



SOUTHERN EYE  
CONGRESS

## Oculoplastics Pearls for the Comprehensive Ophthalmologist

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## Financial Disclosures

Advisory Panel – Horizon Therapeutics

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## Objectives

- Discuss a few of the most common oculoplastics problems seen and treated by comprehensive ophthalmologists.
- Surgical pearls for more routine oculoplastics procedures.

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## Outline

- Blepharoplasty
- Ectropion repair
- Floppy Eyelid Syndrome
- Epiphora and lacrimal procedures
- Thyroid Eye Disease




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Upper Eyelid

## Blepharoplasty




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## Blepharoplasty

- Things to consider with “heavy upper lids”
  - Brow ptosis
  - Eyelid ptosis or asymmetry of lid height
  - Lagophthalmos
  - Dry eyes
  - Floppy Eyelid Syndrome
  - Lacrimal gland prolapse




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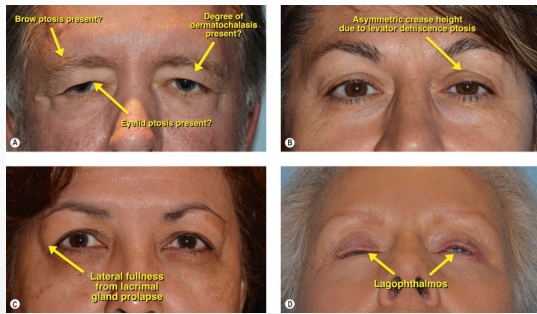
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## Blepharoplasty



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## Blepharoplasty



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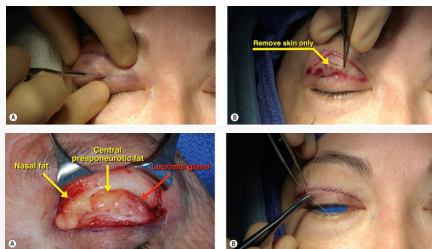
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## Blepharoplasty



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Lower Eyelid

## Ectropion



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## Ectropion Evaluation

- Lower lid distraction test
- Finger test to manually tighten lid
- Anterior lamellar shortage
- Co-existent lacrimal duct obstruction or punctal stenosis
- Orbicularis tone (CN7 palsy)





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## Floppy Eyelid Syndrome





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## Epidemiology

- More prevalent in men than women
- Usually seen in obese patients
- 35-55 years of age
- Very high association with obstructive sleep apnea (OSA)
  - 85% with FES also have OSA (Muniesa 2013)




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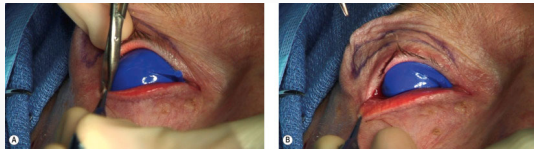
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## Ectropion Repair




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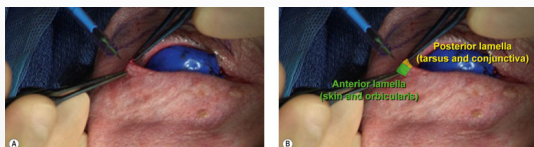
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## Ectropion Repair




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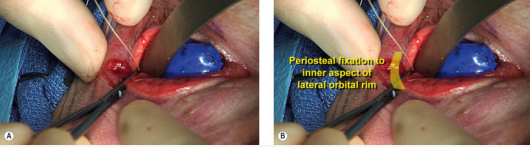
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## Ectropion Repair



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## Post-Op Recommendations

- Ice 15 min q 1hr while awake for 72 hours, then at least 4x day until 1-week po visit
- Elevate head when icing and sleeping
- Erythromycin BID to incisions
- May shower in 24 hrs but no touching
- Call immediately if an eye becomes swollen shut, cannot manually open the lid

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Evaluation of

## Epiphora

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## Epiphora

- Exam for:
  - punctal stenosis, ectropion, conjunctivochalasis, signs of DES
- Probe and irrigate
  - If NLD patent, pt may need punctoplasty +/- Crawford tube, +/- LTS
  - If NLDO → DCR likely needed




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Management of

## Thyroid Eye Disease




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## Thyroid Eye Disease



- TED historically treated by OPRS because orbital surgery often indicated.
- Recent medical therapies have made medical management of some patients possible.




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## Thyroid Eye Disease

- Clinical Activity Score
  1. Painful/Pressure on or behind globe
  2. Pain on attempted gaze
  3. Redness of the eyelid(s)
  4. Diffuse redness of the conjunctiva
  5. Swelling of the eyelid(s)
  6. Chemosis
  7. Swollen caruncle




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## Thyroid Eye Disease

- Clinical Activity Score
  - Follow up patients get additional point for:
    1. Increase in proptosis of 2mm
    2. Decrease in motility at least 5 degrees
    3. Decrease in visual acuity of greater than 1 line(s)
  - **CAS  $\geq 3$  at initial visit** or  $\geq 4$  for follow up visits = "active disease"




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## Treatment – Mild/Inactive TED

- Dry eye management
- Lifestyle modifications
  - Smoking cessation\*\*
  - Sodium restriction
  - Sleeping with head of bed elevated
  - Selenium supplementation




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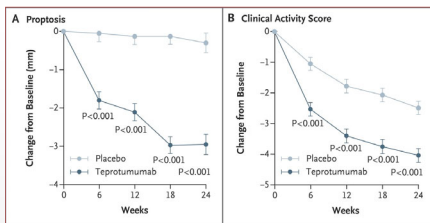


## Treatment – Active TED

- **Corticosteroids**
  - Reduce inflammation and edema of orbital tissue
  - Down-regulate the immune system, which limits GD
- **Regimens:**
  - PO Prednisone ~1mg/kg/day
  - IV Methylprednisolone 500mg weekly for 6 weeks, then 250mg weekly for 6 weeks
- **Side effects**
  - hyperglycemia, mood lability, hypertension, weight gain, reduced bone density, increased susceptibility to infection, and Cushing's syndrome



## Teprotumumab for TED



- Mean reduction of proptosis = 2.46mm ( $P < 0.001$ )
- Mean decrease in Clinical Activity Score = 3.43 ( $P < 0.001$ )
- 69% had CAS of 0 or 1 at week 24

*N Engl J Med 2017;376:1748-61*



## Teprotumumab for TED

- 1 infusion q3 weeks x 8 for patients with Active TED (CAS  $\geq 4$ )
- **Side effects:**
  - Hyperglycemia in diabetic patients
  - Nausea, muscle spasms, diarrhea, dysgeusia, paresthesia, weight loss
  - Hearing problems ~ 10%
    - Baseline audiogram?



## Resources

- Surgical videos:

- <https://webeye.ophth.uiowa.edu/eyeforum/video/plastics/index.htm> - Richard Allen MD, PhD

- Video Atlas of Oculofacial Plastic and Reconstructive Surgery – Korn & Kikkawa



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Thank You!



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