“I run through a comprehensive list of ocular pathological conditions from the eyelids to the optic nerve and state what I like to use pharmacologically and why,” Dr. Autry explains. “In addition, I recommend what topical and oral medications I like to keep on-hand in the office and what clinical experience I have with any newly released medications.”

Dr. Autry hopes, at the conclusion of the course, attendees will “take away pharmaceutical pearls, which will help guide them in their medication decisions immediately.” ●

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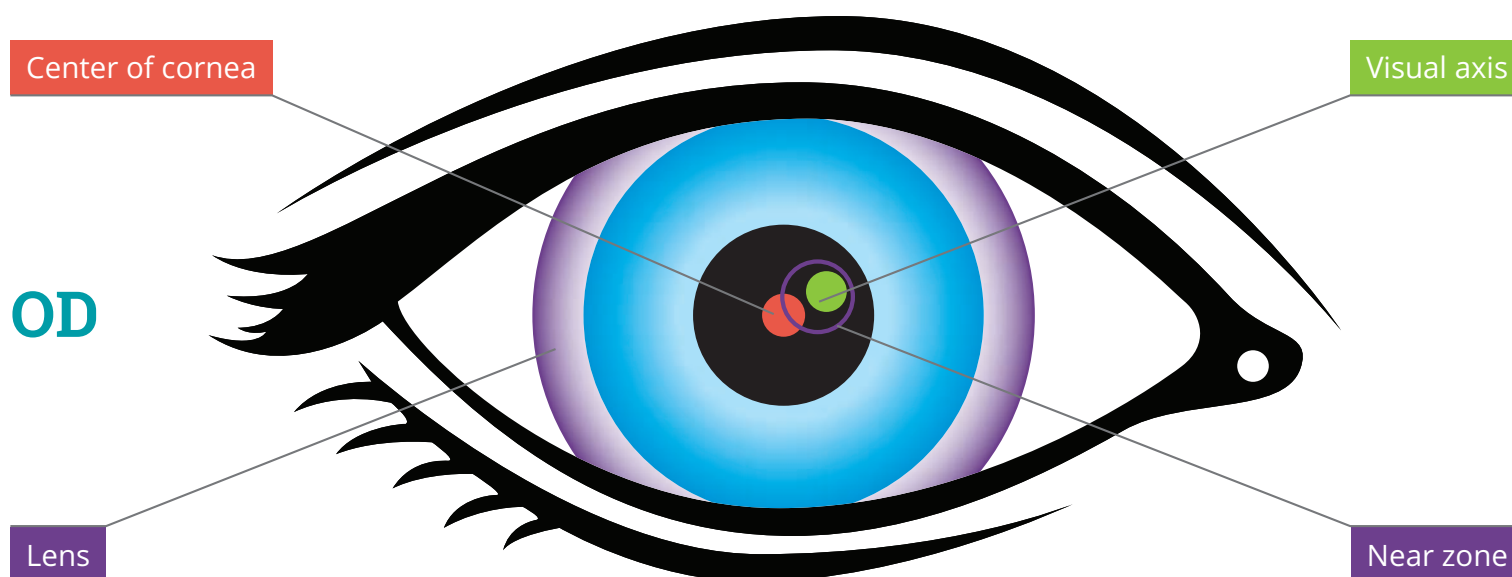
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