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some early and limited experi-ence with this nonmedical (biological) eyedrop. It is in the same universe as an autologous serum tear, but contains many biological cytokines and growth factors. We do not see conclusive studies, but currently, we feel Regener-Eyes may have benefits. It's very expensive (about \$200 per bottle), but there are patients out there who you are try everything without suc-cess. This new product may help some of these more severe patients. For now, we only recommend that you browse the Regener-Eyes (mydryeyes.com) website and then use your best judgment. By next year, we will have a much more definitive understanding of its role in patient care.

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NEW DED DRUG STUDY CONFIRMS OUR REASONS • Etabonate loteprednol suspension of 0.25% is being evaluated for use in dry eyes. • Studies show that the results show that the 0.25% LE suspension is an anti-inflammatory therapy that acts quickly, safely, and effectively. 1 • This study used QID loteprednol for two weeks, and (not surprisingly) none of the hundreds of patients experienced an increase in IOP greater than 5mm Hg. 1 • We have been making this general statement for over 20 years with respect to loteprednol! 1. Guttman Krader C. Topical corticosteroid investigation shows efficacy for dry eyes, *Oph Times*, April 15, 2020 24 **OPTOMETRY REVIEW** June 15, 2020 Page 25 **Difficult Foreign Body Sensations** This experience can be irritating for the patient, and origin may be the original object found in the eye or just the feeling of one, as in advanced dry eye disease. Several years ago in the largest newspaper in our state, there was an article depicting a confused woman who had been to 11 different ophthalal doctors of all stripes over a two-year period for chronic foreign body sensations, low grade with sometimes second-ary torn. Some poor souls even perform dacryocystorhinostomy on these patients. As it turned out, Dr. Eleven was an optometrist who swept the patient's superior cul-de-sac recess, and out came the folded soft contact lenses! Here's the lesson—if you don't see any foreign objects or other causes of patient complaints, consider performing this maneuver: (1) Use a few drops of pro-parakain. (2) Moisten the tip of the cotton swab with eye ointment (for lubrication). (3) Make the patient look down and insert a cotton swab (as shown in Figure 1). (4) Gently sweep the entire cul-de-sac back and forth two to three times. If there's anything hidden up there, it'll generally come out with a swab. In our experience, Fig. 1. Be prepared to perform this procedure with care and adequate patient education before starting. (Bausch + Lomb) QID for 10 days, and qid eyedrop steroids for one week can affect the drug. Figure 2 shows a case that we almost failed to treat properly because we failed to appreciate the presence of giant fornix syndrome. After reading about this condition in contemporary literature with this patient visit, we were able to adequately complete the kondition. More recent article about Fig. 2. An example of the findings of a rather rare giant fornix syndrome. This is how the cul-de-sac eye sweeps in set-looking after three days every two hours ting of the giant fornix syndrome of moxifloxacin use — obviously, both of which appear in January 2020 bacteria that are resistant to fluoroquinolones, a problem *JAMA Ophthalmolo-* or more likely, reveals gy incompetence, and shares that moist Thankfully for a cotton tip with Beta-professional literature 5%! eating is another approach. 1 This sounds like a sensible alternative piece (and sometimes even to us. As much as we love Betadine, the whole) soft contact lens we can likely continue using ge-found under the top lid. Except for the ointment Maxitrol nerik, especially in severe dry eyes, there are almost al-ways of detectable reasons for foreigners to lubricate the body sensations; Our job is to find him. Ointments. There's another chance for 1. To J, Macsai M, Phelps PO. Chronic conjunctivitis in older strokes of cul-de-sac: in the settings of patients with ptosis. *JAMA Ophthalmol.* 2020;138(1):97-98. giant fornix syndrome. This is a visible condition exclusively on parents with deep eyes resulting in and fornix superior beringa deep. This anatomical configuration makes it possible to inocu-lum Staph. aureus to gather in cul-de-sac recesses, resulting in subakut for chronic conjunctivitis. Treating without removing this inokulum goop will result in a Fig. This is an example of a subtle therapeutic failure. After sweeping the unclear reason for the atypical foreign object of the cul-de-sac is carried out, prescribe sensation. Here, loose eyelashes find oral antibiotics such as cephalixin way into superior puncta. Easily 500mg BID for one week along with removed without topical anesthesia, the patient is immediately relieved. **ANTERIOR EYE SUSPENSION SEGMENT CARE 25 OPTOMETRY REVIEW** June 15, 2020 Page 26 **SECTION II: ANTERIOR SEGMENT CARE Oral Medication Dos and Don'ts** Some patients need waivers that only systemic administration can provide. With topical drug abun-dant in eye care, several times we ignore the use of oral therapy wisely. Here are some pointers: • The need for oral antibiotics goes far beyond the need for topical antibiotic eye drops. • Oral antibiotics along with aggressive warm soaking are the main stay of eyelid infections everywhere. Most such infections can be treated with proper application of warm soaking, but if the infection is marked and / or worsens, we almost always prescribe first generation cephalosporin, cephalixin (the original brand name of Keflex) 500mg twice a day. Some experts recommend dosages three or four times a day, but the 500mg used twice a day never disappoints us. Cephalixin can be taken with food, and we prescribe it for seven days. • Doxycycline performs double duty: actively antibacterial at 100mg twice a day and used for anti-inflammatory effects at 50mg per day for four to six months to improve treatment of meibomian gland dysfunction and rosacea blepharitis. Doxycycline comes in two forms: hyclate and monohy-drate. Although not the main factor, the monohydrating form is slightly more gastrointestinally friendia, the patient is immediately relieved. **ANTERIOR EYE SUSPENSION SEGMENT CARE 25 OPTOMETRY REVIEW** June 15, 2020 Page 26 **SECTION II: ANTERIOR SEGMENT CARE Oral Medication Dos and Don'ts** Some patients need waivers that only systemic administration can provide. With topical drug abun-dant in eye care, several times we ignore the use of oral therapy wisely. 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Although not the main factor, the monohydrating form is slightly more gastrointestinally friendly. Due to concern for the enamelization of altered teeth, it should not be used in children under the age of 10 (some experts say the age of eight, but we are a little more conservative). Doxycycline retains 90% of its potential four years after the printed expiration date and, contrary to older teaching, does not become toxic beyond its expiration date. 1 • Penicillin allergies are extremely rare, and while cephalosporins share the same molecular structure as penicillin, penicillin allergies rarely preclude the use of any cephalosporins. If the patient has a true history of anaphylaxis, we will use doxycycline or a combination antibiotic originally known as Bactrim or Septra. is a combination of trimethoprim and sulfamethoxazole. Because of the sulfa component, we will not use it in patients with this person presented with a history of four days soft and deteriorating redness to his right eyelid. He was treated with cephalixin 500mg BID along with aggressive use of warm soaking. **FACTS ABOUT CEPHALEXIN (KEFLEX)** • Cephalixin - first generation cephalosporin • Effective against most gram-positive pathogens • Some previous generation cephalosporins share about 1% cross allergenity to PCN • Regular dosage: 500mg BID x 1wk • Useful in Staph soft tissue. infections, such as internal hordeola, preseptal cellulitis and other histories of severe sulfa allergies. • Due to the rare event of devastating tendonitis and tendon rupture, we will never prescribe oral fluoroquinolone. As an interesting side, ciprofloxacin is also a nice four years past that expiration date. 1 • A kind of doxycycline has a dichotomy character, as does oral prednone. The differences here are more temporary related than related dosing. Long-term use of steroids (for more than two weeks) signifies an increasingly high risk of legendary side effects; However, short-term use of prednone carries little risk, especially at a typical dosing of 40mg to 60mg per day. If any questions regarding its use arise, never hesitate to consult with the patient's primary service provider. For example, if we feel the need to use a higher dose (say 100mg per day for initial therapy) in patients suspected of having giant cell arteritis, we will make a quick call to PCP just to make sure there is no reason that such a dose is inappropriate for this patient. Note that life is 26 **OPTOMETRY REVIEW** JUNE 15, 2020 2020

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