Eye Light; A Step further in the Treatment of Dry Eye

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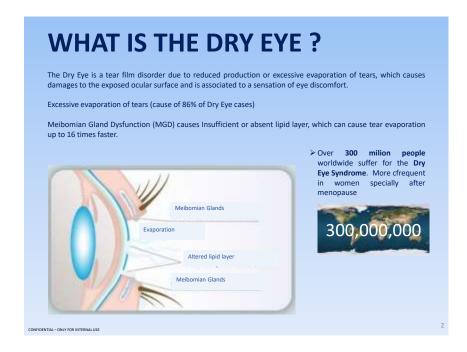
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INTRODUCTION

Dry evaporative syndrome (MGD)

- - 30% of the general population
- – Reference treatment = Eyelids care

After Cataract & Refractive surgery

- – Dry eye syndrome in post-op by MGD decompensation
- – Dry eye syndrome in post-op = Source of non-satisfaction



NEW THERAPIES

Intense Pulsed Light:

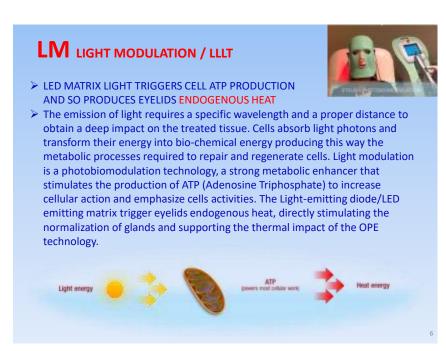
- Proven effective in the treatment of MGD
- Good tolerance

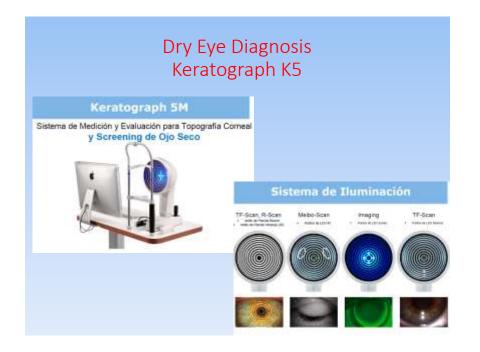
EYE-LIGHT®:

- COMBINED treatment
- IPL + Photobiomodulation

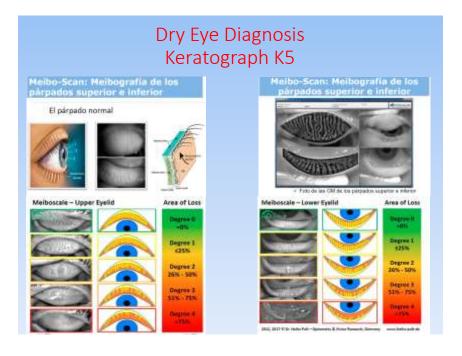
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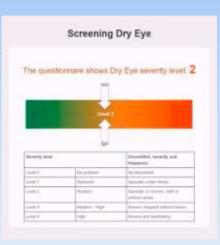






Dry Eye Diagnosis Keratograph K5

- OCULAR SURFACE DISEASE INDEX (OSDI 6)
- NORMAL 0-12
- MILD 13-22
- MODERATE 23-32
- SEVERE 33-100



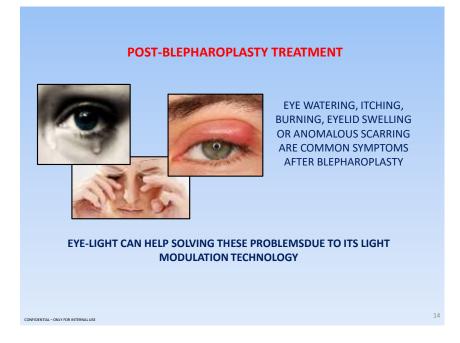
INDICATIONS FOR EYE-LIGHT

Dry evaporative syndrome (MGD)

- Before and/or after Refractive surgery Before and/or after Cataract surgery
- Working environment with low humidity
- Glaucoma patients undergoing treatment
- Contact lens users
- PC, Smartphones, Tablets extensive users
- Long hours drivers

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POST BLEPHAROPLASTY PROTOCOL

Two wavelengths in 3 steps: D0, D1 and D3 post-op.

- YELLOW MASK:
- Stimulation of cellular metabolism and lymphatic system
- Detoxifying action to relieve swelling and post- operative edema.
- RED MASK:
- Accelerates and optimizes palpebral healing process by stimulating collagen and elastin production.

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POST CATARACT & LASER REFRACTIVE SURGERY PROTOCOL

• OPE/IPL Optimal Power Energy Intense Pulsed Light

Application of OPE/IPL module 1 week before surgery, 1 week & 1 month postoperatively



CONTRAINDICATIONS

- Epilepsy
- Pregnancy
- Metal implants
- Photosensitivity or photosensitizing treatments
- Active eye infection or inflammation

EYE-LIGHT® - Phase 1

- OPE®/IPL Optimal Power Energy
- Intense Pulsed Light
- Polychromatic Light
- Thermal pulses
- The interaction of OPE/IPL technology with tissue is essentially thermal, and it allows to optimize heat emission
- Stimulation of neurotransmitters
- Increased contraction and secretion of meibomian glands it improves the lipid stream and so reduces tear evaporation and improves tear film stability



EYE-LIGHT® - Phase 1



Application on periorbital areas and cheekbones

- Fast and easy: 5 flashes ≈ 2-3 min minutes
- Integrated protection Filter
- => no gel needed
- Power determined according to the MGD grade and skin pigmentation thanks to a management software
- Treatment surface of 12 cm²





EYE-LIGHT® — Phase 2

- LIGHT MODULATION®/LLT
- Low Level Light
- Therapy
- Red wavelength (Photobiomodulation)



- Stimulation of cellular metabolism (ATP)

• Facilitates flow and increases cellular activity

EYE-LIGHT® – Phase 2

- Easy: the mask is placed on patient's face (eyelids to be kept closed)
- Treatment of both eyelids
- Duration of 15 minutes
- Not invasive
- No anæsthesia



LM® LIGHT MODULATION / LLLT

LIGHT MODULATION® / LLLT ADVANTAGES:

- > DIRECT TREATMENT OF MEIBOMIAN GLANDS
- > TREATMENT OF LOWER AND UPPER EYELIDS
- ➤ LED MATRIX TRIGGER EYELIDS **ENDOGENOUS HEAT** AND ATP PRODUCTION
- > THIS PATENTED TECHNOLOGY APPLIES ENDOGENOUS HEAT INSIDE THE EYELIDS, REMOVING THE BLOCKAGE OF THE GLANDS. SO IT ALLOWS LIPIDS TO FLOW AND TO COMPLETE TEAR COMPOSITION. ITS PRESENCE AVOIDS FAST EVAPORATION OF TEARS

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OPE® OPTIMAL POWER ENERGY / IPL

OPE® / IPL ADVANTAGES:

- > A HIGHLY INTUITIVE SOFTWARE ALLOWS THE OPERATOR TO WORK AT BEST AND SAFELY SINCE THE VERY FIRST TREATMENT, WITH AUTOMATIC POWER ADJUSTMENT AND DURATION OF EACH LIGHT IMPULSE
- > THE INTERACTION OF OPE TECHNOLOGY WITH TISSUE IS ESSENTIALLY THERMAL, AND THANKS TO THE EMBEDDED MANAGEMENT SOFTWARE, IT ALLOWS TO OPTIMIZE HEAT EMISSION, STIMULATING THE MEIBOMIAN GLANDS TO RESUME NORMAL FUNCTIONALITY
- ➤ GEL IS NOT REQUIRED: NO RISK TO BURN THE TREATED SKIN
- > THERMAL SPOT STIMULATES THE NEUROTRANSMITTERS WHICH LEADS THE MEIBOMIAN GLANDS TO INCREASE THE LIPID FLOW
- > THANKS TO SPOT DIMENSIONS (12 CM2) THE PERIORBITAL AREA IS COMPLETELY AND DEEPLY TREATED

DIAGNOSIS & TREATMENT PROTOCOL

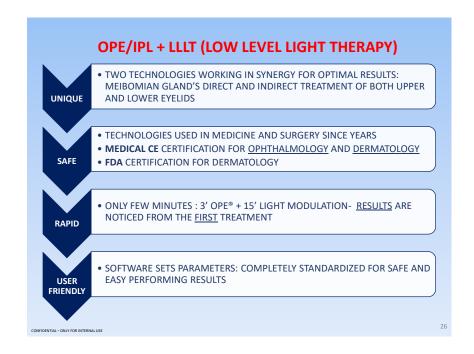
The diagnostic approach involves the complete medical history collection, diagnostic tests and the clinical ophthalmological evaluation. This approach establishes the dry eye category and the severity of the disease.

Dry Eye severity level	Reduced	Medium	Medium High	High
Discomfort, severity and frequency	Sporadic under stress	Sporadic or chronic, with or without stress	Severe, frequent without stress	Severe and debilitating
Conjunctival coloration	None	Slight	Moderated - marked	Marked
Visual simptoms	None or mild sporadic fatigue	Annoying and/or sporadic with activity limitation	Annoying and/or sporadic with activity limitation	Constant and/or possibly debilitating
Eyelid glands/ Meibomian Glands	Variable MGD	Variable MGD	Frequent MGD	Continuous MGD
TFBUT (sec)	Variable	≤ 10	≤5	
Schirmer Score (mm/5min)	Variable	≤ 10	≤ 5	≤ 2
Lacrimal signs	None – slight	Minor detritus	Filamentary keratitis, Mucus lumps, lacrimal debris	Trichiasis, keratinization
Corneal coloration	None	Variable	Marked	Severe dotted erosions
EYE-LIGHT® Protocol: OPE® + LIGHT MODULATION®	1/2 TREATMENTS 00-15 DAYS	2/3 TREATMENTS 00-15-30 DAYS	3 TREATMENTS 00-15-30 DAYS	4 TREATMENTS 00-15-30-45 DAYS

OPE/IPL + LLLT (LOW LEVEL LIGHT THERAPY)

EYE-LIGHT®	IPL
LIGHT MODULATION LIGHT MODULATION® TREATS UPPER AND LOWER EYELIDS AT THE SAME TIME	NO
DIRECT MEIBOMIAN GLAND TREATMENT UPPER AND LOWER EYELIDS	NO
MULTIPLE TREATMENTS OPPORTUNITIES Post blepharoblasty, dermatological tts	NO
SPOT SIZE 12,5 cms covers larger area with less impacts	SPOT SIZE 2,5-3 cms more impacts, risk of leaving

untreated areas



OPE/IPL + LLLT (LOW LEVEL LIGHT THERAPY)

- Could be a usefull, safe and easy method to improve quality of vision and decrease or eliminate annoying symptoms of dryness
 MGD after cataract and refractive surgery procedures, helping us to achieve more patient satisfaction and comfort.
- At present we are realizing a clinical study to evaluate outcomes of this application post cataratact and refractive surgery
- Preliminary results are very promising



