



OSI

Ocular Surface Insight

Issue 22

**Beyond the Tears: Perimenopause,
Dry Eyes, and the Aesthetics of Aging**

**Leadership in Ophthalmology:
A Comparative Exploration of Styles
for Optimising Performance**

DAYBREAK
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1

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Meibomian Gland Dysfunction



2

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3

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Ocular Surface Insight



“It is not the strongest of the species that survive, nor the most intelligent, but the one most responsive to change.”

Charles Darwin

Welcome to the 22nd issue of **OSI** Magazine!

Navigating the Future of Dry Eye Care – Together at OSI 2025

As you read this, we are likely gathered at the OSI Dry Eye Masterclass & Symposium—an invaluable opportunity to exchange insights, challenge perspectives, and refine our approach to managing dry eye disease (DED). The landscape of ocular surface health continues to evolve, and this year’s discussions are shaping the way we integrate research into real-world practice.

This edition of the OSI Magazine brings together thought-provoking articles that delve into the latest advancements in dry eye management, leadership in ophthalmology, and collaborative care models.

Beyond the Tears: Perimenopause, Dry Eyes, and the Aesthetics of Aging – Priya Udani explores the often-overlooked link between hormonal shifts and ocular surface changes, addressing how these factors influence both patient symptoms and aesthetic concerns.

Leadership in Ophthalmology: A Comparative Exploration of Styles for Optimising Performance – Ahmad Khalifa examines leadership dynamics in clinical practice, offering strategies to enhance team efficiency, patient outcomes, and professional growth.

Dry Eye Association UK – An Update – Dr Ruth Machin provides the latest on patient advocacy, awareness initiatives, and how the Association is shaping the future of dry eye support in the UK.

As we share knowledge and best practices at OSI 2025, these discussions will continue beyond the conference hall—informing clinical decisions, inspiring new research, and ultimately improving patient care.

Here’s to an exciting and impactful meeting!

Samer Hamada

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Media No. 0001

Published March 2025

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We stand with Ukraine!



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Introducing 'Johnson Neo' FRCOphth, FEBO, FHEA, CertLRS

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Johnson has till date received over 35 National and International awards in recognition of his achievements in clinical excellence, research, teaching, quality improvement and medical leadership.

A few words about joining the Editorial board:

"It has been an absolute pleasure to be joining the OSI magazine editorial board - a global leading publishing magazine focusing on all things related to the ocular surface. On top of continuing the effort to draw your attention on the latest breakthrough innovations in the field, I know there are plans in place to better engage our younger readers (aka future leaders). Watch the space - I hope you're as excited as I am!"

Johnson

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What's in the news?

Advancing Our Understanding of Keratoconjunctivitis

A recent publication in StatPearls provides a comprehensive overview of keratoconjunctivitis, shedding light on its diverse etiologies, clinical manifestations, and evolving treatment strategies. Authored by **Michael K. Burrow, Bharat Gurnani, and Bhupendra C. Patel**, the article explores this complex inflammatory condition affecting both the **cornea and conjunctiva**.

A Multifaceted Condition with Diverse Causes

Keratoconjunctivitis encompasses a wide spectrum of **infectious, autoimmune, allergic, and dry eye-related** conditions. Viral keratoconjunctivitis, particularly caused by adenoviruses, remains a significant public health concern due to its contagious nature and frequent outbreaks. **Bacterial, fungal, and allergic** forms of the disease also contribute to the broad clinical spectrum, each requiring a tailored diagnostic and treatment approach. Additionally, autoimmune conditions like **Sjögren's syndrome** further complicate management, affecting the ocular surface through chronic inflammation and tear film disruption.

Clinical Diagnosis and Technological Advancements

Patients with keratoconjunctivitis often experience **redness, photophobia, foreign body sensation, and vision disturbances**. A thorough **clinical examination with slit-lamp biomicroscopy**, tear film assessments, and laboratory investigations such as **PCR testing for adenoviruses and conjunctival cytology** help in determining the underlying cause. The **emergence of advanced imaging modalities**, including **anterior segment optical coherence tomography (AS-OCT) and confocal microscopy**, is revolutionising the precision of diagnosis and monitoring.

Targeted Treatment and Future Therapies

Management strategies are **cause-specific**, ranging from **supportive care with artificial tears for viral cases to antibiotic therapy for bacterial infections and anti-inflammatory treatments for allergic and autoimmune-related keratoconjunctivitis**. The study also highlights **new and emerging therapies**, such as **biologic agents targeting inflammatory pathways and gene-based treatments**, which hold promise for refractory cases.

Implications for Eye Care Professionals

With the prevalence of **dry eye disease-related keratoconjunctivitis increasing**, especially in aging populations, **optometrists and ophthalmologists must remain vigilant** in identifying and managing this condition. The insights from StatPearls reinforce the **importance of early diagnosis, multidisciplinary care, and staying informed about evolving treatment options**.



For those interested in a deeper dive into **epidemic keratoconjunctivitis (EKC), vernal keratoconjunctivitis (VKC), superior limbic keratoconjunctivitis (SLK), and keratoconjunctivitis sicca**, the full publication is available through **StatPearls Publishing (2025)**.

Digital Eye Strain Linked to Mental Health Issues in the Digital Age

A **systematic review** published in the *Journal of Clinical Medicine* warns of the growing **impact of digital screen use on ocular surface health and mental well-being**.

Researchers analysed **15 studies** and found a **significant link** between **digital eye strain (DES), dry eye disease (DED), and mental health issues** such as **depression, anxiety, and stress**. Additionally, frequent digital device use

correlated with **poor sleep quality and impaired daily functioning**.

Given the **global rise in screen exposure**, the authors call for **holistic interventions** that address **ocular health, digital hygiene, and mental well-being**. Strategies may include **ergonomic adjustments, blue-light filtering, and structured screen breaks** to mitigate the adverse effects of prolonged digital use.



Source: Kopilaš V, Korać D, Brajković L, Kopilaš M. J Clin Med. 2025 Feb 26;14(5):1557.

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Book tells the story of keeping children's eyes healthy with a magical trip to the optometrists

A new book aimed at easing children's fears of having their eyes examined has been launched by an optometrists in Northampton.

'Sunny's Trip To The Optometrists' has been published by the team at Tompkins Knight & Son Optometrists in Kingsley Road, Northampton.

It tells the story of a little boy who meets a real-life team of eye health superheroes during his appointment - The Eye Wizard, Dry Eye Doc and The BV (Binocular Vision) Girl. Together they take on the world in their never-ending 'Fight for Sight'.



The book was the brainchild of TK&S director Brian Tompkins, who said: "Getting your eyes examined regularly is vital for long-term eye health but for some children it can seem daunting. We wanted to create something that gets them relaxed and actually looking forward to their visit.

"The book is a fun way of introducing children to the team they'll meet when they come to see us while explaining all the tests we'll be carrying out and how we can help them to keep seeing better for longer.

"We're extremely grateful to illustrator Rebecca Ireland, who is an optometrist herself, for bringing the story to life. The book looks and feels amazing and we'll be making it available to parents who want to read it with their children ahead of booking in for an appointment."

Early diagnosis and intervention is key to slowing the progression of short-sightedness in children, with regular eye examinations by an eye care professional recommended. The condition, also known as myopia, threatens to affect half of the world's population by 2050 but its progress can be delayed by spending less time on screens and more time playing outside.

The TK&S team, including award-winning optometrist Dr Keyur Patel and binocular vision specialist Debra Grant, have been at the forefront of myopia management techniques in the UK, offering a wide range of treatment pathways including spectacles and contact lenses.

Dr Patel has urged parents to encourage their children to swap mobile phones and video games for outdoor activities throughout the summer holidays to help keep their vision healthier for longer.

He said: "Current research indicates that both genetics – if one of your parents has myopia, you are three times

more likely to develop it – and environmental factors determine whether a child will be myopic. They also play a role in the progression of myopia.

"However, while we cannot change their genetics, it is useful to know that environment plays a significant role in myopia and therefore, everyone can use some simple strategies to help protect their vision both now and into the future."

An increase in time outdoors of about two hours per day, which helps children use their full range of vision, significantly reduces the risk of developing myopia while lots of near vision work without a break can increase the likelihood of developing the condition.

Parents are advised to encourage children to take regular breaks - for every 20 minutes spent on near tasks, take a break for 20 seconds gazing into the distance (20 feet or six metres away).

To make an appointment with Tompkins, Knight & Son call **01604 714413** or visit www.tks-optometrists.co.uk



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Allergic Conjunctivitis - A Practical Guide for Eye Care Professionals

As spring blooms across the UK, so too does the annual influx of patients suffering from allergic conjunctivitis. With pollen levels rising, optometrists and ophthalmologists find themselves on the front lines of managing this common yet often frustrating condition. This article provides a comprehensive guide to allergic conjunctivitis, covering its types, symptoms, differential diagnoses, and, most importantly, practical management strategies that eye care professionals can use to help their patients.

Understanding Allergic Conjunctivitis

Allergic conjunctivitis is an immune-mediated inflammatory response of the conjunctiva to allergens, primarily airborne allergens such as pollen, dust mites, pet dander, and mould spores. It can present as either an acute or chronic condition and is

Seasonal Allergic Conjunctivitis (SAC)

SAC is the most prevalent form, triggered by outdoor allergens such as tree, grass, and weed pollens. It is highly seasonal, with peak incidence in spring and summer. Symptoms include:

- Bilateral redness and itching
- Watery discharge
- Eyelid swelling
- Sensitivity to light

Perennial Allergic Conjunctivitis (PAC)

PAC occurs year-round and is typically caused by indoor allergens such as dust mites and pet dander. Though symptoms are similar to SAC, they tend to be milder but persistent.

climates, whereas AKC is associated with atopic dermatitis and can lead to sight-threatening complications if untreated.

Differential Diagnosis

Given the overlap in symptoms with other ocular conditions, accurate diagnosis is crucial. The primary differential diagnoses include:

- Infectious conjunctivitis – typically presents with mucopurulent discharge rather than the clear, watery discharge of allergic conjunctivitis.
- Dry eye disease – can cause redness and irritation but lacks the hallmark itching of allergic conjunctivitis.
- Blepharitis – often associated with meibomian gland dysfunction rather than an immune-mediated response.



commonly categorised into seasonal allergic conjunctivitis (SAC), perennial allergic conjunctivitis (PAC), vernal keratoconjunctivitis (VKC), and atopic keratoconjunctivitis (AKC). SAC and PAC are the most frequently encountered in general practice.

Vernal Keratoconjunctivitis (VKC) & Atopic Keratoconjunctivitis (AKC)

VKC and AKC are more severe, chronic forms that often require specialist intervention. VKC primarily affects children and young males in warm

- Giant papillary conjunctivitis (GPC) – often related to contact lens wear, presenting with papillae on the tarsal conjunctiva.

A thorough history and slit-lamp examination, including fluorescein staining to check for corneal involvement, can help differentiate these conditions.



Management Strategies

The management of allergic conjunctivitis revolves around three key approaches: avoidance of allergens, pharmacological treatment, and patient education.

1. Allergen Avoidance

While complete allergen avoidance is impractical, several strategies can help reduce exposure:

- Advise patients to check daily pollen counts and stay indoors during peak times (early morning and evening).
- Recommend wearing wraparound sunglasses to shield eyes from airborne allergens.
- Suggest washing face and hair after outdoor activities to remove pollen.
- Encourage using air purifiers and keeping windows closed during high pollen seasons.

2. Pharmacological Treatment

Several pharmacological options are available, depending on symptom severity:

- Artificial Tears: Preservative-free artificial tears can help dilute and flush out allergens from the ocular surface.
- Antihistamines: Oral antihistamines (e.g., cetirizine, loratadine) can provide systemic relief but may cause dry eye symptoms in some patients.

- Topical Antihistamines & Mast Cell Stabilisers: Dual-action agents such as olopatadine or ketotifen are highly effective in reducing itching and inflammation.
- Topical Corticosteroids: Short-term use of low-potency steroids (e.g., fluorometholone) may be necessary for severe cases but should be monitored due to potential side effects such as increased intraocular pressure.
- Immunomodulators: In chronic or refractory cases, cyclosporine eye drops may be beneficial.

3. Patient Education

Patient compliance is key to successful management. Educating patients about proper drop instillation techniques, adherence to treatment regimens, and lifestyle modifications can significantly improve outcomes.



The Role of Optometrists and Ophthalmologists

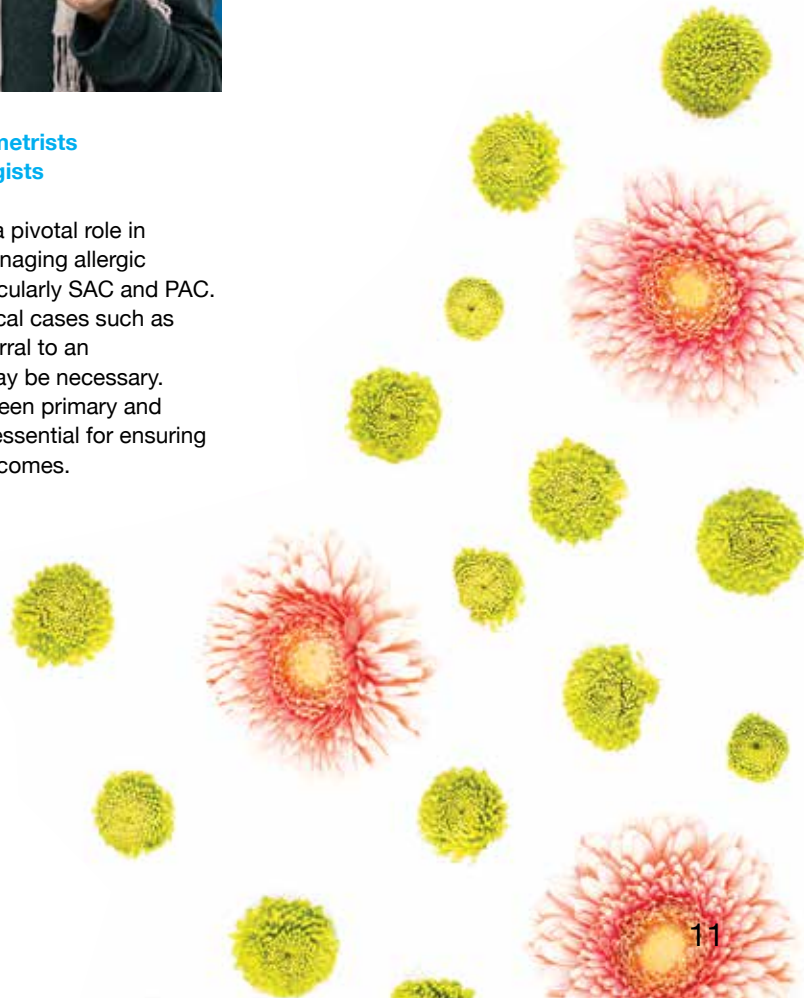
Optometrists play a pivotal role in diagnosing and managing allergic conjunctivitis, particularly SAC and PAC. For severe or atypical cases such as VKC and AKC, referral to an ophthalmologist may be necessary. Collaboration between primary and secondary care is essential for ensuring optimal patient outcomes.

Conclusion

As spring heralds the peak allergy season, eye care professionals must be well-equipped to manage allergic conjunctivitis effectively. By combining accurate diagnosis, targeted treatment, and proactive patient education, optometrists and ophthalmologists can alleviate symptoms and improve the quality of life for their patients.



With pollen counts rising, now is the ideal time to refresh clinical strategies and ensure patients receive the best possible care for this common yet impactful condition.



Beyond the Tears: Perimenopause, Dry Eyes, and the Aesthetics of Aging



by **Priya Udani**

Consultant Ophthalmologist - Oculoplastics / Dry Eye Expert Founder
and owner of Aesthetic Visual Result LTD, UK

Introduction

Perimenopause, the transitional phase leading up to menopause, typically begins in a woman's 40s and can last anywhere from 4 to 10 years, with menopause itself generally occurring between ages 45 and 55 (Freeman et al., 2014). During this period, fluctuating hormone levels—particularly declining estrogen and androgen levels—trigger a variety of physiological changes, including hot flashes, mood swings, sleep disturbances, and skin aging. However, one lesser-known yet significant effect of perimenopause is its impact on ocular health, particularly the function of the meibomian glands (Freeman et al., 2014).

Meibomian Gland Disease (MGD) is a common yet often underdiagnosed condition that affects the meibomian glands in the eyelids, which are responsible for producing the lipid (oily) layer of the tear film. This oil prevents tear evaporation and maintains eye lubrication (Lemp et al., 2012). Hormonal changes during perimenopause contribute to MGD through dysregulation, leading to dry, irritated eyes, which not only cause discomfort but also result in visible aesthetic changes that can impact self-esteem and quality of life (Sullivan et al., 2013).

This article explores the relationship between perimenopause, MGD, and their associated aesthetic effects, as well as strategies for managing these changes effectively.

Perimenopausal Changes and Their Impact on the Meibomian Glands

Hormonal Influence on Meibomian Glands

The meibomian glands, located in the upper and lower eyelids, produce the essential lipids that prevent tear evaporation. These glands are hormonally regulated, with androgens (such as testosterone) playing a crucial role in maintaining their function (Craig et al., 2008). As women enter perimenopause, estrogen and androgen levels begin to decline, leading to:

- **Reduced Meibomian Gland Function:** Androgen deficiency decreases lipid production, causing tears to evaporate more quickly (Rochal et al., 2015).
- **Gland Atrophy and Blockage:** The meibomian glands may shrink, become clogged, or produce oil of poor quality, leading to MGD (Sullivan et al., 2013).
- **Increased Ocular Surface Inflammation:** Chronic inflammation from poor lipid secretion further damages the tear film, contributing to dry eye disease (DED) (Dougherty et al., 2019).



Symptoms of Meibomian Gland Dysfunction in Perimenopause

Women in perimenopause who develop MGD may experience:

- Dryness, grittiness, or a burning sensation in the eyes
- Redness and irritation, especially in the mornings
- Watery eyes (a paradoxical response to dryness)
- Sensitivity to light
- Intermittent blurred vision
- Discomfort and new intolerance with contact lenses

These symptoms not only affect eye comfort but also contribute to noticeable aesthetic changes.

Aesthetic Effects of Perimenopause-Related MGD

Facial aging is a multifactorial process influenced by genetic, environmental, and biological factors that affect both the skin and underlying tissues. One of the most significant contributors to aging is prolonged sun exposure, which accelerates skin damage by increasing oxidative stress, degrading collagen, and promoting the formation of wrinkles, fine lines, and hyperpigmentation (Rittié & Fisher, 2002). This sun-induced damage not only speeds up the natural aging process but also exacerbates other skin conditions like rosacea, which is common in aging individuals (Steinhoff et al., 2011). Rosacea, characterized by redness, visible blood

vessels, and inflammation of the skin, can worsen with age, further compromising the skin barrier and contributing to increased sensitivity and irritation (Steinhoff et al., 2011).

As skin ages, there is a decline in collagen and elastin production, resulting in sagging, loss of elasticity, and thinning of the epidermis, making the skin more vulnerable to external stressors like UV radiation (Madison, 2003). Periocular aging, in particular, manifests through fine lines, puffiness, and thinning skin around the eyes, along with weakening of the muscles and connective tissue around the eyelids, which can contribute to drooping (Cohen & Weiss, 2003; Hedén et al., 2003). The aging process also exacerbates chronic low-grade inflammation, or “inflammaging,” which further compromises skin integrity and leads to conditions like blepharitis (Franceschi et al., 2007). Blepharitis, often linked to meibomian gland dysfunction, impairs tear production and exacerbates dry eye symptoms (Lemp et al., 2012). The combination of oxidative stress, chronic inflammation, increased skin sensitivity, and rosacea-driven irritation results in both aesthetic and functional declines around the eyes, with a marked impact on tear film stability and overall ocular comfort (Lemp et al., 2012).

1. Eyelid Redness and Swelling

Chronic inflammation from MGD can lead to puffy, swollen eyelids with persistent redness, giving the eyes a tired or irritated appearance. This can make a person look fatigued, older, or unwell (Sullivan et al., 2013).

2. Increased Fine Lines and Wrinkles

Perimenopausal hormonal changes already contribute to collagen loss, making the skin thinner and more prone to wrinkles. Chronic eye rubbing, irritation, and inflammation from dry eye further accelerate the formation of crow's feet and fine lines around the eyes (Freeman et al., 2014).



3. Dark Circles and Under-Eye Bags

Poor tear film stability and chronic irritation and inflammation can lead to fluid retention and poor circulation around the eyes, worsening the appearance of dark circles and under-eye bags. These effects can make the face appear aged and fatigued (Lemp et al., 2012).

4. Eyelash Thinning and Loss

MGD and chronic inflammation can affect the health of hair follicles along the eyelid margin, leading to eyelash thinning or loss. Shorter, sparse lashes can reduce the definition of the eyes and contribute to an aged look. This results in patients seeking aesthetic solutions such as lash growth serum containing prostaglandin analogues, which can exacerbate MGD (Arita et al., 2013).

5. Makeup Discomfort and Smudging

Women with perimenopausal dry eye and MGD often find that eye makeup—such as mascara, eyeliner, or eyeshadow—does not apply smoothly, smudges easily, or causes irritation. This can make it challenging to enhance the eyes with makeup. Perimenopause also results in increased sensitivity to products, and certain makeup components can occlude and inflame glands even further (Lemp et al., 2012).

Managing Meibomian Gland Dysfunction and Its Aesthetic Effects

1. Warm Compresses and Eyelid Hygiene

The application of warm compresses to the eyelids facilitates the liquefaction of meibomian gland secretions, improving lipid production and alleviating inflammation. Regular eyelid hygiene using an Okra-based lid scrub can be beneficial in managing Meibomian Gland Dysfunction (MGD). Okra's natural anti-inflammatory properties, owing to its antioxidant compounds, may help to alleviate eyelid irritation and reduce inflammation associated with MGD (Rivenson et al., 2017). Additionally, the mucilage in okra provides a moisturizing effect, which supports the stability of the tear film, thereby safeguarding the ocular surface. Okra-based solutions also minimize exposure to synthetic chemicals commonly found in traditional lid cleansers, potentially reducing the risk of gland obstruction.

2. Omega-3 Fatty Acids

Dietary intake of omega-3 fatty acids, through sources such as salmon, flaxseeds, and walnuts, or via supplementation, has been shown to enhance meibomian gland function, reduce ocular inflammation, and promote a more stable tear film (Reis et al., 2016). These effects contribute to improving the symptoms of dry eye associated with MGD.

3. Artificial Tears and Lipid-Based Eye Drops

The use of preservative-free artificial tears, particularly those that incorporate lipids, plays a critical role in maintaining ocular surface hydration, improving tear film stability, and enhancing overall eye comfort (Lemp et al., 2012). Lipid-based formulations are particularly effective in addressing the evaporative component of dry eye disease.

4. Intense Pulsed Light (IPL) Therapy and Radiofrequency (RF)

Intense Pulsed Light (IPL) therapy remains a cornerstone in the non-invasive management of Meibomian Gland Dysfunction (MGD). It works by targeting the meibomian glands to reduce inflammation, unblock glandular ducts, and enhance lipid production, thereby stabilizing the tear film. When combined with Radiofrequency (RF)

therapy, the benefits are amplified. RF technology operates by delivering controlled thermal energy to the deeper dermal layers, which heats the meibum (the lipid secretion from the meibomian glands), facilitating its liquefaction and improving gland secretion. This thermal stimulation also helps reactivate the function of the meibomian glands, thereby improving the tear film's lipid layer and alleviating the symptoms of dry eye disease. Beyond its benefits for MGD, RF treatment promotes **neocollagenesis**—the production of new collagen fibers. This process enhances the structural integrity of the skin, improving elasticity, reducing skin laxity, and softening the appearance of fine lines and wrinkles. The dual mechanism of RF therapy—both functional for the meibomian glands and aesthetic for the skin—offers a comprehensive approach to treating both dry eye and the visible signs of periorbital aging. Studies have demonstrated that RF, when used in conjunction with IPL, provides both functional and aesthetic improvements, making it a valuable modality for addressing dry eye, enhancing eyelid appearance, and improving overall skin tone and texture around the eyes (InMode Envision, 2023).

5. Hydration and Skincare

Maintaining proper hydration and applying moisturizing eye creams that contain hyaluronic acid or peptides is essential for mitigating the symptoms of dryness and minimizing the appearance of fine lines and wrinkles (Tung et al., 2019). Such formulations support the integrity of the tear film and improve skin elasticity around the eyes.

6. Lash Serums and Gentle Eye Makeup

Lash serums containing peptides or biotin are effective in promoting eyelash growth, thickness, and overall health. Additionally, using hypoallergenic, oil-free eye makeup is particularly beneficial for individuals with dry eye or MGD. Makeup formulations that are specifically designed for sensitive eyes help to minimize irritation and reduce the risk of further inflammation or meibomian gland blockage. These products are often free from harsh chemicals, fragrances, or preservatives that can exacerbate eye discomfort, making them an excellent choice for individuals managing both dry eye and aesthetic concerns. Such makeup options can offer both a safe and comfortable way to enhance the appearance of the eyes without compromising eye health (Arita et al., 2013).

Impact on Female Wellness: The Importance of Synchronizing Treatment

The combined effects of menopause, dry eye, and aging on a woman's appearance and well-being can have profound impacts on overall wellness. Hormonal changes not only affect ocular health and skin elasticity but also influence mood, energy, and self-esteem. Many women experience a sense of diminished self-confidence as these physical changes appear, contributing to a sense of loss of vitality and beauty (Kohlberger et al., 2013). The interconnectedness of these conditions means that they should not be treated in isolation. Effective management of these factors in tandem can have a profound impact on improving both comfort and appearance, ultimately restoring confidence.

For instance, dry eye symptoms resulting from MGD can cause significant discomfort and lead to a diminished quality of life, while aesthetic concerns like sagging eyelids, wrinkles, and dark circles can affect how women perceive themselves. Treating these issues together, with a focus on both eye health and aesthetics, provides a comprehensive approach to addressing the multifaceted nature of perimenopausal changes. By utilizing therapies such as IPL, radiofrequency, warm compresses, and eyelid hygiene, women can alleviate both functional and cosmetic concerns simultaneously (InMode Envision, 2023). Addressing these concerns in sync not only improves comfort but also provides a path toward restoring self-esteem, energy, and youthful confidence.



Empowering Women to Reclaim Their Confidence

Navigating the changes that come with perimenopause, menopause, and aging can often feel overwhelming, but it is important to remember that these stages of life are not a loss—they are a powerful transformation. Just as women have been resilient and dynamic throughout all the phases of their lives, the journey through menopause and aging is no different. By addressing the interconnected issues of dry eye, meibomian gland dysfunction, and the aesthetic effects of aging, we are not just alleviating discomfort or smoothing out wrinkles; we are empowering women to take control of their wellness, their appearance, and, ultimately, their lives.

Treating these concerns holistically means giving women back more than just comfort—it means restoring confidence, vitality, and a sense of self that may have felt lost in the

process. Through effective treatments that consider both health and aesthetics, we are helping women to feel seen, valued, and rejuvenated in ways that reflect their strength and beauty, both inside and out. This is about reclaiming the power to feel youthful, radiant, and unapologetically themselves as they continue to thrive through every stage of life. The tools and treatments we provide are not just solutions—they are pathways to a life of renewed confidence, joy, and a future that women can embrace fully and without hesitation.

In the end, it's about more than just aesthetics. It's about giving women their life back—because they deserve it.



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Corneal Pearls of Wisdom: Insights from Mr. Tom Jenyon, Corneal Consultant at Royal Shrewsbury Hospital



by Ahmad Khalifa and Diya Baker

Corneal and ocular surface diseases are a significant burden in Ophthalmology, affecting patients of all ages. With advancements in corneal surgery, particularly Descemet Membrane Endothelial Keratoplasty (DMEK), patient outcomes have improved dramatically. Mr. Tom Jenyon, a corneal consultant at Royal Shrewsbury Hospital, shares his experiences in the field, his approach to managing corneal disease, and his thoughts on emerging trends in treatment.

Corneal surgery covers a wide range of conditions, from dystrophies and infections to trauma and degenerative diseases. Techniques like DMEK have greatly improved the management of endothelial disorders, offering faster visual recovery compared to older methods like Descemet Stripping Automated Endothelial Keratoplasty (DSAEK). However, dry eye disease and meibomian gland dysfunction remain challenging to treat, causing significant discomfort for patients.

Mr. Jenyon's decision to specialise in corneal surgery was driven by the clarity of the specialty. "You can quickly assess the problem and often offer a solution," he says. "The surgical side is particularly rewarding, and patients generally respond well."

Being the sole corneal consultant in a smaller hospital does have its challenges, particularly when it comes to collaboration. While Mr. Jenyon appreciates the independence, he acknowledges the value of having colleagues to exchange ideas with, something that larger units offer despite the occasional political dynamics.

An early adopter of DMEK in his region, Mr. Jenyon trained under Mr. Craig, the first UK surgeon to perform the procedure. He recognised its advantages early on, especially for treating endothelial dysfunction. Though the surgery itself can be technically demanding, experience and practice have been key to mastering it.

Looking ahead, Mr. Jenyon is excited by the potential of new treatments like Rho kinase inhibitors for Fuchs' dystrophy and topical losartan for other corneal conditions. He also shared some memorable cases, including performing a corneal autograft and combining DMEK with an Artisan lens in aphakic patients.

Dry eye disease remains a common issue in corneal practice, with symptoms often varying from patient to patient.

Mr. Jenyon stresses the importance of distinguishing between different causes and uses diagnostic tools like tear break-up time (TBUT) and the Oxford scale. Emerging treatments, such as lipid-layer-replacement drops and topical ivermectin for severe meibomian gland dysfunction, are proving beneficial.

Mr. Jenyon has also worked internationally, completing a short-term assignment in Cambodia with the Khmer Sight Foundation. He emphasises the importance of supporting local services rather than imposing on them, sharing his experience of the complex dynamics involved in international medical work.

Outside of Ophthalmology, Mr. Jenyon enjoys DIY and woodworking, spending much of his time maintaining his family home and keeping busy with his four children.

For aspiring corneal surgeons, his advice is simple: "Do it if you love the work. It's not about the money anymore, but if you enjoy a mix of medicine and surgery with high success rates, it's a very rewarding field."

Mr. Jenyon's insights provide a clear view of the challenges and rewards of corneal surgery. While techniques and treatments continue to evolve, the balance between clinical practice and patient care remains key for the modern corneal surgeon.

What's in the news?

Testosterone Gel Shows Promise for Severe Dry Eye Following Acoustic Neuroma Surgery

A recent case study published in the *American Journal of Ophthalmology Case Reports* highlights a novel approach to treating **refractory dry eye disease (DED)** following **acoustic neuroma surgery**.

The case involved a 51-year-old female who suffered from severe unilateral dry eye despite multiple treatments. Researchers identified **nervus intermedius damage**—a complication of the neuroma and its surgical resection—as the underlying cause of **aqueous-deficient dry eye**.

As part of a clinical trial, the patient applied a **topical testosterone gel (4.5%)** to her eyelids twice daily for four weeks. Results showed **significant improvement** in symptoms, with **Ocular Surface Disease Index (OSDI) scores dropping below 13**—a near-normal level. Tear break-up time, meibomian gland function, and tear osmolarity also improved.

While further research is needed, this study suggests that **topical androgen therapy could be a promising new treatment** for cases of **nerve injury-induced dry eye**.



Source: Jiang JR, Khankan R, Ridder WH, Paugh JR. Am J Ophthalmol Case Rep. 2024 Dec 19;37:102241.

The Expanding Role of Contact Lenses in Therapeutic Eye Care

A recent review in *Advances in Experimental Medicine and Biology* highlights the **growing role of contact lenses beyond vision correction**, emphasizing their impact in **ocular therapeutics**. From **dry eye syndrome** to **corneal ulcers** and **post-surgical healing**, contact lenses are increasingly used to **deliver medication**, **enhance healing**, and **provide structural support** for various eye conditions.

Key Insights

- **Drug-Delivery Lenses** – Contact lenses can sustainably deliver medications to the ocular surface, improving treatment for dry eye disease and corneal infections.
- **Specialized Lenses for Irregular Corneas** – Conditions like keratoconus benefit from lenses that provide both visual correction and corneal support.



- **Myopia Control** – Orthokeratology lenses reshape the cornea overnight, potentially slowing myopia progression in children.

- **Post-Surgical Recovery** – Therapeutic lenses help with epithelial regeneration, reducing discomfort and improving healing outcomes.

Future Directions

Advancements in **contact lens materials and smart designs** are paving the way for **personalized treatment strategies**, potentially integrating **biosensors and drug-releasing technology** to revolutionize eye care.

Source: Shuaibu A, Topah EK, Suleman A, et al. Adv Exp Med Biol. 2025.

Leadership in Ophthalmology: A Comparative Exploration of Styles for Optimising Performance

by Ahmad Khalifa

In Ophthalmology, precision and collaboration are a measure of performance which are deemed to be essential for better patient outcomes. To name a few, surgical interventions, timely diagnostics, and effective treatments all rely on finely tuned teams working in sync. Hence, appropriate leadership and an adequate performance management system are needed to keep the team aligned, motivated, and performing at its best. There are multiple styles to consider when discussing leadership in multi-faceted departments such as the Ophthalmology departments. An effective style can inspire and motivate, and there are multiple approaches worth considering in Ophthalmology. Leadership is far from a one-size-fits-all scenario, and what works in one situation may not be ideal for another.⁸

We'll also explore the common interpersonal challenges faced in Ophthalmology departments and what is the best suited fit including but not conclusive of communication breakdowns, role conflicts, and power dynamics, and suggest practical solutions to overcome them. Above all, this article aims to give you a sharp, research-backed framework for improving leadership, staff motivation, essentially improving patient care outcomes.

Leadership Styles in Ophthalmology:

Leadership isn't about ordering people and telling them what to do. It's about bringing out the best in everyone, fostering collaboration, and driving innovation. That said, the "best" leadership style depends on the situation, the people you're leading, and the challenges you're facing. I will focus on the most talked about styles in the healthcare scope, consider their role and provide a brief explanation of how they fit in Ophthalmology and what evidence-backed drawbacks and advantages we could learn from.

1. Transformational Leadership

Transformational leadership is often considered the gold standard in healthcare. This style is about more than just meeting targets; it's about inspiring staff to reach their full potential by aligning their values with the organisation's goals, allowing a sense of belonging and achievement to develop between co-workers who start feeling that their input is directly contributing to the improvement of the services.⁶

Transformational leaders are vital in Ophthalmology, where technological advancements and patient expectations evolve rapidly. They don't just keep the ship going, they inspire members within the team to take roles and be inspired to make a change.⁷

This is especially important in-service providing sectors, as they can be quite exhausting in the long run, affecting behaviors and essentially practice leading to poor patient outcomes.⁸



Advantages:

- Engages and motivates staff through a shared vision, improving overall morale and dedication.⁹
- Particularly well-suited for fostering innovation, something crucial in Ophthalmology where technology and treatment methods are constantly evolving.
- Enhances team cohesion by ensuring everyone is working towards the same high-level goals.

Drawbacks:

- Transformational leadership demands a lot from the leader, both emotionally and mentally, which can lead to burnout if the workload isn't managed effectively.¹⁰
- It may not be the best style in emergencies or high-pressure situations where quick decisions and clear, directive leadership are necessary.¹¹

2. Transactional Leadership

In contrast to the vision-driven transformational style, transactional leadership focuses on clear structures, rewards, and penalties to motivate staff. Think of it as a more practical, task-oriented approach. In an Ophthalmology setting, this might involve setting specific performance targets, such as reducing post-op complications or shortening patient wait times and rewarding those who meet them. Not suitable for long-term innovation-driven departments as in Ophthalmology.¹²

This is because it's a very fast-moving field with massive input from technology that requires innovation and motivation to persevere with new challenges and solutions posed to their practice.¹³

Advantages:

- Effective for managing routine tasks and ensuring compliance with established protocols, which is critical for operational efficiency in high-volume settings.¹⁴
- Provides clear expectations, reducing ambiguity in performance (particularly important in surgical settings).¹⁵

Drawbacks:

- Tends to focus on extrinsic motivation, which can lead to a lack of innovation or creativity. Staff may perform well but only to meet minimum expectations.
- Can create a somewhat rigid work environment, stifling long-term development and morale.¹⁶

3. Participative (Democratic) Leadership

Participative leadership takes a more inclusive approach. Therefore, decision-making is shared between the leader and the team, making it ideal for settings where collaboration and diverse input are key. In an Ophthalmology department, this style could mean engaging the entire team—surgeons, nurses, technicians, and administrative staff—in decisions about new protocols or procedures.¹⁷

Advantages:

- Fosters a sense of ownership among staff, leading to higher morale and engagement.
- Enhances collaboration, which is critical in Ophthalmology where multiple disciplines often work together on complex patient cases.¹⁸

Drawbacks:

- Decision-making can be slow, and this style may lead to delays in situations requiring quick actions (such as emergency surgeries).
- There's a risk of decision paralysis if too many perspectives are considered, making consensus hard to achieve.

4. Situational Leadership

Situational leadership is all about adaptability. Leaders using this style tailor their approach based on the specific needs of their team members and the situation at hand. In Ophthalmology, where team members experiences can range from junior surgeons to experienced ophthalmologists, this style allows for flexibility and malleability to each situation based on the factors and members involved in the situation.¹⁹

Advantages:

- Provides a flexible approach, adjusting leadership tactics depending on the team's competency and the situation.
- Enhances adaptability, which is vital in the dynamic and evolving field of Ophthalmology.

Drawback:

- Requires a lot of emotional intelligence and situational awareness from the leader which can be greatly dependent on the personality type reducing the reliability of this style, and thus be challenging to maintain consistently.²⁰

Interpersonal Relations in Ophthalmology: Challenges and proposed Solutions:

Managing interpersonal relationships in any healthcare setting is crucial, but in Ophthalmology, where patient outcomes depend on a team working in harmony, it's even more critical. Below are some common challenges faced in Ophthalmology teams and practical ways to overcome them.

Challenges in Interpersonal Relations

- **Communication Breakdowns:** Miscommunication between Ophthalmologists, nurses, technicians, and support staff can lead to serious errors, delays in treatment, and even patient harm. Given the complexity of Ophthalmic procedures, clear communication is paramount at all stages of patient care.
- **Role Confusion:** With the overlapping roles of surgeons, optometrists, nurses, and technicians, there can be confusion about responsibilities and accountability, leading to tension and reduced team efficiency.
- **Power Dynamics:** Ophthalmology, like much of healthcare, often operates within a strict hierarchy. This can create power imbalances that hinder collaboration, especially when junior staff feel they can't voice concerns or suggestions.

Practical Solutions for Managing Interpersonal Relations

- **Regular Team Debriefings:** Regularly scheduled team meetings—especially after surgeries—allow staff to discuss what went well and where improvements can be made. This ensures that communication lines remain open, and any issues can be addressed promptly.
- **Role Clarity:** Clear job descriptions and well-defined roles help reduce confusion and prevent the overlap of responsibilities, improving workflow and efficiency.²²

The Impact of Interpersonal Relations on Performance and Patient Care

Strong interpersonal relations within Ophthalmology teams can significantly improve collaboration helping members foster a good work environment in between them, resulting in fewer errors, better patient outcomes, and improved team satisfaction. Conversely, poor relationships can lead to communication breakdowns, lower staff morale, and higher turnover rates, negatively impacting patient care.

Conclusion

Effective leadership in Ophthalmology is not just about managing tasks, it's about inspiring and motivating a team, fostering collaboration, and ensuring that each team member can perform to the best of their abilities. By understanding and applying various leadership styles at each level. Whether transformational, transactional, participative, or situational. Leaders can address the specific challenges within their department and create an environment where staff engagement can lead to patient care thriving.

Communication breakdowns, role confusion, and power imbalances can equally disrupt the flow of care, but with the right leadership approach and practical solutions, these challenges can be overcome. Leadership in Ophthalmology is not static, requiring constant adjustment, empathy, and a deep understanding of both the human and clinical elements of care. By adopting a flexible, research-based leadership approaches, Ophthalmology leaders can create a culture of continuous improvement, innovation, and excellence.

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Adverse Events should be reported. Information and the reporting form can be found at www.mhra.gov.uk/yellowcard or by using the Yellow Card app to report an adverse event. Adverse events should also be reported to SUN Pharma UK using the email address medinfoeurope@sunpharma.com or by telephoning 0208 8485052.

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* The ocular distribution, tolerability and systemic exposure of Cequa[®] following topical administration were investigated in a preclinical study with New Zealand white rabbits. The analysis included samples from 112 rabbits. The topical administration of a nanomicellar ciclosporin solution 0.05% was compared with an ophthalmic ciclosporin emulsion 0.05%.

** The efficacy and safety of Cequa[®] were established in two separate, randomised, double-blind, vehicle-controlled clinical trials with a total of 1,200 adult patients with moderate to severe DED (SANDE score ≥ 40) and symptoms present for at least 6 months. The patients were treated 2x daily for 12 weeks.

Medicinal Mushrooms and Dry Eye Disease: A Novel Approach to Treatment

A new study published in *Frontiers in Pharmacology* explores the potential of medicinal mushrooms in treating dry eye disease (DED). Researchers from the University of Basel and the University of Vienna analysed six polypore mushroom extracts, assessing their pharmacological properties and potential impact on DED management.

Background: Inflammation and Oxidative Stress in Dry Eye Disease

DED is a multifactorial condition characterised by tear film instability, inflammation, and oxidative stress. Conventional treatments, including artificial tears and anti-inflammatory agents, often provide incomplete relief. Given their immunomodulatory and anti-inflammatory effects, medicinal mushrooms have emerged as potential alternative treatments.

Study Design and Key Findings

The research team investigated extracts from six polypore species...

- *Ganoderma lucidum* (GL)
- *Ganoderma tsugae* (GT)
- *Gloeophyllum odoratum* (GO)
- *Inonotus obliquus* (IO)
- *Fomes fomentarius* (FF)
- *Laricifomes officinalis* (LO)

Extracts were evaluated for cytotoxicity, antioxidant capacity, anti-inflammatory activity, and lipid-stimulating properties in cell models relevant to DED.

Key findings include:

- **Antioxidant activity:** GT, GL, GO, and IO extracts significantly reduced intracellular reactive oxygen species (ROS) in UVB-exposed corneal and meibomian gland epithelial cells.
- **Anti-inflammatory effects:** GO and GL extracts inhibited cytokine secretion in corneal epithelial cells, even at low concentrations.
- **Reduced cytokine secretion:** All extracts significantly decreased pro-inflammatory cytokines (IP-10, IL-6, IL-8, TNF- α) in LPS-stimulated monocytic cells.
- **Low cytotoxicity:** The extracts were well tolerated in all tested cell lines, supporting their potential for therapeutic use.

Implications for Dry Eye Disease Management

These findings suggest that *Ganoderma lucidum* and *Gloeophyllum odoratum* extracts could offer natural therapeutic benefits for DED. Their dual antioxidant and anti-inflammatory properties may help mitigate key disease



mechanisms, complementing existing treatments. Patients with chronic or treatment-resistant DED may particularly benefit from such bioactive compounds.

Future Directions

Further research is needed to validate these findings in clinical settings. Key areas for future study include:

- **Clinical trials** to assess efficacy, optimal dosages, and formulation methods.
- **In vivo studies** to evaluate bioavailability and systemic effects.
- **Mechanistic research** to understand the pathways through which these extracts exert therapeutic effects.

Conclusion

Medicinal mushrooms offer a promising avenue for DED treatment. With their potent anti-inflammatory and antioxidant properties, they could provide a natural complement to conventional therapies. As research progresses, these bioactive compounds may become an integral part of ocular surface health management.

Cornea & Cataract Day
19th May 2025
Liverpool Hilton

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A Life Changed by Severe Dry Eye: A Patient's Journey

For years, I took my eyes for granted. Like most people, I never thought twice about blinking, reading, or simply stepping outside on a windy day. But then, something changed. My eyes became persistently red, dry, and painful. At first, I assumed it was allergies or just a bad reaction to my contact lenses. I switched brands, used over-the-counter drops, and tried to ignore the discomfort. But the symptoms didn't go away—in fact, they worsened.

It started affecting my daily life in ways I never imagined. My job, which required hours of screen time, became unbearable. Reading for pleasure, something I once cherished, felt like torture. I avoided going outside on bright days because the light felt overwhelmingly intense and uncomfortable in my eyes. Even social interactions became difficult—how could I explain to friends and family that my eyes hurt so much I had to cut evenings short?

The Long Road to Diagnosis

I visited multiple doctors, each offering a different opinion. Some dismissed it as seasonal dryness, while others prescribed generic lubricating drops that did little to help. It wasn't until I saw an ophthalmologist specialising in ocular surface disease that I finally had a name for my condition: severe dry eye disease (DED), compounded by meibomian gland dysfunction and inflammation.

I learned that my tears weren't providing enough lubrication due to a poor oil layer, and my ocular surface was constantly inflamed. My doctor explained that this wasn't something a simple bottle of artificial tears could fix. It was a chronic condition that required a multi-faceted approach.

A New Treatment Plan

My treatment journey started with prescription anti-inflammatory drops and intense pulsed light (IPL) therapy. I also began daily warm compresses and lid hygiene routines. Punctal plugs were inserted to help retain moisture,



and I was encouraged to take omega-3 supplements to support tear production.

Even with these treatments, progress was slow. There were days when I felt hopeless, wondering if I would ever feel normal again. But over time, I started noticing improvements. The burning sensation lessened, my vision became more stable, and I could finally get through a workday without feeling like my eyes were made of sandpaper.

Lifestyle Changes and Emotional Impact

Managing severe dry eye isn't just about medical treatments—it requires lifestyle adjustments too. I switched to moisture chamber glasses when outdoors, adjusted my screen settings to reduce strain, and even got a humidifier for my home. I also became more conscious of my diet, focusing on hydration and anti-inflammatory foods.

One of the hardest parts was the emotional toll. Many people don't understand how debilitating severe dry eye can be. It's an invisible condition—on the outside, you look fine, but inside, the pain can be overwhelming. I joined an online support

group where I connected with others facing similar struggles. It was reassuring to know I wasn't alone, and I learned valuable tips from those who had been managing this condition for years.

A New Perspective

Today, my dry eye disease is not “cured,” but it's manageable. I've learned that this condition requires continuous care and adaptation. Regular follow-ups with my specialist, staying consistent with treatments, and listening to my body are all part of my new normal.

Looking back, I wish I had recognized the signs earlier and pushed for a proper diagnosis sooner. My journey with severe dry eye has been challenging, but it has also given me a newfound appreciation for eye health and the importance of patient advocacy.

For anyone struggling with persistent eye discomfort—don't ignore it. Seek out a specialist, ask questions, and don't be afraid to advocate for yourself. There is hope, and with the right treatment and support, you can regain control over your life.

What is the Dry Eye Association UK?

by **Dr Ruth Machin**



In issue 18 of OSI, I wrote about my struggles with career ending corneal neuropathic pain and my experiences of being a patient armed with a medical degree. I asked the editors if I could write a follow up piece to tell readers about the Dry Eye Association UK and they kindly agreed, so here goes...

The UK's first dedicated charity for people living with dry eye disease and associated conditions e.g. meibomian gland dysfunction, recurrent corneal erosion syndrome and corneal neuralgia. The association was born through a meeting between Professor James Wolffsohn of Aston University School of Optometry and I, following an introduction by Rebecca Petris of the Dry Eye Association in the USA. This led to our launch event and patient education day in November 2023. This was a wonderful opportunity for patients to come together in person, network and listen to relevant, enjoyable and educational talks by optometrists and ophthalmologists. We held our first AGM, formed a committee and the rest, as they say, is history.

Are you a charity?

We are an unincorporated charity with a constitution and a membership. Anyone can become a member - patient, practitioner or supporter – and attend our AGM. We are run by a small committee who meet three times a year.

What are your aims?

As a small group of dry eye patients and eye care professionals, our main shared goal is to provide information and support. A place where patients can access expert advice on the day-to-day management of their condition, current treatments options and areas of current research. Our message is one of hope. The impact of dry eye disease on people's lives can be significant and, whilst it cannot currently be cured, it can be managed and quality of life improved.

What can you do for my patients?

- They can explore our website. It has educational resources, for example, videos on lid hygiene and warm compresses as well as patient insights.
- By joining as a member and receiving our quarterly newsletter.
- By joining our Facebook patient support group.
- By downloading our app MyDryEye. This allows you to set daily reminders for drops, monitor symptoms and has a list of UK practitioners specialising in dry eye.
- They can attend our next patient education day in January 2025 at Aston University in Birmingham (details on our website and in our newsletter in due course).



How can you help us spread the word:

- By signing up as a practitioner member.
- By downloading our poster (using this QR code) and/or patient display slide to display in your clinic:
- By telling your patients that we exist and can support them.

If you want more information or want to be added to our practitioner list:

We can be reached at:
dryeyeassocuk@gmail.com



What's in the news?

Unhappy 20/20: Addressing Post-Cataract Surgery Dissatisfaction

A recent study published in The Journal of Clinical Medicine sheds light on an emerging challenge in cataract surgery—ocular surface dysfunction (OSD) leading to patient dissatisfaction despite achieving perfect visual acuity. Researchers at the University Campus Bio-Medico in Rome investigated this phenomenon, termed postsurgical ocular surface system failure (OSSF), and proposed strategies to improve patient outcomes.

Key findings included:

- Persistent dry eye symptoms: Despite achieving 20/20 vision, 44% of patients reported discomfort.
- Significant deterioration in ocular surface health: Postoperative evaluations showed worsened Ocular Surface Disease Index (OSDI) and SANDE scores ($p < 0.001$), indicating increased discomfort.



The Changing Expectations of Cataract Surgery

Modern cataract surgery has evolved beyond vision restoration into a refractive procedure, with many patients expecting not only clear vision but also high visual comfort. This is particularly true for baby boomers, who demand premium intraocular lenses (IOLs) and enhanced postoperative results. However, up to 35% of patients report dissatisfaction post-surgery, often due to OSD symptoms rather than visual acuity issues.

Study Insights: OSSF and Its Impact

The study followed 20 patients undergoing cataract surgery and assessed their ocular surface health pre- and postoperatively.

- Reduced tear film stability: Schirmer test values dropped significantly (preoperative mean: 19.92 ± 10.06 ; $p < 0.001$), and tear breakup time (TBUT) decreased (preoperative mean: 5.88 ± 2.64 s; $p < 0.001$).
- Increased meibomian gland dysfunction and conjunctival hyperemia, exacerbating ocular discomfort.

Understanding the Cause: Surgery and Ocular Surface Dysfunction

OSSF results from a combination of factors, including:

- Surgical trauma-induced inflammation leading to neurogenic dry eye. Tear film instability, exacerbated by ocular surface irritation.

- Meibomian gland dysfunction, reducing lipid secretion and further compromising tear stability. Strategies for Improved Patient Satisfaction
- Given these findings, proactive management of OSD before and after cataract surgery is essential. Recommendations include:
- Preoperative screening for OSD to identify at-risk patients. Optimising ocular surface health with artificial tears, lid hygiene, and anti-inflammatory treatments.
- Use of preservative-free eye drops to reduce irritation and maintain tear film integrity.
- Close postoperative monitoring to address emerging symptoms early.

Conclusion

Achieving 20/20 vision post-cataract surgery is no longer the sole benchmark for success. Addressing OSSF through proactive ocular surface management is crucial for ensuring patient satisfaction. This study highlights the need for a holistic approach to cataract surgery, integrating both visual and ocular surface health considerations.

What's in the news?

Blepharitis: A Chronic Condition Requiring Long-Term Management

A recent StatPearls publication highlights blepharitis, one of the most frequently encountered chronic inflammatory disorders of the eyelid margins. This condition affects individuals of all ages and often requires long-term management due to its persistent and recurrent symptoms.

Blepharitis is classified into two main types:

- Anterior blepharitis – Primarily affects the base of the eyelashes and is often linked to seborrheic dermatitis or Staphylococcal infections.
- Posterior blepharitis – Also known as Meibomian Gland Dysfunction (MGD), it involves inflammation of the meibomian glands, leading to tear film instability and dry eye symptoms.

Symptoms & Associated Conditions

Common symptoms include burning, itching, redness, and a foreign body sensation, which can worsen overnight due to tear film stagnation. Blepharitis is also frequently associated with rosacea and seborrheic dermatitis, emphasizing the need for a holistic treatment approach.

Treatment & Management

- Daily eyelid hygiene (warm compresses, lid scrubs)
- Artificial tears to stabilise the tear film
- Topical antibiotics or anti-inflammatory treatments for bacterial involvement



- Long-term symptom management to prevent recurrences

While there is no definitive cure, consistent eyelid hygiene and maintenance therapy can significantly improve symptoms and enhance ocular comfort.

Source: Eberhardt M, Zeppieri M, Rammohan G. StatPearls [Internet]. 2025.

Pulsed Light Therapy Offers Relief for Refractory Dry Eye Disease

A new study published in *Archivos de la Sociedad Española de Oftalmología* has reinforced the **effectiveness of intense pulsed light (IPL) therapy** in treating **evaporative dry eye disease (DED) caused by Meibomian gland dysfunction (MGD)**, particularly in patients who do not respond to conventional treatments.

Researchers conducted a prospective interventional study with **63 patients** (median age 43, 61.5% female), all suffering from **MGD-related dry eye that was refractory to standard therapies**. Patients received **four IPL sessions over 75 days**, with symptom improvement measured using the **Ocular Surface Disease Index (OSDI)** and an **analog symptom scale**.



Results showed **significant improvement** in symptoms:

- **50.8% symptom reduction** based on OSDI scores
- **71.4% symptom reduction** on the analog scale

These findings suggest that **IPL therapy provides meaningful relief for patients struggling with persistent dry eye symptoms**, making it a viable option for those unresponsive to traditional treatments.

Source: Turizo Mejía S, Jaramillo LM, Gil Muñoz JC, et al. Arch Soc Esp Ophthalmol (Engl Ed). 2025 Jan 31.

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- ☑ Decreased pachymetry³

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- ☑ Improves eye comfort

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¹ Instructions for use, Hylo Dual Intense eye drops, 0.2% Sodium Hyaluronate, 2% Ectoin.
NON-1863-UK-v1 Date of preparation: March 2025