

ORTHOKERATOLOGY TODAY

DISCUSS ALL OPTIONS TO CORRECT MYOPIA

By **MICHAEL J. LIPSON, OD** November 1, 2017



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You have just completed your comprehensive exam of a new myopic patient. When making your recommendations, you owe your patient the benefit of knowing all of his or her options. For adults, you should certainly discuss refractive surgery in addition to traditional correction. For children and adults, options for correcting myopia include glasses or traditional contact lenses, but remember to also present orthokeratology (ortho-k).

Pros and Cons

Ortho-k offers a major benefit over glasses or contact lenses in that no correction is required during waking hours. Not needing daytime correction is a huge advantage for those active in sports. Other benefits of ortho-k are: 1) acuity comparable to soft lenses, 2) improved vision-related quality of life (less symptoms of itchiness/dryness compared to soft lenses, more self-confidence), 3) fewer activity restrictions, 4) less worry about lenses dislodging, and 5) generally, a better sense of well-being. In addition, ortho-k is reversible, adjustable, and has had an excellent safety record.

Two downsides of ortho-k are: 1) consistently good vision depends on nightly wear with consistent wearing time, and 2) some patients report halos and nighttime glare to be bothersome.

Ideal Candidates

As stated, ortho-k should be presented as an option to all appropriate patients. But, patients who will appreciate ortho-k the most are those active in sports, especially water sports; patients who complain about difficulty wearing soft lenses comfortably; and patients who are interested in refractive surgery but are not candidates or fear a surgical option. Ortho-k can be discussed by practitioners in the exam room, by the techs during preliminary testing, at the front desk by the receptionist, or on the phone when patients call for their appointment.

Presenting the Option

Following a thorough exam, as you present patients with options for correction, highlight the key features, risks, and benefits of each. It might begin like this: "John, you are near-sighted and need to use vision correction to help you see better for distance viewing. We can use glasses, contact lenses worn during the day, or specially designed lenses that are worn only while sleeping." As you pause to let patients think about that, they often will say something like, "You said you wear lenses only while sleeping? I've never heard of that, tell me about it."

That is your opening to describe how ortho-k reshapes the cornea, allowing clear vision without correction during the day, and how it may fit into their daily activities. Your enthusiasm will prompt even more interest. If they are good candidates and want to learn more, present them with printed information of commonly asked questions and summaries of ortho-k studies.

When presenting ortho-k to children (and parents), the subject of myopia control is sure to come up. Cite studies showing the myopia control effects of ortho-k, its safety, and your experience with patients in ortho-k versus glasses or soft lenses. Be sure to emphasize that individual results are variable, you cannot guarantee complete halting of myopia progression, and ortho-k specifically for myopia control is off-label.

Summary

You should be the person educating your patients on new options in eye care and the benefits that they can offer. We don't want patients hearing about ortho-k from a friend or, worse yet, from the internet. If you do not fit ortho-k in your office, refer interested patients to an experienced colleague.

Not everyone to whom you mention ortho-k will start the process. But, don't your patients deserve to know all of their options? **CLS**

For references, please visit www.clspectrum.com/references and click on document #264.

Dr. Lipson is an assistant professor at the University of Michigan's Kellogg Eye Center. His clinical practice involves contact lenses with emphasis on specialty contact lenses. He conducts clinical research studies and lectures nationally and internationally on specialty contact lens and research topics. He is a consultant to Bausch + Lomb's Specialty Vision Products relative to ortho-k education and other specialty vision products. He is on the GPLI Advisory Board and has been involved on the board of the Scleral Lens Education Society.

Contact Lens Spectrum, Volume: 32, Issue: November 2017, page(s): 47

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