

Diagnosis and Management trends of Dry Eye Disease in 2020

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Ocular surface disease is a common and often chronic condition that can have a lasting negative effect on quality of life and visual outcomes. The condition is extremely prevalent and environmental and lifestyle factors are partially responsible.

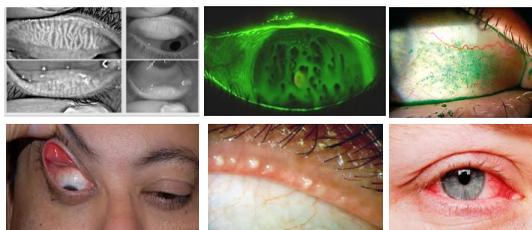
It is grossly under diagnosed and is exacerbated by surgical procedures and it affects refractive diagnostic techniques with poor keratometry affecting IOL calculations.

The literature describes several definitions, classifications and treatment methods and will be discussed in the paper.

The cause, differential diagnosis, masquerade syndrome and the various approaches to take in the treatment of OSD will be highlighted. Classification of dry eye disease will be discussed in detail compared to normal tear film physiology. The role of Meibomian gland dysfunction in the disease will be discussed.

Ocular surface disease data from the ESCRS 2018 Clinical Trends Survey Results will be mentioned.

OSD is a complex disease where treatment is dependent on the cause. There is no quick fix and it is essential to work together with the patient in developing a treatment plan to optimize the ocular surface prior to surgical procedures especially refractive.



Recent Publications

1. Chuang J, Co Shih K, Chan T C, Wan K H, Jhanji V, Tong L. Preoperative optimization of ocular surface disease before cataract surgery. ASCRS and ESCRS 2017;43:12

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2. Tsubota K, Yokoi N, Shimazaki J, et al. New Perspectives on Dry Eye Definition and Diagnosis: A Consensus Report by the Dry Eye Society. *The ocular surface* 2017;15:1
3. Mah F. Updates in evidence-based dry eye and guidelines for diagnostic tools to guide therapy. Supplement to *Eyeworld* March 2018
4. Kent C. Three new algorithms for treating dry eye. Available at <https://www.reviewofophthalmology.com/article/three-new-algorithms-for-treating-dry-eye> October 2017
5. ESCRS 2018 Clinical Trends Survey Results.

Biography

Paul H Hughes is a renowned refractive surgeon in Australia gaining his BSc and MBBS from the University of NSW in Sydney, Australia. He introduced the early refractive procedures into Australia and was one of the first ophthalmologists to have his own private refractive suites, an ophthalmic centre of excellence (Southline eye centre).

He has made the journey from Refractive Keratectomy (RK) through Automated Lamellar Keratoplasty (ALK) to Photorefractive Keratectomy (PRK) then to laser in situ keratomileusis (LASIK) with the excimer laser and is now using the femtosecond laser (Visumax) to perform 3rd generation refractive surgery Small incision lenticule extraction (SMILE).

Hughes has published many peer reviewed papers and spoken regularly at international ophthalmic meetings over the years. As a refractive surgeon he is very aware of the importance of Ocular Surface Disease (OSD) and its effect on excellent surgical outcomes.