









## Meibomian Gland Dysfunction (MGD) & Dry Eye Disease (DED)

The 3 lavers of your tear film:

2) middle aqueous water layer wets the cornea & 3) outer oil layer to prevent tear evaporation 1) inner mucus laver

DED: more than 90% of patients have it. Your eyes will feel tire, dry, gritty, burning, blurry or watery if any of these layers is abnormal. It is a chronic progressive disease. Like periodontal gum disease, you cannot cure DED & it will get worse without treatment. DED causes tear sodium hyper osmolarity and tear film instability, leading to progressive chronic inflammation & tissue damage.

Meibomian Gland Dysfunction (MGD), blocked meibomian glands & abnormal oil secretion creates an unstable tear film with excessive evaporation, eventually functional & structural damage, including MG drop out. A New paradigm: Multiple studies have shown that the major cause of DED is NOT aqueous (water) but oil layer deficiency. About 86% of dry eye disease is MGD induced evaporative DED. In other words, 8 out of 10 patients, especially those involved in prolonged visual tasks, will have this condition.

Tear Lab Osmolarity Test, Lipiview & Lipiview DMI (Dynamic Meibomian Gland Imaging) Diagnostic Testing: Tear Lab quantitatively monitors tear chemistry. Your tears will be hyper osmotic in DED due to increased sodium concentration. **Lipiview** measures tear lipid layer thickness& eye blinking pattern. Lipiview DMI documents meibomian gland deterioration & drop-out. Single LipiFlow Treatment

## **Treatment Protocol:**

## 1. Lipiflow MGD Treatment

Chronic MGD leads to progressive meibomian gland drop out & lost of function. LipiFlow® Thermal Pulsation Treatment for MGD is the only FDA approved procedure that restores MG function. It utilizes controlled vector heat pulsations to flush out & unclog congested meibomian glands, allowing them to resume its own natural production of lipid oils. Clinical trials of LipiFlow® have shown 87% of treated patients have significant improvements in both meibomian gland structure, function and patient dry eye symptoms that last 1 to 2 years.

16.7 14.3 6.3 BASELINE 2 WEEKS ±8.7 ±8.7 Standard Deviation

Like periodontal disease, MGD DED is chronic & reoccurs. Any treatment attempts to control but do not cure MGD\_DED progression. Earlier treatment will have the best clinical success because MG drop out is not reversible.

	These procedures target symptom relief in the short-term		,		
1.	Help opens clogged meibomian of	glands, softens the oils, allowing	the oil to flow to pre	event tear eva	poration.
	Bruder Medical Hot Compress: Microwave for 20-25 Heat eyelids for 20 minutes (reheat every 5 min) After that, repeat daily			1	7
2.	Eye Lid Scrubs Clean debris & bacteria that collect on the eyelashes.			1	
	Clean Eye Lids with Lid Wipes Rinse & Wipe Lids with warm water after	times per day for times per day to maintair			
3.	<b>Anti-Inflammatory Drops</b> Reduces inflammation of cornea for acute stages of DED. Need you doctor to monitor treatment effectiveness & rare eye pressure rises.			Superfusional Lotertains and Control Lotertai	© (m ) section  FML*  Semination 2.75  US 91.00*
		times per day for	weeks		CONTROL OF
		times per day for	weeks	THE STATE OF	100



Artificial Tears Supplements our natural tear production. Non-preserved is best. (wait 15 minutes after using anti-inflammatory drop)











times per day for \_\_ weeks & as needed

**Omega 3 Fish Oil Vitamin Supplements Daily** 

Help improve MGD & improve cornea cell health. Therapeutic effect takes about 3 to 9 months. DHA and EPA from oily fish (sardines, anchovies & mackerel) are the most useful. Our body better absorb omega 3 in its natural triglyceride form than ethyl-ester form

Systane Omega 3 Vitamin \_ tablets per day (about \_\_\_

Other Treatments 8 cups of water daily. Some may need oral antibiotics, Restasis anti-inflamatory tears & punctal plugs.