

ORTHO K: Tips From the Trenches

Getting Started:

- Evaluate the local demographics and market need before getting started.
- Allow extra chair time, but charge accordingly and realize that the process gets faster as your experience grows.
- Some say topographers using reflective (placido disc) technology may be more useful than P.A.R. technology for this application.
- When choosing a lens, consider the E-value: how the cornea drops from the center to periphery (the amount by which the cornea diverges from a perfect shape).
- Become skilled at reading both topographies and fluorescein staining patterns.
- Have an expansive set of trials (~200) on hand to facilitate the evaluation of small changes in fit in order to save time and prevent multiple lens exchanges. Note that this creates convenience, but is not mandatory.
- Consider the Paragon CRT lens and GP Specialists iSee lens. Both companies have excellent clinical consultants and online resources.
- Establish a written patient agreement that explicitly describes services and materials covered, visit and outcome expectations, and annual expenses expected. Consider a sliding fee scale that increases for those who delay their yearly follow up.

Expectations:

- A new Ortho-K fit can bring in approximately 3 times more revenue than Lasik post-op care, and an annual Ortho-K analysis can bring in 2-3 times more than a new wearer, soft contact lens fit.
- Expect very little detectable change in Rx during treatment.
- Some corneas are more “moldable” than others. Patients with a small Rx (~1.00D) may achieve daytime clarity after the first 1-2 nights of wear, others may need 1-3 weeks of wear time.
- Those with more flexible (moldable) corneas may experience end of day blur, while those who take longer in the beginning may be able to hold their uncorrected clarity for 2 days instead of 1.
- For simple prescriptions $\leq 3D$, expect a successful fit from the first or second pair of lenses. More complicated prescriptions may require ≥ 3 pair over the initial 6-month period in order to perfect the fit.
- Once success is achieved, expect to see the patient 2 times per year (4 times if the patient is very young).

- Approximately 50% of your Ortho-K patients may need new lenses at their annual assessment.
- A “successful” fit might be defined as VA \geq 20/25 and Rx \leq -0.75D, however success is subjective and is ultimately defined by the patient.
- Some patients believe in the long-term myopia reduction or are so strongly motivated not to wear a daytime correction, they will tolerate additional daytime blur if present.
- Ortho-K can be a huge practice builder and source of referrals, especially among parents, athletes, and nationalities from the Far East.

Example Timeline Surrounding A Successful Ortho-K Fit:

- Initial consult (and complete eye exam if not previously done)
- Fitting visit: order the lenses
- Dispense and training (patient leaves for their first overnight experience)
- 1 day follow up and lens removal
- 1 week follow up
- 1 month follow up
- 3 month follow up
- 6 month follow up
- 12 month complete exam and annual Ortho-K assessment (with fee)
- 1 to 3 follow ups throughout the year, pending patient age and circumstances

At each visit patient comfort, VA, corneal integrity, lens fit and clarity are evaluated.

A special thank you to the following ODs for their contributions:

Dr. Ron Luxenburg of Leonia, NJ

Dr. Steve Kaluzne of Wilmington, NC