

Vision Expos West 2025 & Vision Expos East 2026
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Improving contact lens wear with ocular aesthetics

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1 hour
OD Education
Category: Contact Lenses

Summary:

There has always been two parts to every relationship – Today we talk about the contact lens and the cornea. We know that the number one reason why patients drop out of contact lenses is because of discomfort which is most often associated with dryness. In this course you will learn how contact lenses create dryness. How to identify contact lens discomfort related to dryness and all the new strategies in ocular aesthetics that can help win your patients back and have them love their contact lenses again.

Learning Objectives:

1. To learn how and why a contact lens created issues for the ocular surface

2. To learn how to identify dry eye issues
3. To learn how to prevent contact lens dryness relating to discomfort
4. To learn what new advanced dry eye procedures and aesthetic procedures
5. To review causes of dry eye disease
6. To learn how to clinically decide which procedure is the best for your patients.

Outline:

- 1) What do we know about Contact Lenses
 - a) Average thickness of contact lenses
 - b) Average thickness of the tear film
 - c) Facts about CLs destabilizing the tear film
 - d) Two parts to a relationship
 - e) Protecting the cornea
 - f) Discomfort is the number one reason for CL drop out
 - i) How to prevent it
 - ii) Can rewetting drops help
 - iii) How to protect the cornea
 - iv) It's not just the fault of the CL
- 2) What is the difference between Rewetters and artificial tears
 - a) Composition
 - b) Purpose
 - c) Mode of action
 - d) Intended Use
 - e) Frequency of Use
- 3) Do contact lenses cause dry eyes
 - a) Role of contact lenses in the tear film
 - b) Role of contact lenses in impacting dry eyes
- 4) Proactive and Preventative care
 - a) How to make patients compliant
 - b) How to improve future comfort
- 5) Why are contact lenses not so healthy for the eye
 - a) Relationship of a CL and the tear film
 - b) Damage to the ocular surface that a contact lens can create
 - c) What are preventative strategies to help our patients from day one
 - d) What education do we need to provide our patients

- 6) Our Dry Eye Patients
 - a) Identifying patients
 - b) Aqueous deficiency, meibomian gland dysfunction vs. atrophy
 - c) Understanding their advanced needs – physically and emotionally
 - d) The impact on comfort and appearance
 - e) Motivation
- 7) Key ocular indicators that your patient is going to struggle
 - a) Ocular Rosacea
 - i) What is it?
 - ii) Where did it come from
 - iii) How do we get rid of it
 - b) Facial Rosacea
 - c) MGD
 - d) Blepharitis
 - e) SPK – both corneal and conjunctival
- 8) The new direction of dry eye treatments
 - a) How we can expand our offerings
 - b) Tear film replenishment, gland expression, gland restoration
 - c) Tools available to us
 - i) Amniotic Membranes
 - ii) Scleral Lenses
 - iii) IPL
 - iv) RF
 - v) Expression devices – Lipiflow, Ilux
 - vi) Plasma Treatments
- 9) Scleral lenses
 - a) Cosmetic benefits of scleral lenses
 - b) Dry eye management with scleral lenses
 - c) When to prescribe
 - d) Key fitting tips for the dry eye patient
 - e) Multifocal options
- 10) IPL
 - a) Purpose
 - b) Patient selection and limitations
 - c) Indication and efficacy
 - d) Before and after results

- e) Footprint
- f) Cost, consumables
- g) Expandability
- h) Ease of use
- i) Temperature control

11) RF

- a) Purpose
- b) Patient selection and limitations
- c) Technology
 - i) Monopolar, Bipolar and Multipolar described
- d) Purpose and use
- e) Techniques
- f) Indication and efficacy
- g) Different instruments and features to look for
 - i) Efficacy
 - ii) Footprint
 - iii) Cost, consumables
 - iv) Expandability
 - v) Ease of use
 - vi) Temperature Control

12) Biologics: Blood Plasma

- a) Who can benefit
- b) How to produce it, source it
- c) Use with scleral lenses
- d) Ocular and cosmetic benefits
- e) What is the difference between AS and PRP

13) Determining a treatment plan

- a) Order of operation – which treatment first
- b) Treating what you see
- c) Saying goodbye to classifications
- d) Short term vs long term
- e) Signs vs symptoms
- f) In office treatments vs at home

14) How to bring up ocular aesthetics

- a) Patient initiated
- b) Doctor initiated

15) The importance of skin care in the conversation

- a) Sun Protection
- b) Post treatment uses
- c) Dark circles
- d) Wrinkles
- e) Bag under the eyes
- f) Acne
- g) Rosacea
- h) Medical Grade
 - i) Concentration of ingredients
 - ii) Safety
 - iii) Retinol or not

16) How to bring up ocular aesthetics

- a) Patient initiated
- b) Doctor initiated

17) Role of staff members

- a) Medical aestheticians
- b) Selling the services
- c) Performing procedures
- d) Marketing the services
- e) Consultations