

COVER STORY PUBLICATION EXCLUSIVE

Intense pulsed light explored as therapy for meibomian gland dysfunction

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POINT / COUNTER

What are the advantages and disadvantages of adding intense pulsed light therapy in your practice as an ancillary service?

POINT

Advantage: Intense pulsed light relieves persistent symptoms

We see a significant number of patients who suffer from dry eye and meibomian gland dysfunction in our practice who still suffer significant blurring or vision, discomfort and ocular fatigue despite conventional medical therapy. Because of this, 4 years ago we added intense pulsed light treatments for this group of patients. We now find this very helpful for the patient with persistent symptoms who wants further relief despite the usual treatments. We have been very happy with the results in this difficult group of patients to improve the ocular rosacea and meibomian gland dysfunction. Our typical process is a combination of intense pulsed light to the lower lids and face, meibomian gland expression and meibomian gland probing monthly for 3 to 5 months, then every 3 months for 1 to 2 years, and most patients can be maintained on one to two treatments per year after the initial process. Some patients benefit from alternating the intense pulsed light treatments with LipiFlow (TearScience).



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COUNTER

Disadvantage: IPL not ideal for darker skin types

Although intense pulsed light has demonstrated excellent results for the treatment of meibomian gland dysfunction, it has some drawbacks. IPL cannot be performed in patients whose skin tone is darker than the Fitzpatrick skin scale level 4. In darker skin types, IPL may cause pigment changes due to the increased melanin found in the skin.

IPL can only be performed on the lower lids. The eyes are covered with a special adhesive oval eye pad that has a pitch-black lining to protect the eyes from the bright light of the IPL. The treatment is performed from tragus to tragus following the contour of the lower lids. Although the treatment to both lower lids helps the upper lid meibomian glands, ideally, it would be helpful if a mechanism existed to also treat the upper lids.



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IPL is performed in a four-part mini-series with each treatment approximately 1 month apart from the previous treatment date. Even though the spreading of the four sessions helps patients with their payment obligations, it also creates the necessity for four separate office visits. After the completion of the series, an individualized treatment plan is designed depending on the severity of MGD. On average, most patients require one solitary treatment every 6 months for maintenance.

Despite these inconveniences, I recommend IPL for my patients who continue to be symptomatic even though they are using a multitude of concurrent treatments for MGD. I have found these patients to benefit from the combined photo treatment and the subsequent mechanical expression of their impacted meibum.

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