

Minor Lid Procedures in Optometric Practice

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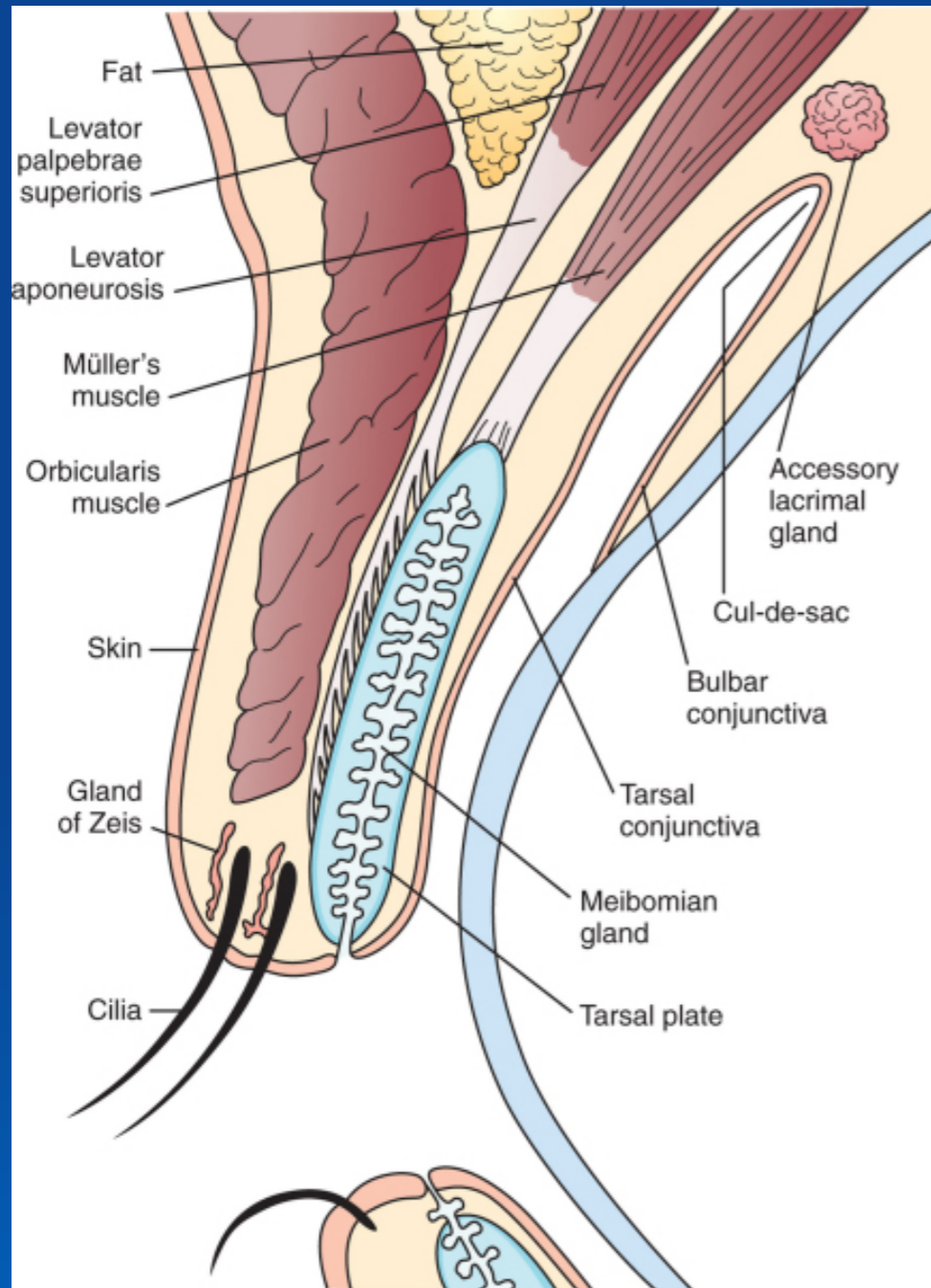
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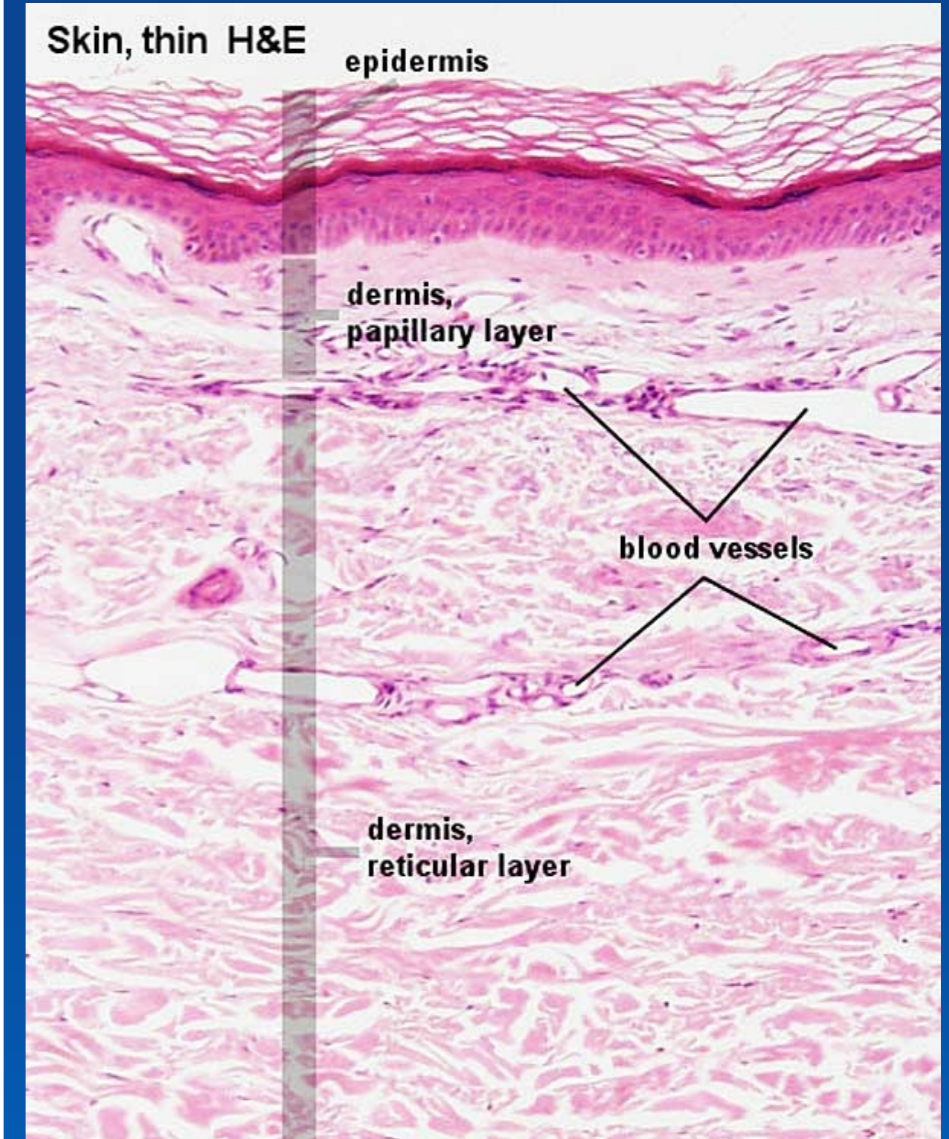
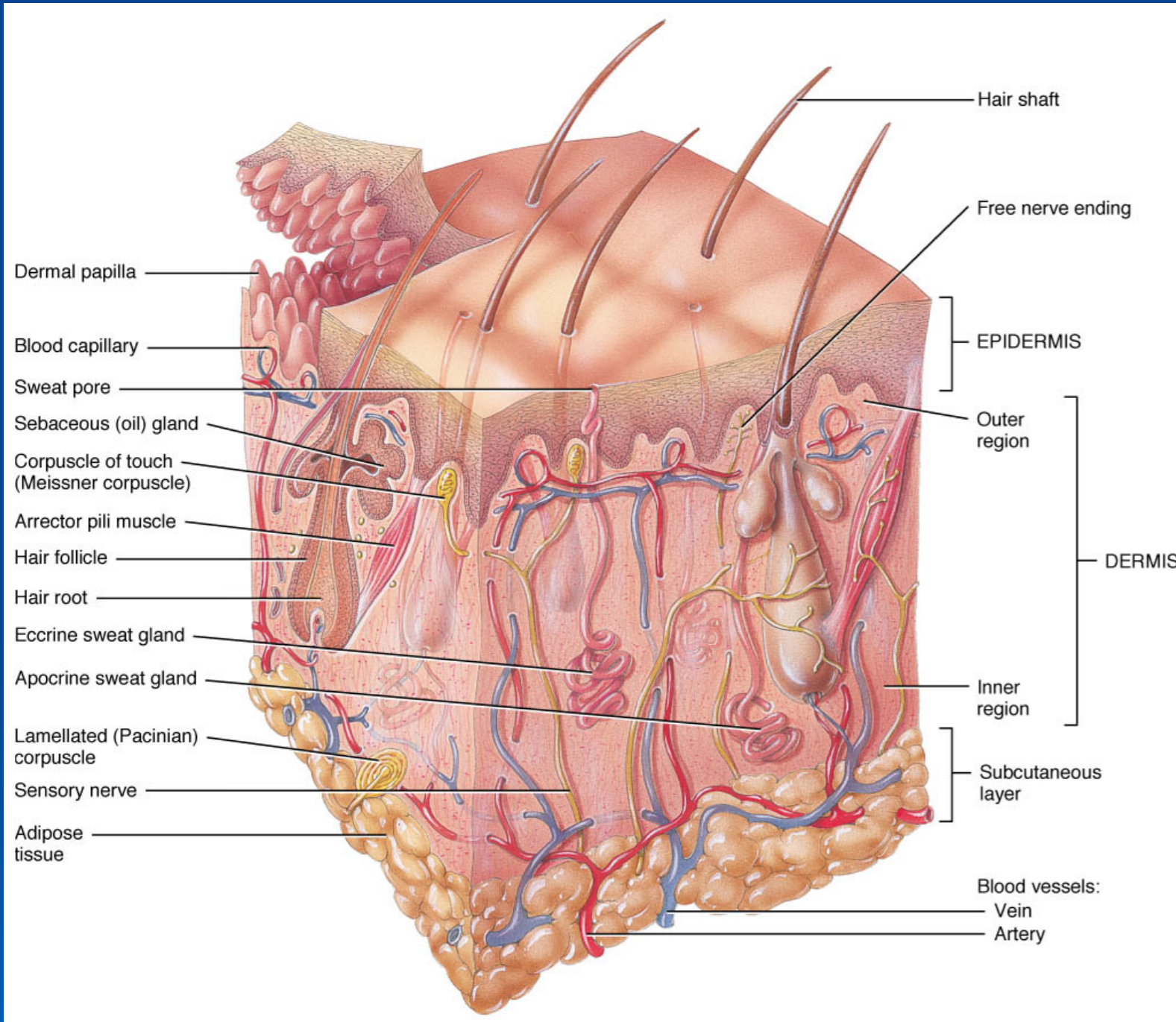
Administrative

- Financial disclosures: Telasight, inc., Allergan, inc.
- COPE Course ID: 86631-SP

Upper Eyelid Anatomy



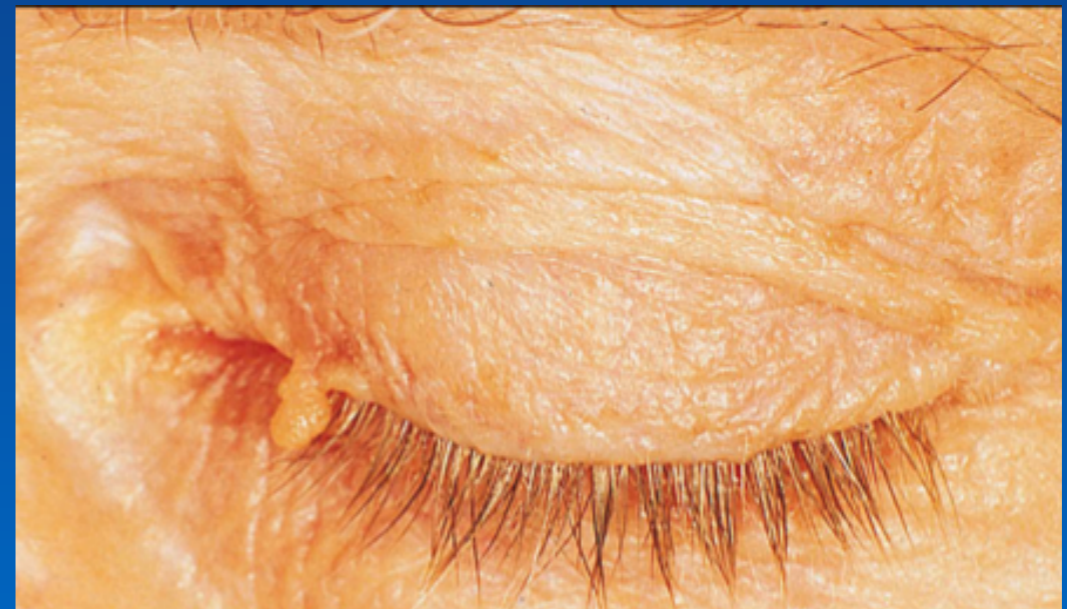
Skin Anatomy



Eyelid Lesions

Squamous Papilloma (Skin tag)

- Benign
- Flesh colored
- Pedunculated or Sessile
- Tx: Observe or Excision



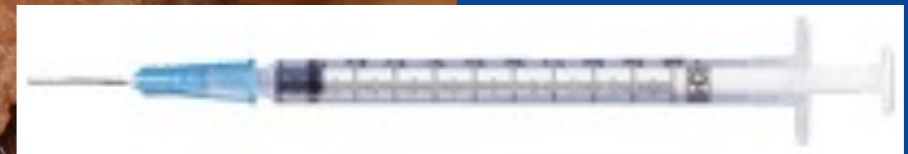
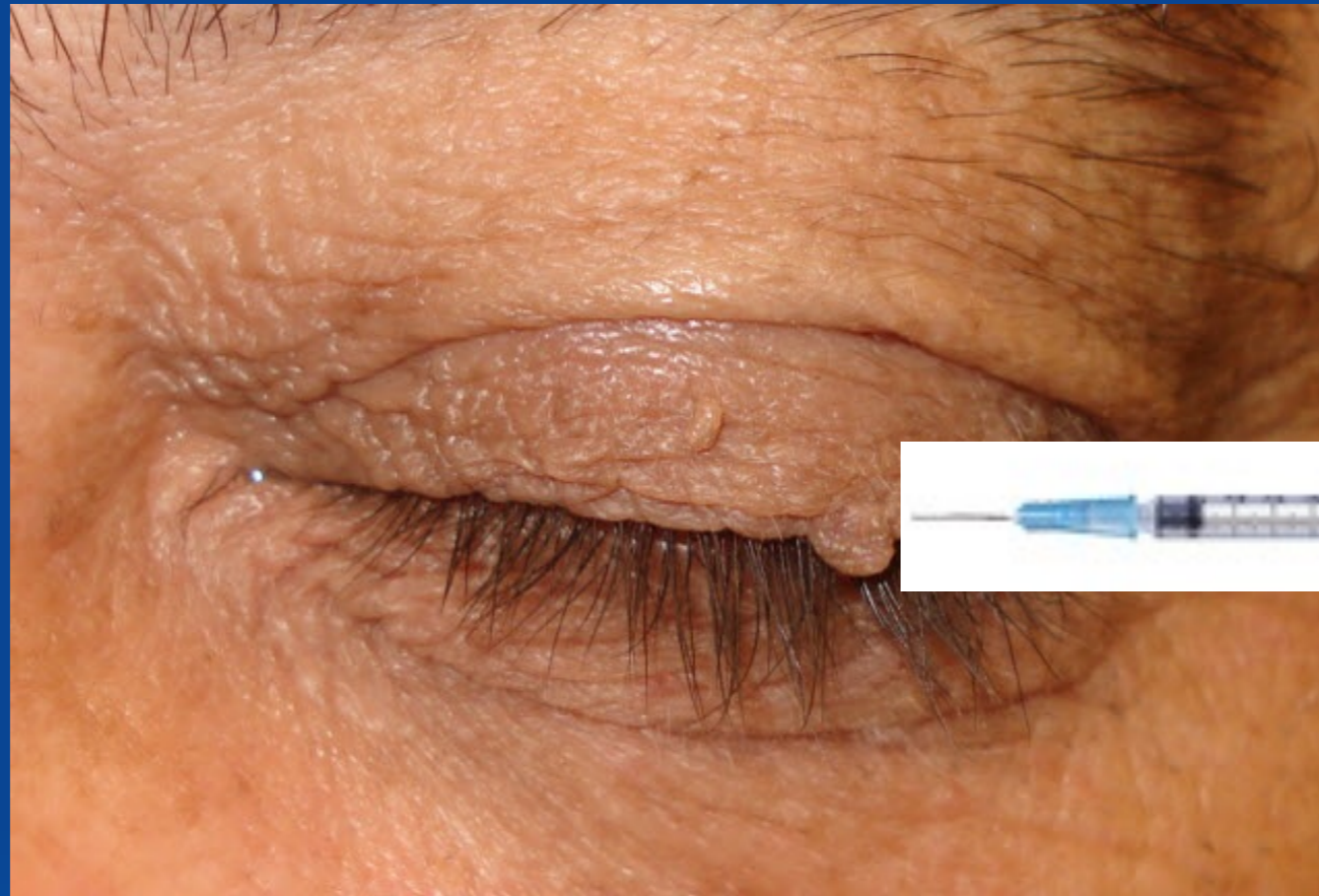
Eyelid Lesions

Verruca Vulgaris

- Benign
- Flesh colored
- HPV virus
- Papillary conjunctivitis
- Tx: Observe or Excision



“Wart” Treatment



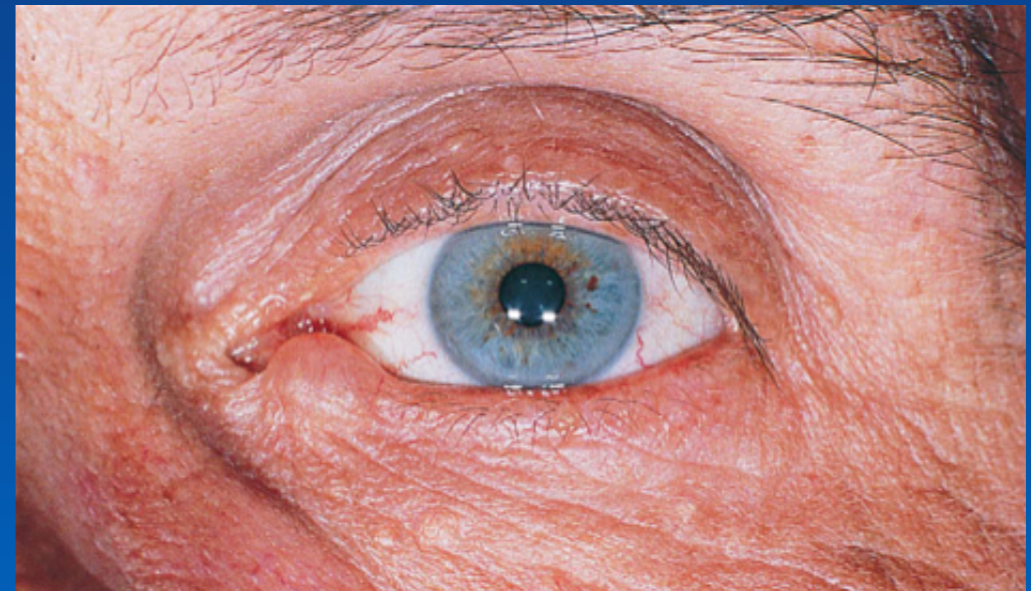
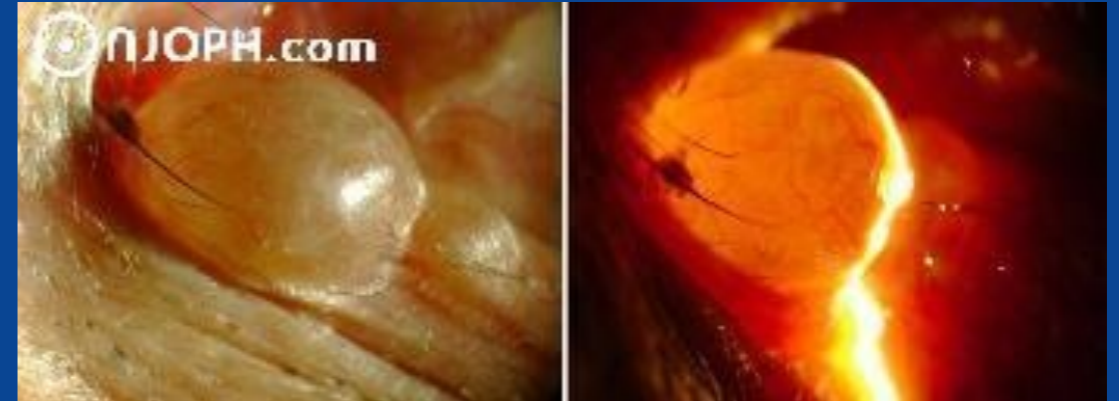
“Wart” Sample Op-note

- Patient educated. Risk, benefits, alternatives, and elective nature of procedure discussed. All questions answered and informed consent obtained.
- Cleaned lesion with alcohol
- Injected .1cc of 2% lidocaine with epinephrine
- Cleaned lesion with betadine
- Excised lesion with westcott scissors
- Homeostasis was achieved
- Bacitracin ung tid x 5 days
- Patient tolerated procedure well and left without incident

Eyelid Lesions

Apocrine and Eccrine Hidrocystoma

- Transilluminates
- Benign
- Tx: Observe or incision and drainage with removal of the cyst wall



Eccrine - increase in size with hot/humid weather

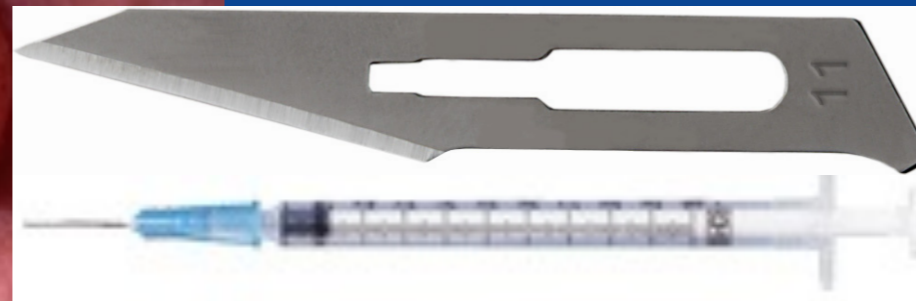
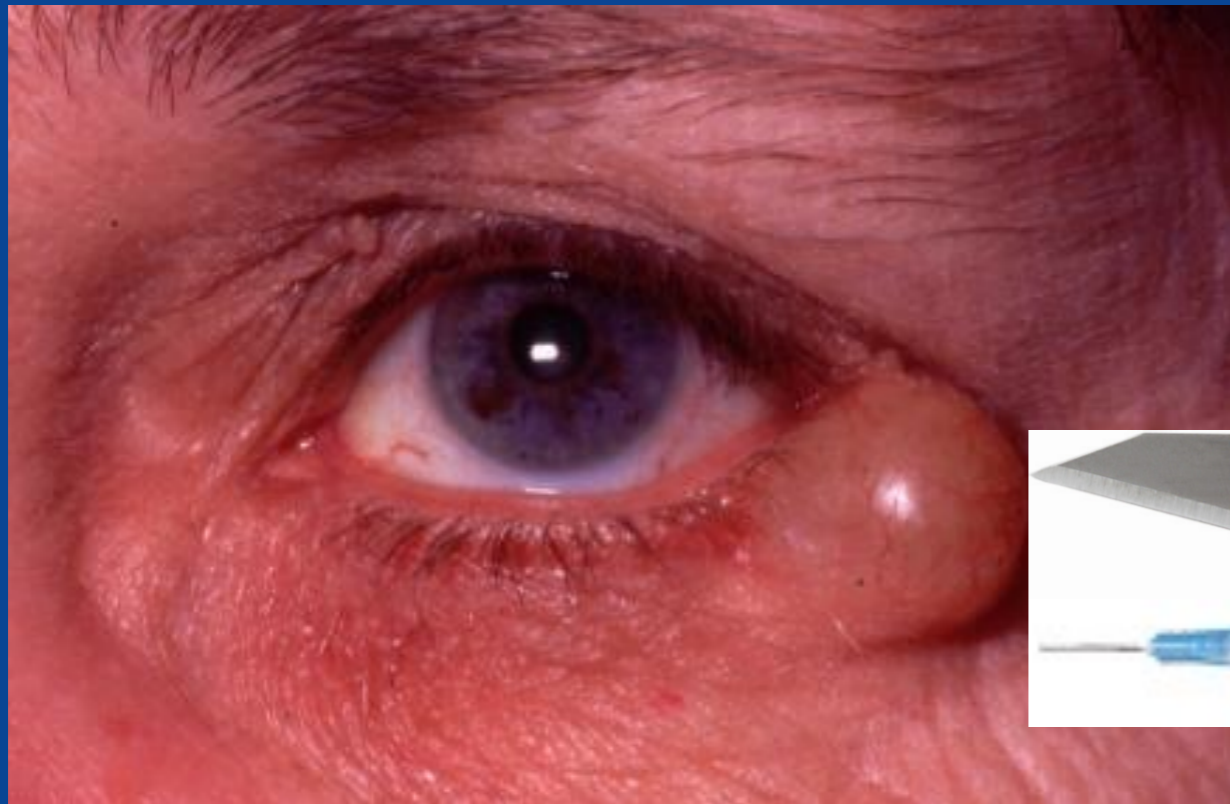
Eyelid Lesions

Epidermal Inclusion Cyst

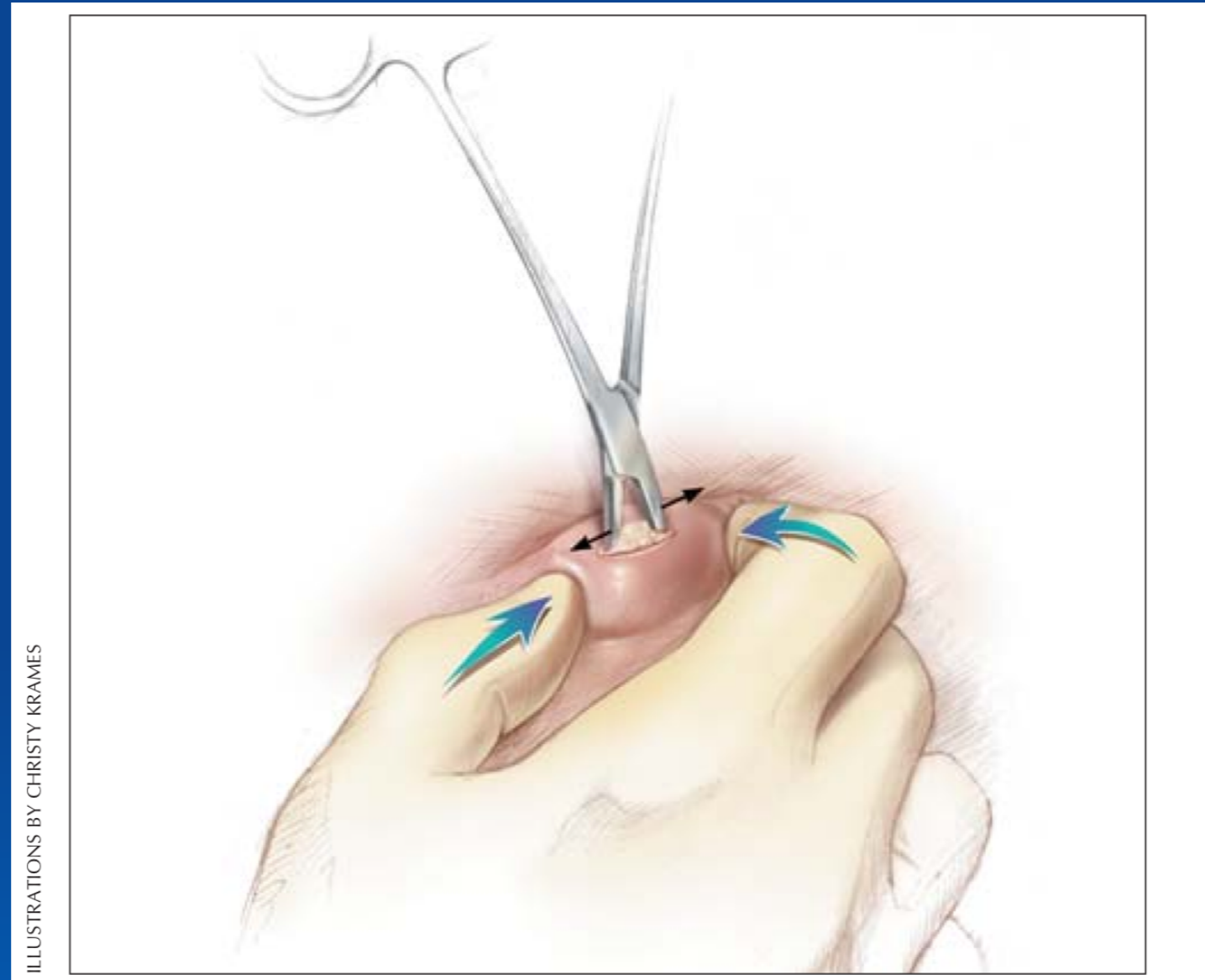
- Benign
- Firm, mobile nodule
- Filled with a yellowish - white “cheesy” keratin material
- Tx: Observe or incision and drainage with removal of the cyst wall



“Cyst” Treatment



“Cyst” Treatment



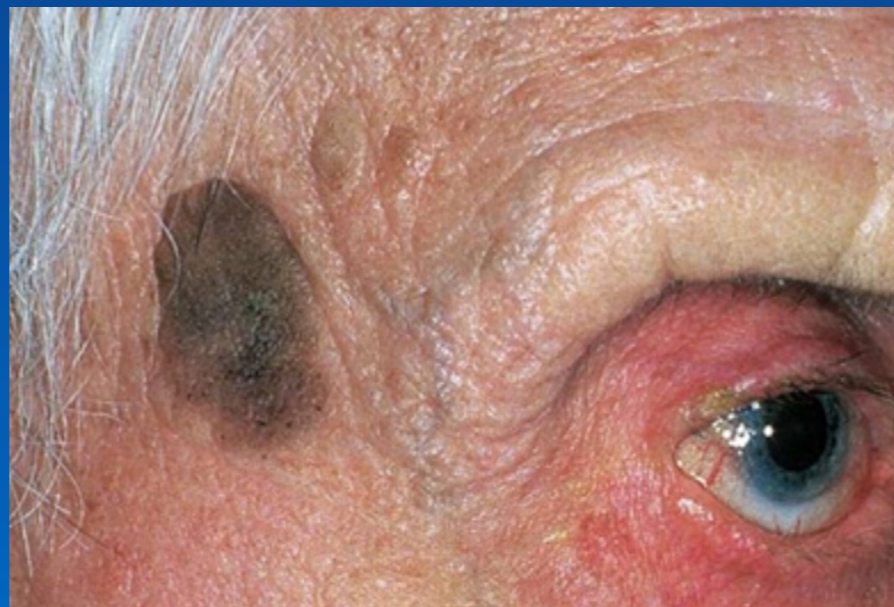
“Cyst” Sample Op-note

- Patient educated. Risk, benefits, alternatives, and elective nature of procedure discussed. All questions answered and informed consent obtained.
- Sterile Prep
- Injected .1cc of 2% lidocaine with epinephrine
- Incision with sterile 11 blade
- Dissected and removed cyst wall
- Homeostasis was achieved
- Bacitracin ung tid x 5 days
- Patient tolerated procedure well and left without incident

Eyelid Lesions

Seborrheic Keratosis

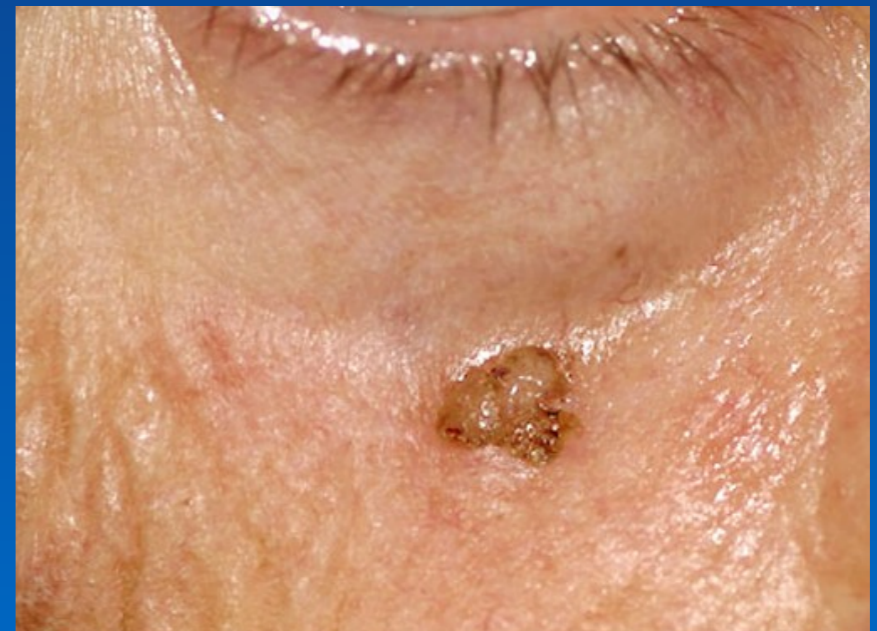
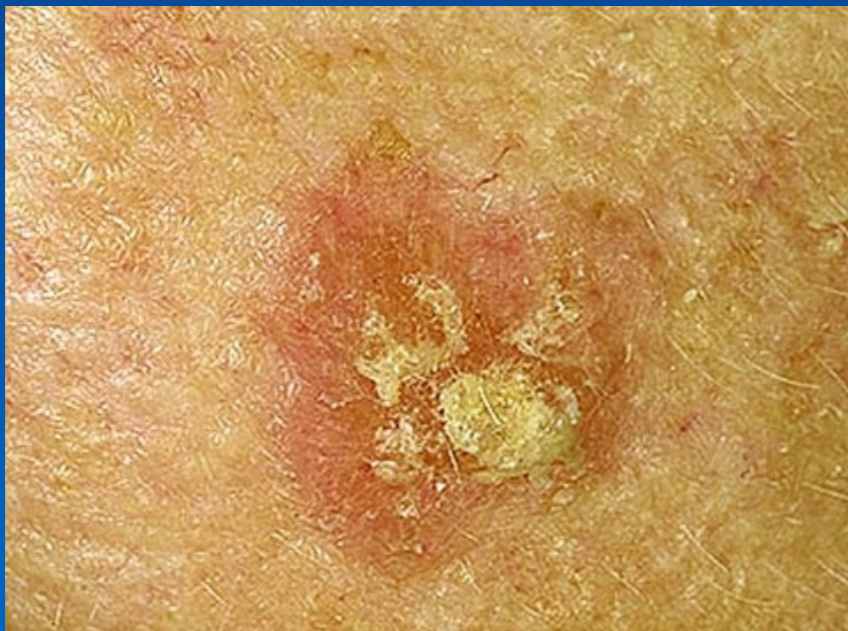
- Benign
- Greasy, “Stuck-on” plaques
- Tan to brown
- Tx: Observe or Excision and biopsy



Eyelid Lesions

Actinic Keratosis

- Premalignant
- Scaly, flat, papule with surrounding erythema
- 25% develop into Squamous cell carcinoma
- Tx: Excision and biopsy



Eyelid Lesions

Nevus

- Benign
- Melanotic or amelanotic
- Rare malignant transformation
- Tx: Observe or Excision and biopsy



ABCDE Rule

BENIGN

MALIGNANT

ASYMMETRY

This benign mole is not asymmetrical. If you draw a line through the middle, the two sides will match, meaning it is symmetrical.

A



If you draw a line through this mole, the two halves will not match, meaning it is **asymmetrical**, a warning sign for melanoma.

BORDER

A benign mole has **smooth, even borders**, unlike the one on the opposite page.

B



The **borders** of an early melanoma tend to be uneven. The edges may be scalloped or notched.

COLOR

Most benign moles are all **one color**—often a single shade of brown.

C



Having a variety of **colors** is another warning signal. A number of different shades of brown, tan or black could appear. A melanoma may also become red, white or blue.

DIAMETER

Benign moles usually have a **smaller diameter** than malignant ones.

D

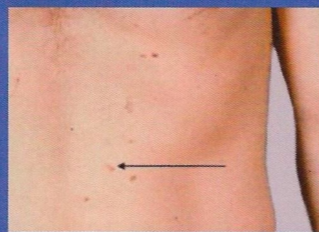


Melanomas usually are **larger in diameter** than the size of the eraser on your pencil ($\frac{1}{4}$ inch or 6mm), but they may sometimes be smaller when first detected.

EVOLVING

Common, benign moles look the **same** over time. Be on the alert when a mole starts to **evolve** or change in any way.

E



When a mole is **evolving**, see a doctor. Any change—in size, shape, color, elevation, or another trait, or any new symptom such as bleeding, itching or crusting—points to danger.

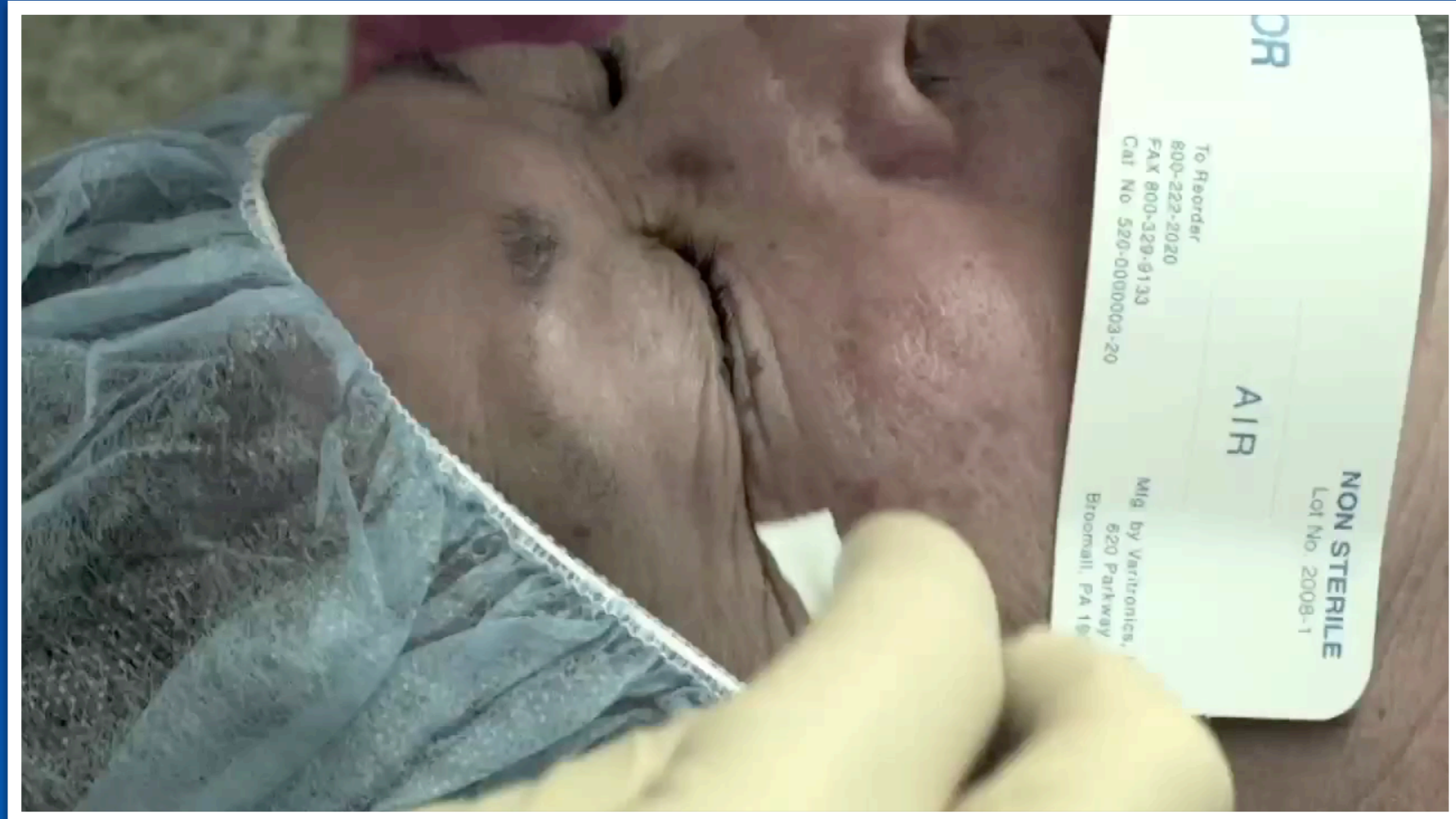
Source: www.SkinCancer.org

Benign Lesion Treatment

The Ellman Unit - Radiosurgery



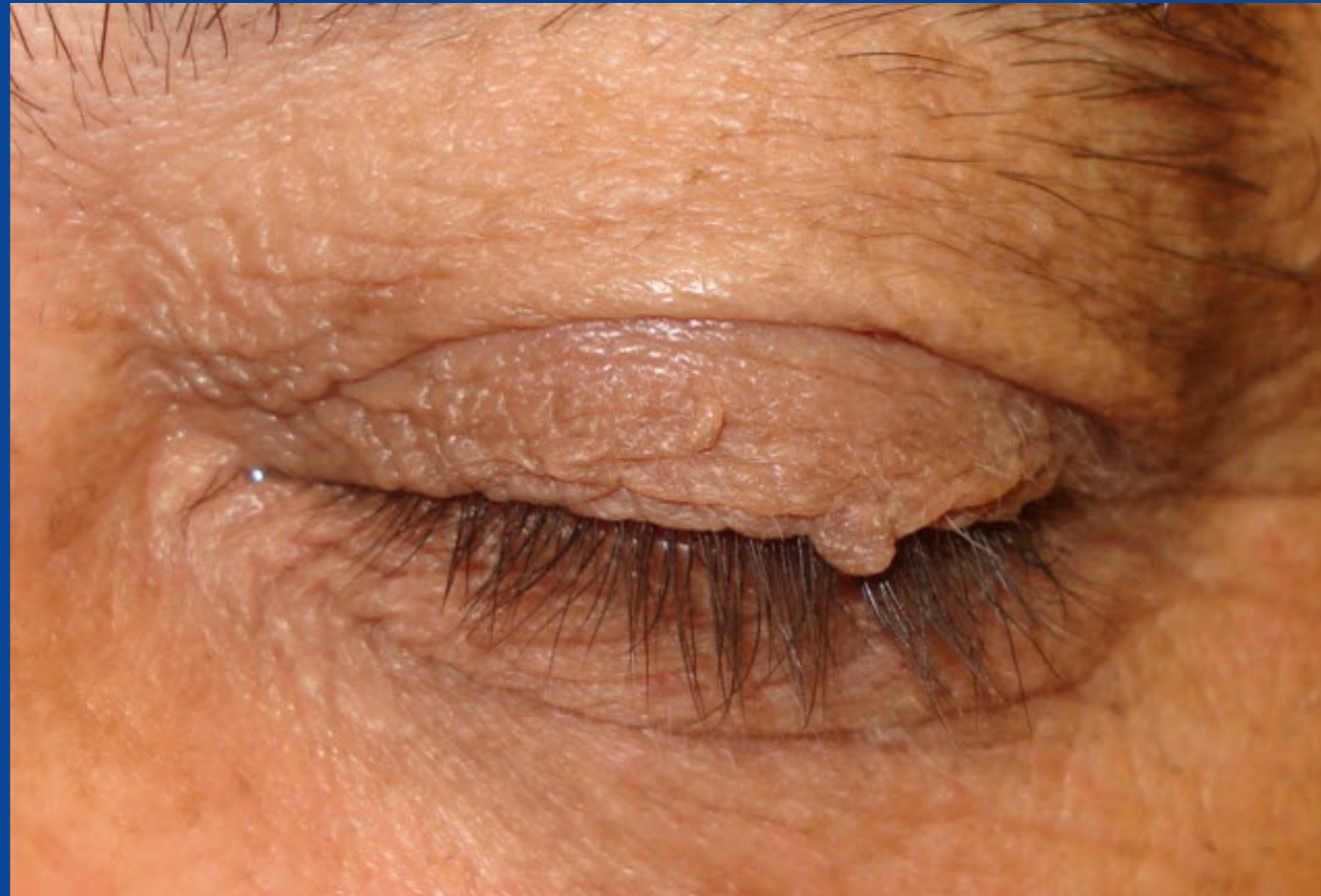
Benign Lesion Treatment



Benign Lesion Sample Op-note

- Patient educated. Risk, benefits, alternatives, and elective nature of procedure discussed. All questions answered and informed consent obtained.
- Sterile Prep
- Injected .1cc of 2% lidocaine with epinephrine
- Radiosurgical excision of lesion
- Sent specimen for biopsy
- Homeostasis was achieved
- Bacitracin unguentum tid x 5 days
- Patient tolerated procedure well and left without incident

Alternative for Pedunculated Lesions



Eyelid Lesions

Hordeolum

- Bacterial infection
- Painful, erythema, lid edema
- Tx: Warm compresses and oral antibiotic



Eyelid Lesions

Chalazion

- Inflammation, lipogranuloma
- Firm nodule, non-tender, no redness or pain
- Tx: Warm compresses, intralesional steroid, or incision and curettage



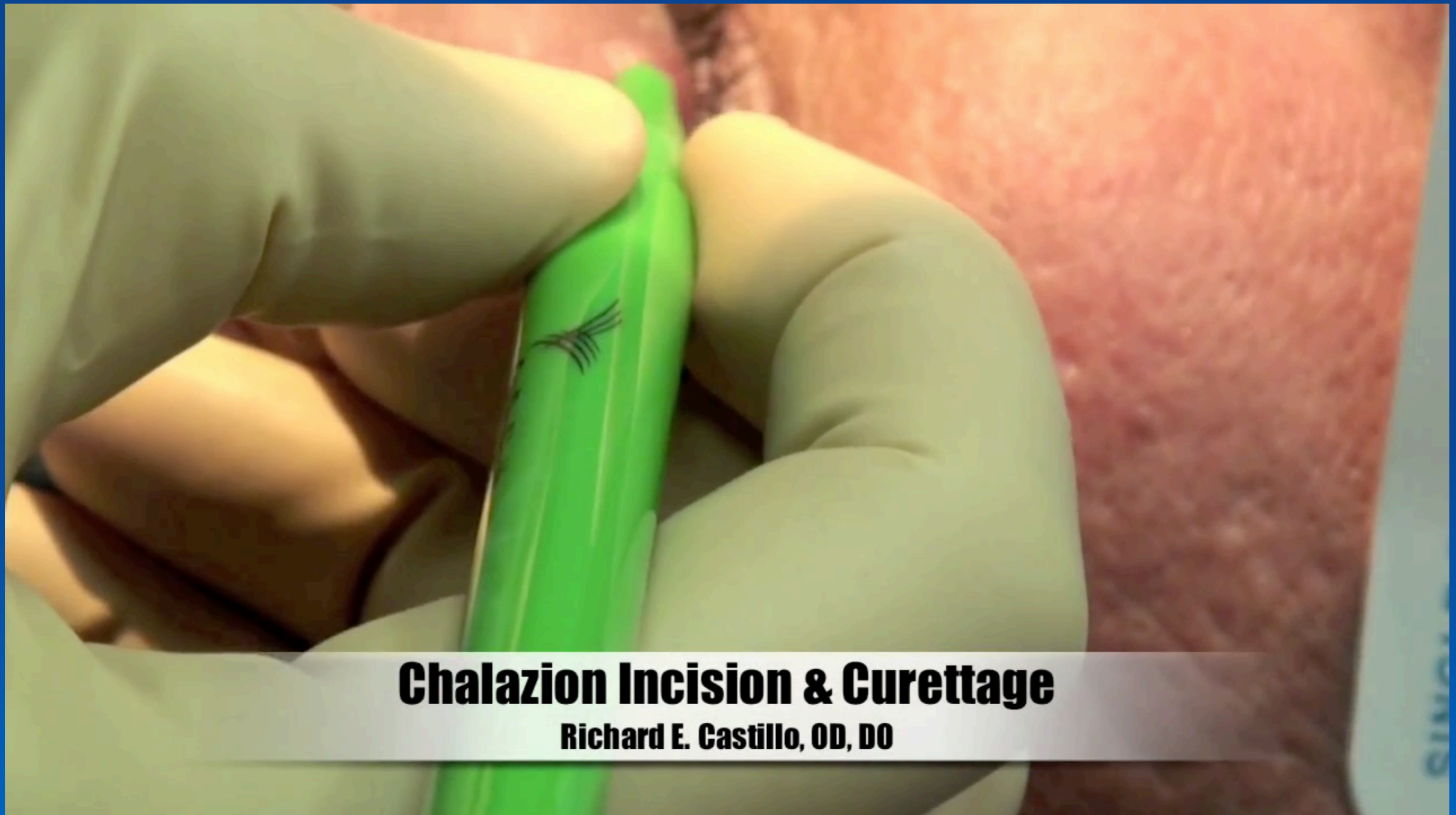
Chalazion Treatment

Intralesional Injection of Kenalog-40



Chalazion Treatment

Incision and Curettage



Chalazion Incision & Curettage

Richard E. Castillo, OD, DO

Chalazion Treatment

Incision and Curettage



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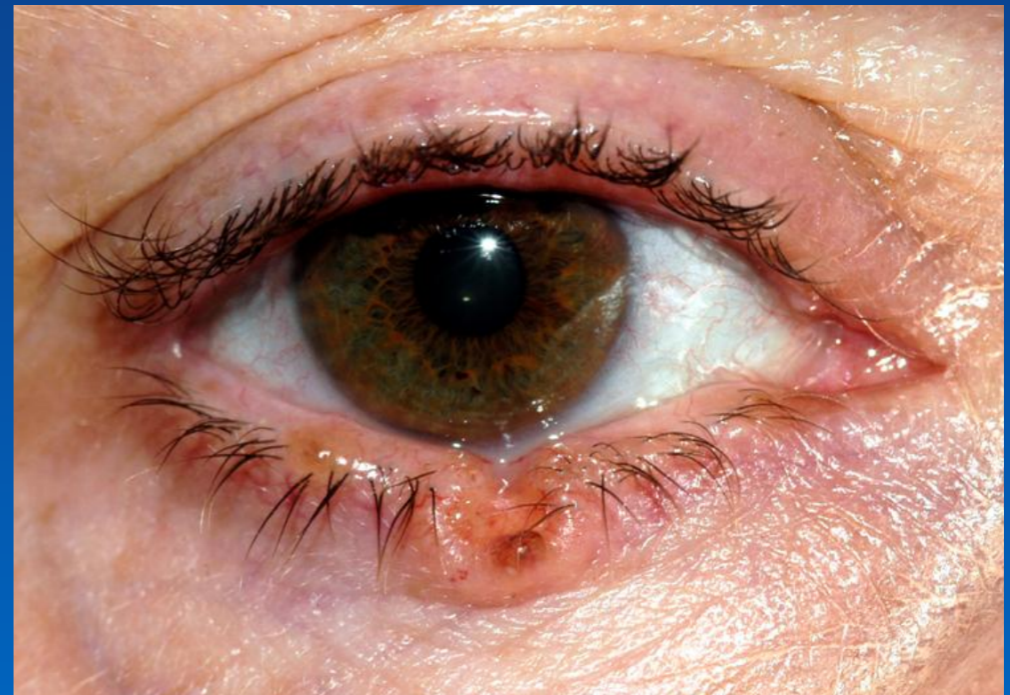
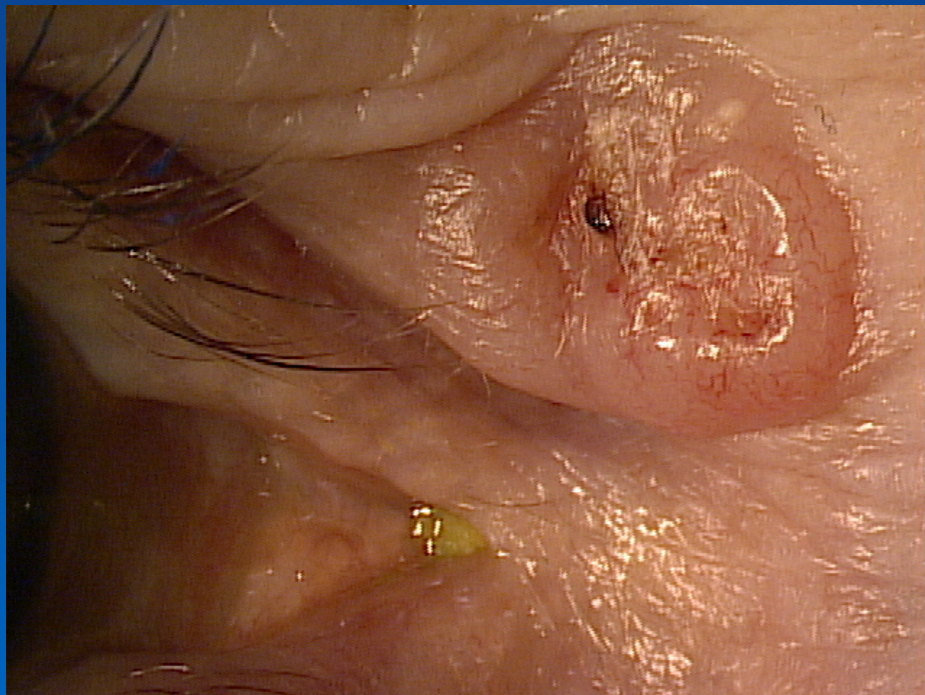
Chalazion Sample Op-note

- Patient educated. Risk, benefits, alternatives, and elective nature of procedure discussed. All questions answered and informed consent obtained.
- Sterile Prep
- Injected .2cc of 2% lidocaine with epinephrine
- Chalazion Clamp
- Stab incision with sterile 11 blade
- Curettage with chalazion curette
- Homeostasis was achieved and patient patched for 4 hours
- Bacitracin ung tid x 5 days
- Patient tolerated procedure well and left without incident

Eyelid Lesions

Basal Cell Carcinoma

- Malignant
- Classic appearance: Nodule with pearly borders, telangiectasia, and central ulceration
- Tx: Mohs' micrographic surgery



Eyelid Lesions



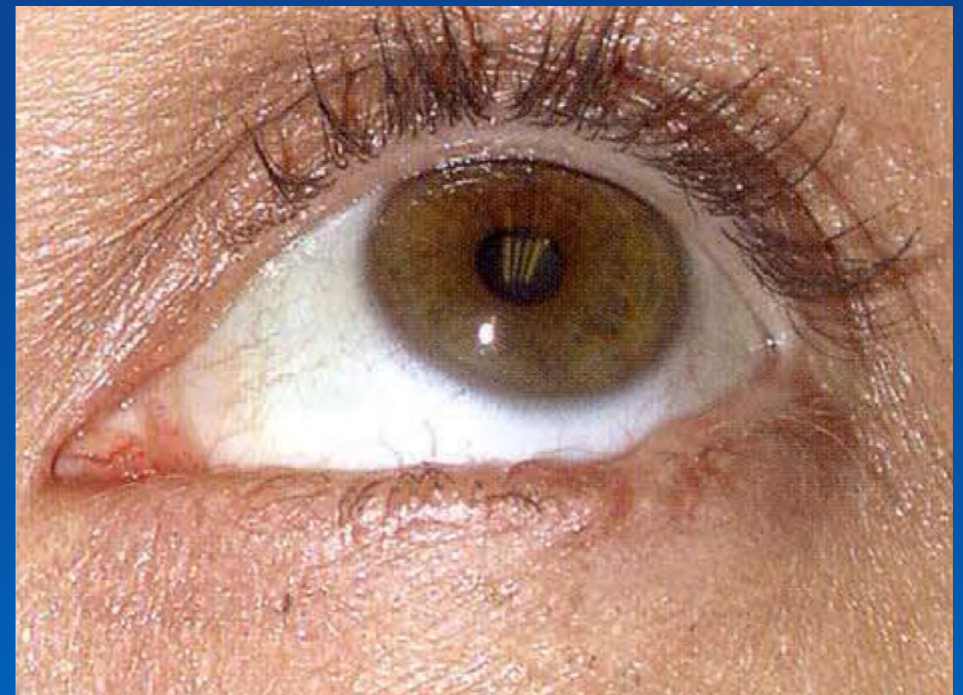
Nodular Basal Cell Carcinoma



Ulcerative Basal Cell Carcinoma

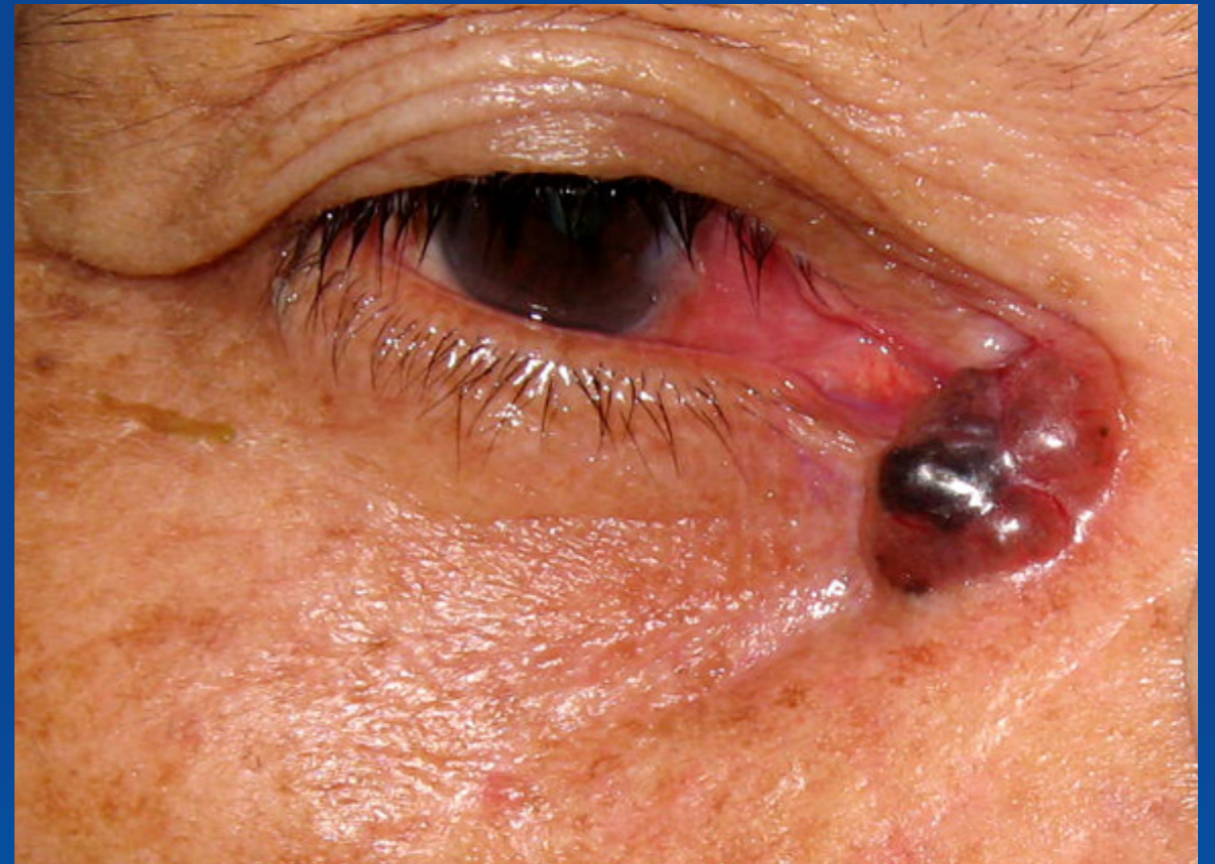


Pigmented Basal Cell Carcinoma



Morpheaform Basal Cell Carcinoma

Eyelid Lesions



You don't know until you get a biopsy!
Both are Basal Cell Carcinomas.

Eyelid Lesions

Squamous Cell Carcinoma

- Malignant, usually arises from Actinic Keratosis
- Scaly, erythematous, ulcerated plaque with irregular borders
- Tx: Mohs' micrographic surgery



Eyelid Lesions

Sebaceous Gland Carcinoma

- Malignant
- Metastatic
- Firm, yellow, thick, red eye lid with madarosis
- Tx: Surgical excision with wide margins

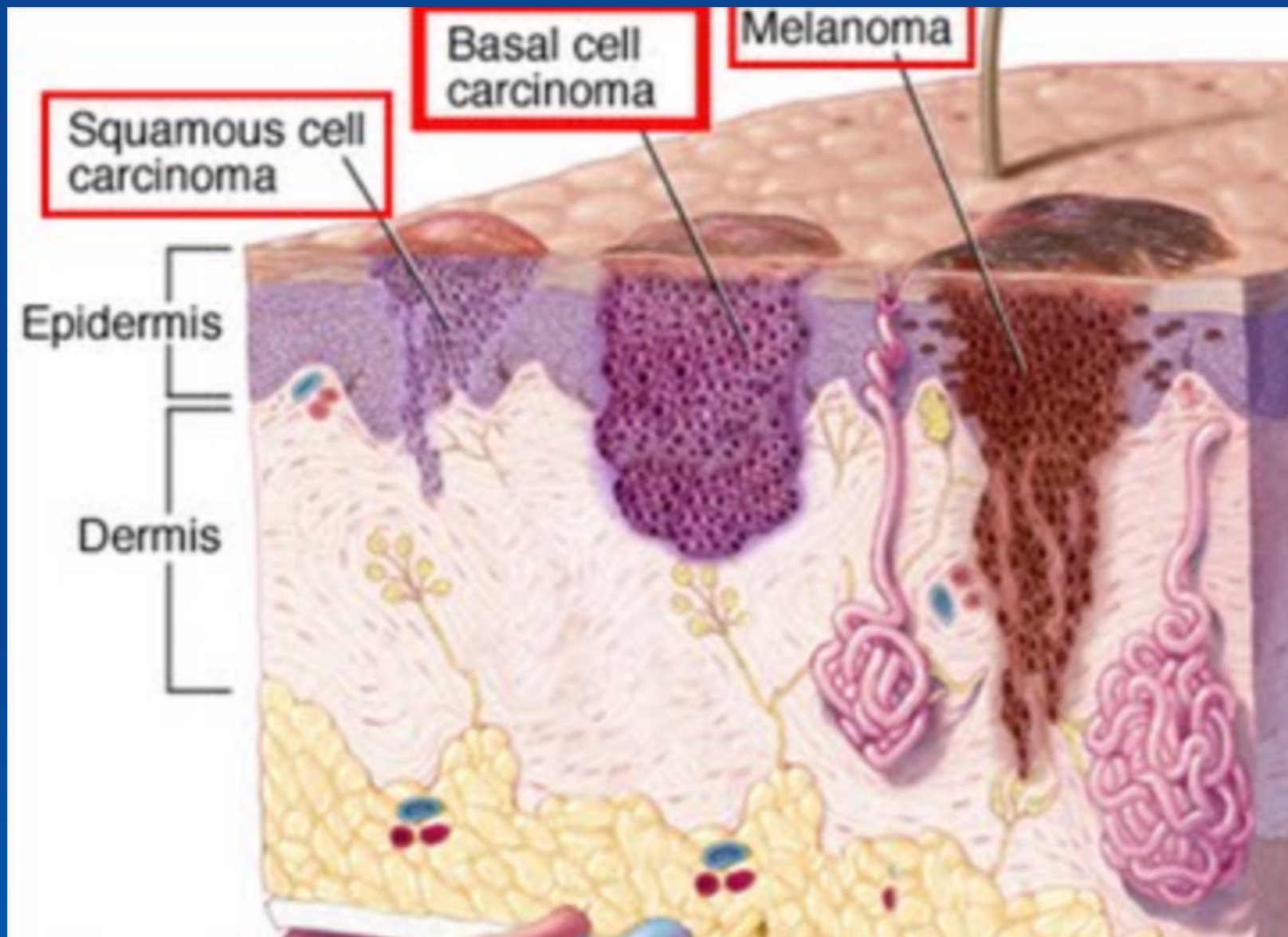


Eyelid Lesions

Malignant Melanoma

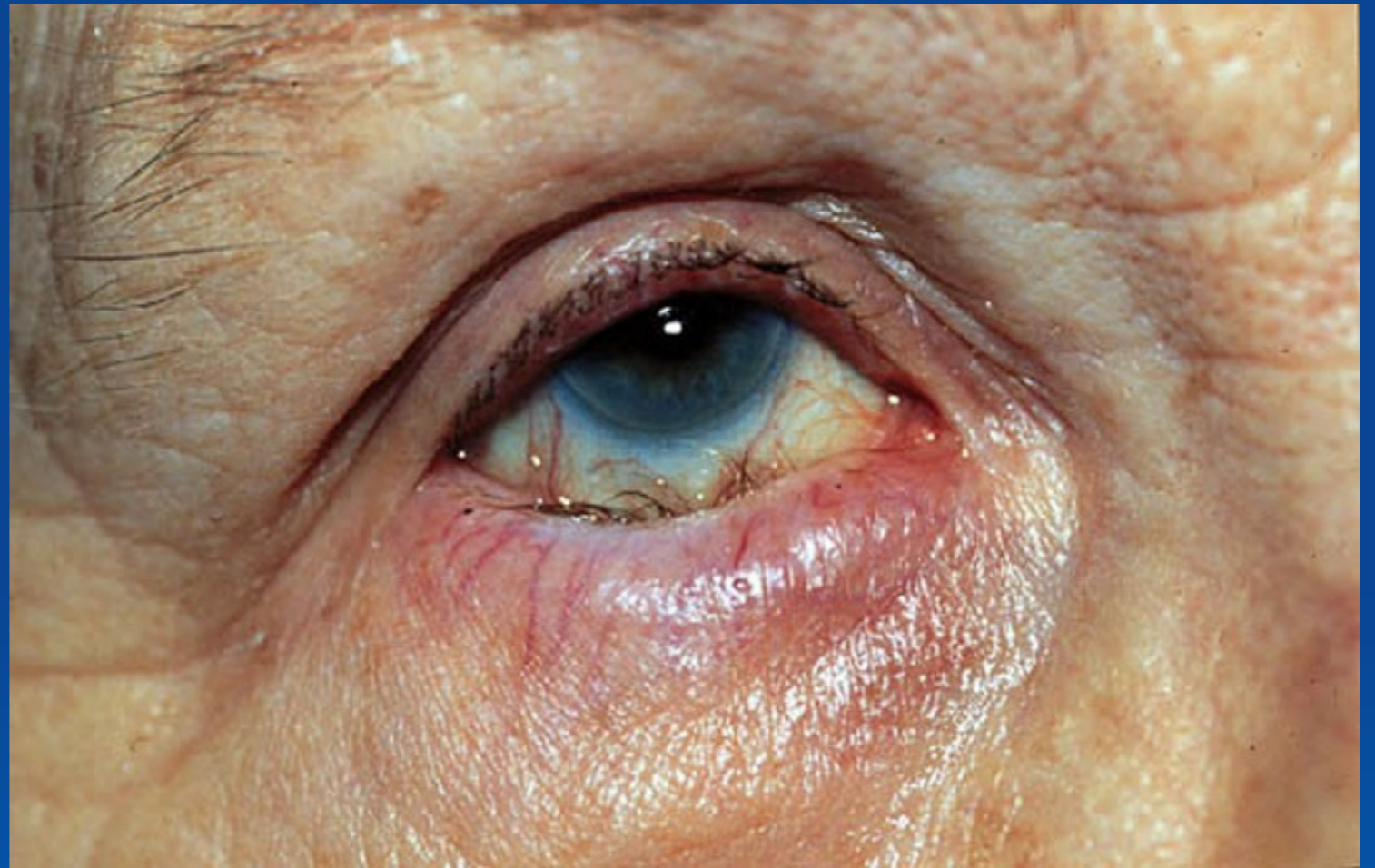
- Malignant
- Metastatic
- Tan or black lesion with irregular borders
- Tx: Surgical excision with wide margins



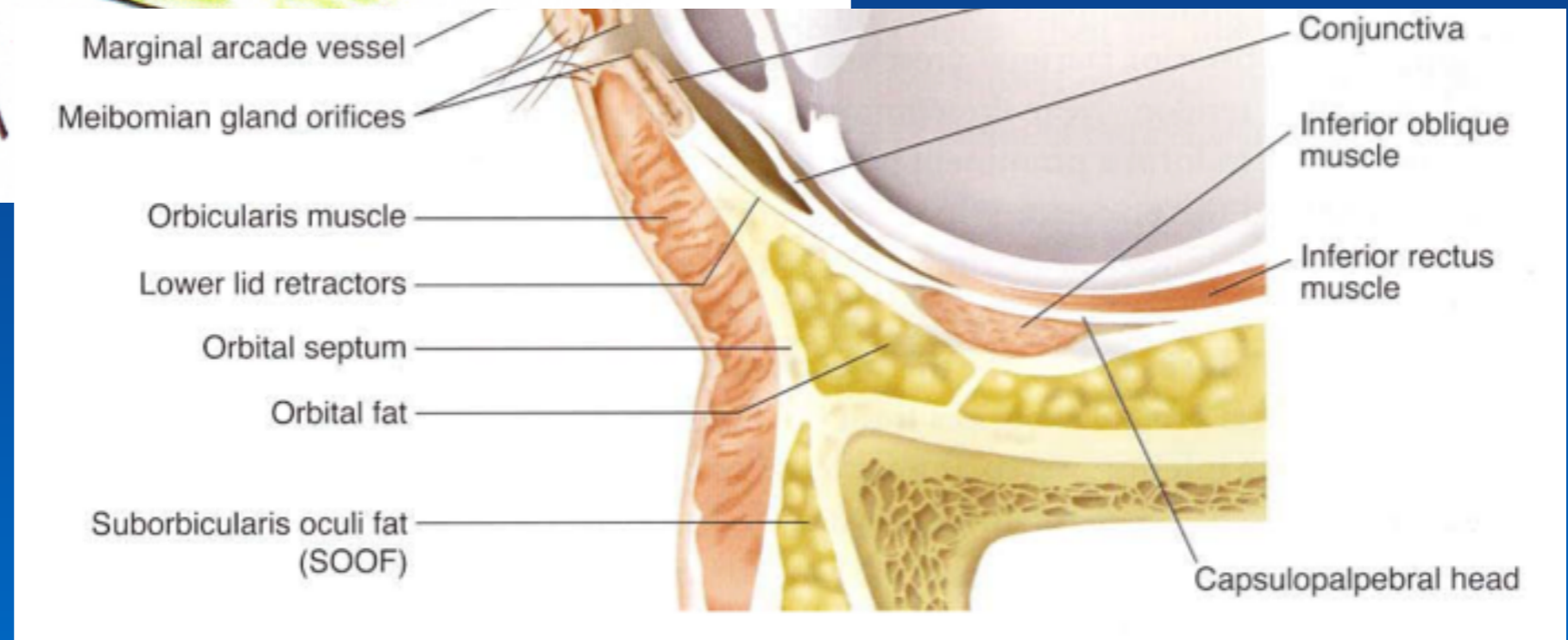
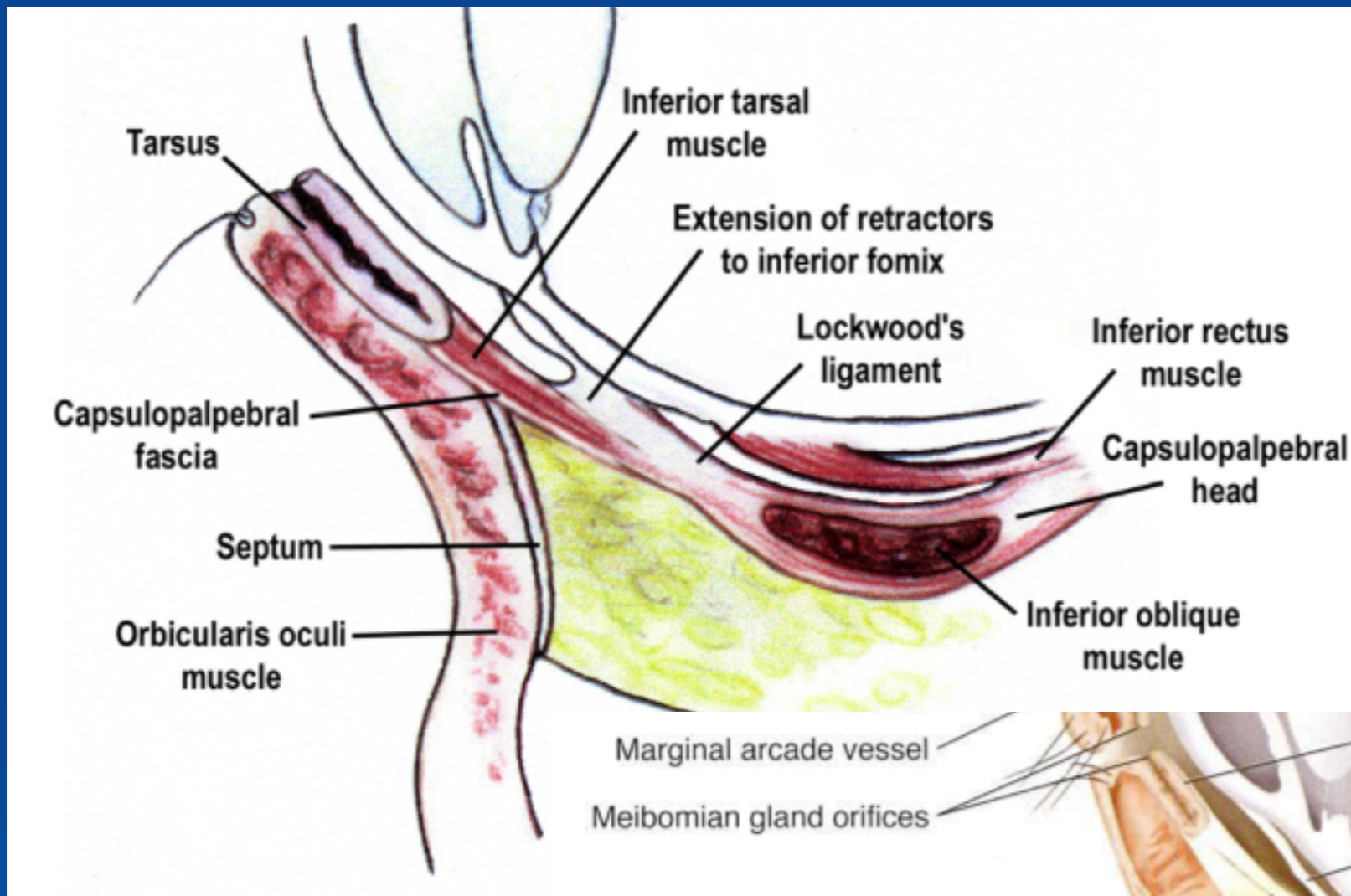


Entropion

- Cicatricial
- Congenital
- Spastic
- Involutional



Lower Eyelid Anatomy



Quickert and Rathbun Sutures



Sutures are placed deep into the fornix. A 5-0 suture double armed curved needle is preferred.



First suture placed in the medial third of the lower eyelid deep in fornix to raise lower lid retractors.



The second arm of the suture exits 2 mm, at the same level and adjacent to the first arm.



The suture is pulled taut and tied with care not to strangulate the tissue.



The suture exits the skin about 2 mm below the lashline.

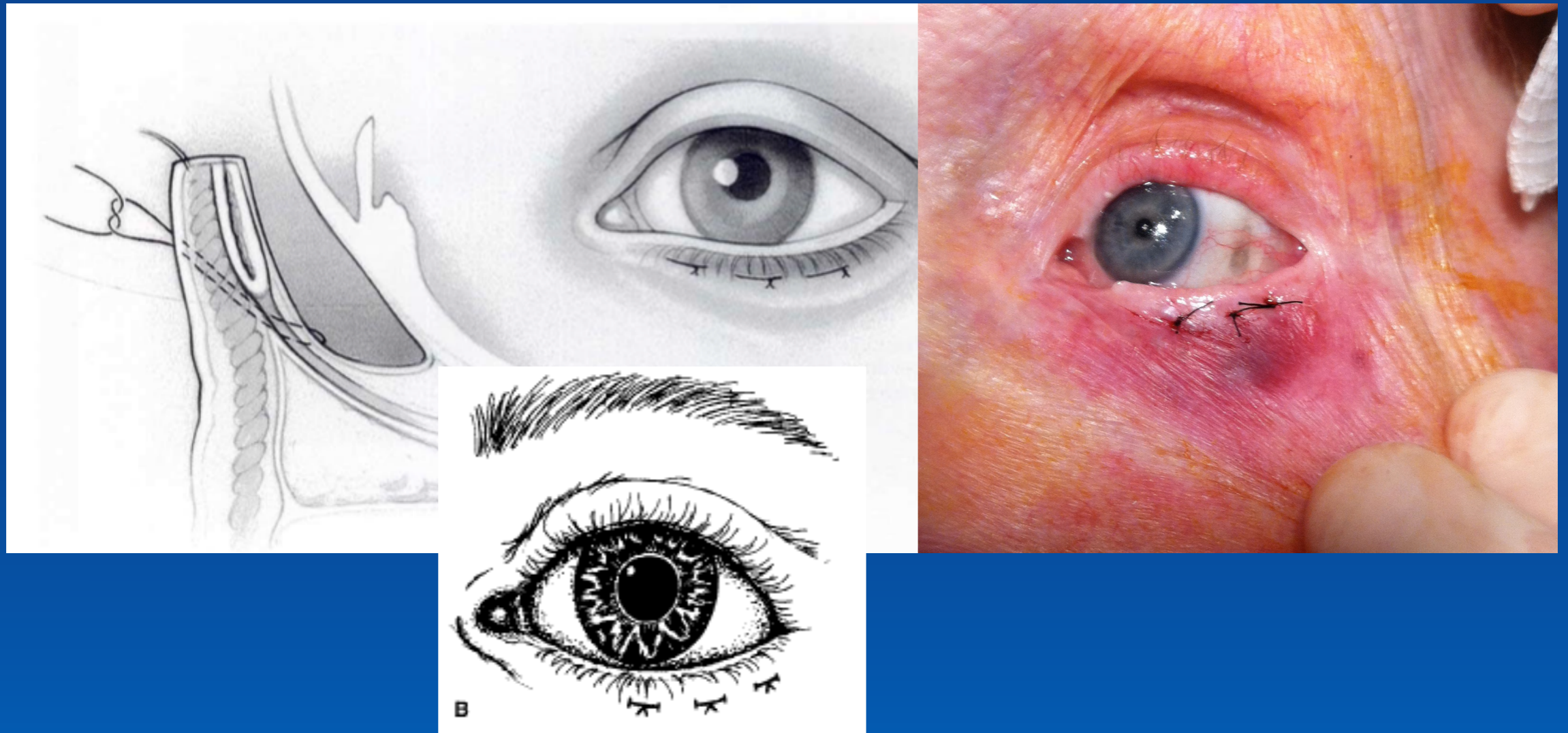


The second arm of the double armed suture is placed about 3 mm adjacent and at the level of the first arm.



Three sutures in place with lid properly everted. Immediately after the procedure, a slight ectropion is ideal.

Entropion



Quickert Sutures Sample Op-note

- Patient educated. Risk, benefits, alternatives, and elective nature of procedure discussed. All questions answered and informed consent obtained.
- Sterile Prep
- Injected .2cc of 2% lidocaine with epinephrine
- 3 double armed 6-0 silk sutures placed into right lower lid
- Homeostasis was achieved
- Bacitracin ung tid x 6 weeks
- Patient tolerated procedure well and left without incident

Radio-frequency Skin Tightening

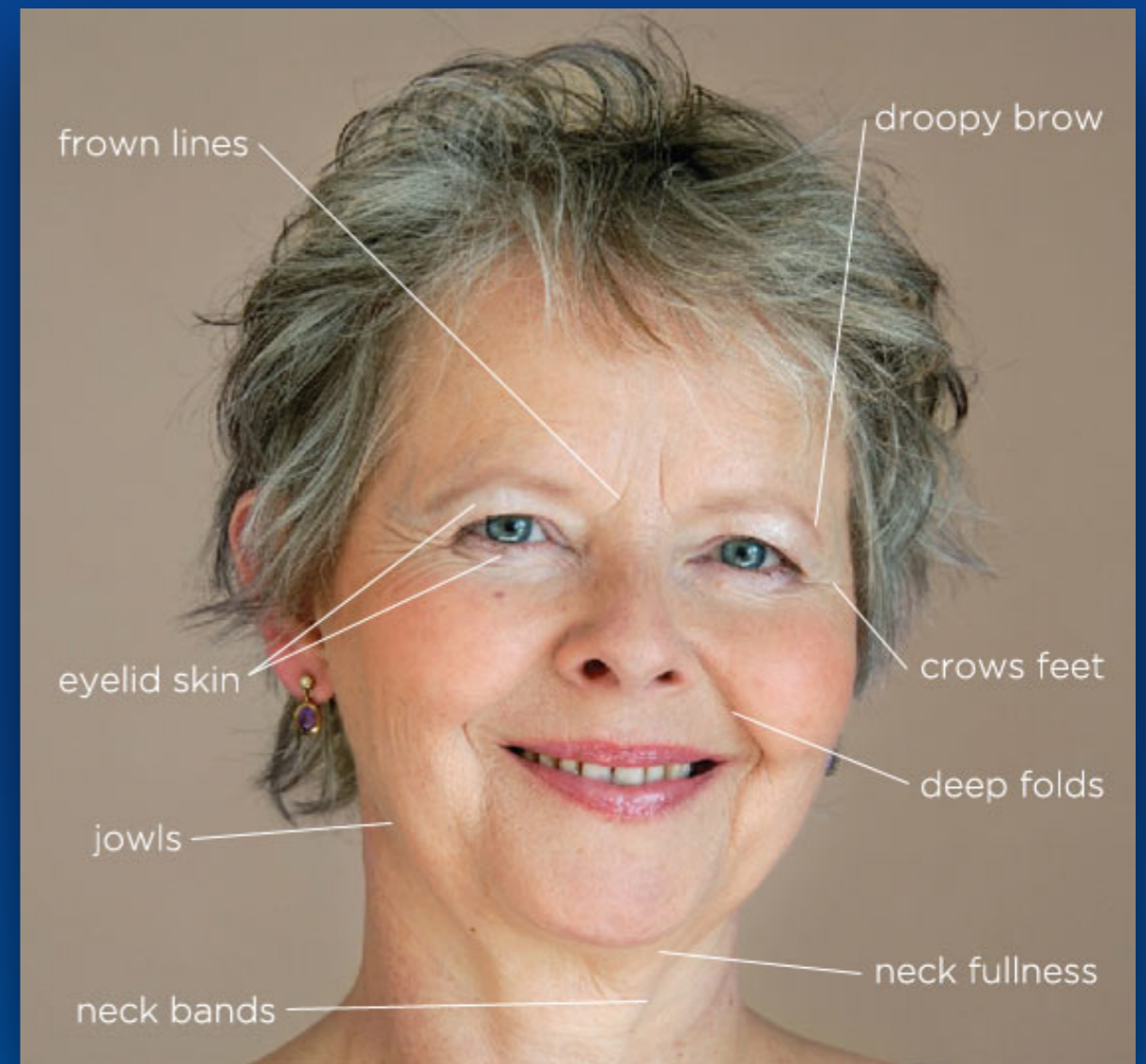
- Non-invasive
- 4 MHz monopolar radio-frequency device
- Skin rejuvenation



Radio-frequency Skin Tightening

Aging causes:

- Loss of collagen
- Loss of elastin
- Skin redundancy, laxity, and loss of elasticity
- Thinning of the dermis
- Atrophy of fat



Radio-frequency Skin Tightening

Mechanism:

- Tightens collagen
- Promotes synthesis of collagen and elastin
- Increases dermal thickness
- Reduces wrinkles



Radio-frequency Skin Tightening

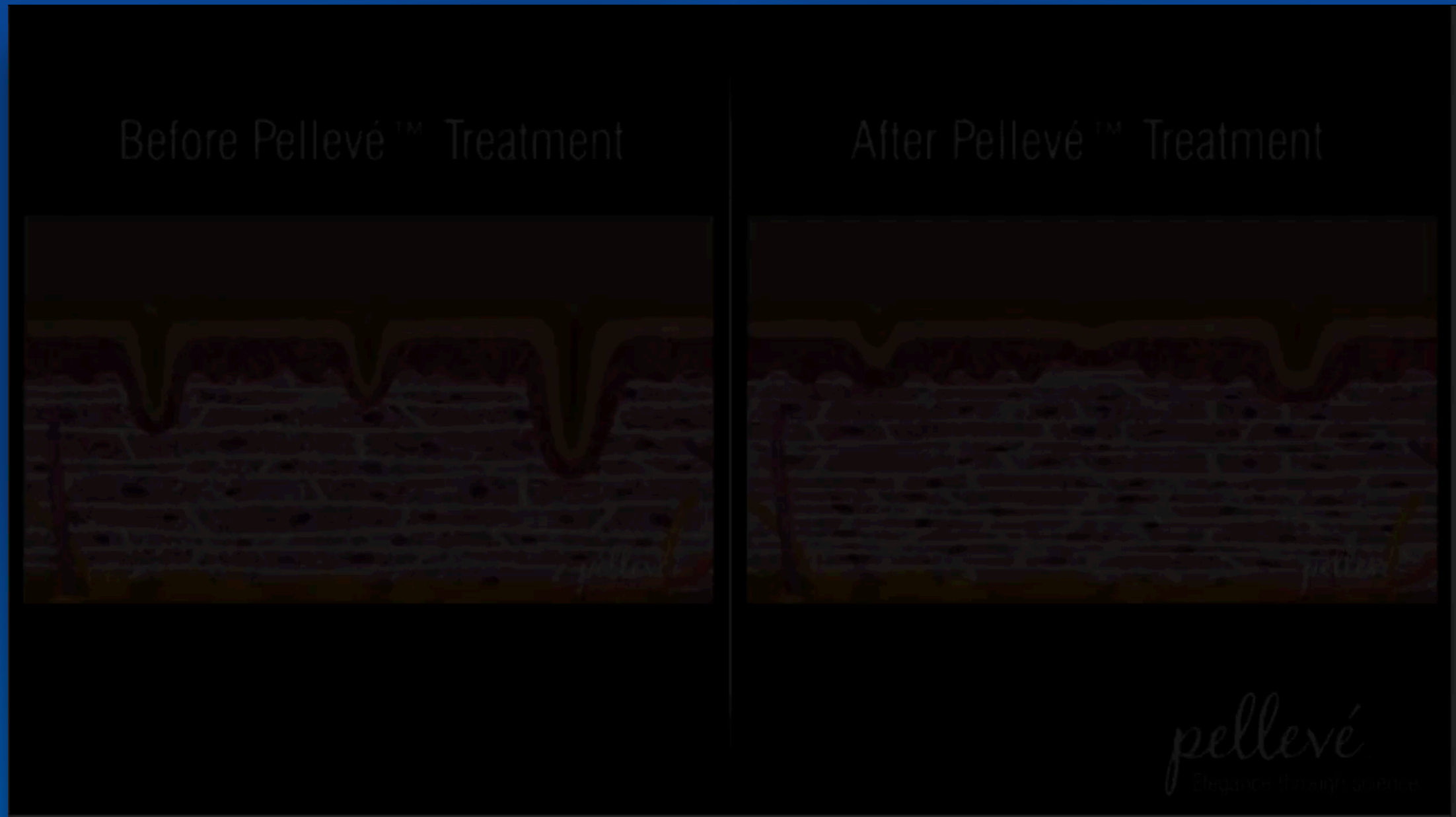
Indications:

- Dermatochalasis
- Periorbital rhytids
- Meibomium gland dysfunction?



Radio-frequency Skin Tightening

Mechanism video:



Radio-frequency Skin Tightening

Video:



Radio-frequency Skin Tightening



BEFORE



AFTER



BEFORE



AFTER

Radio-frequency Skin Tightening



Radio-frequency Skin Tightening



Intense Pulsed Light

- Non-invasive
- Xenon flashlamp, 400 to 1200 nm, but filter restricts the wavelength to around 500 nm (not a laser)
- 8-20 J/cm²
- 18-24 pulses of light per treatment
- 1 treatment, every 4 weeks for 4 months
- Used currently for acne and rosacea in Dermatology Practices



Intense Pulsed Light

Mechanism:

- Abnormal blood vessels carry inflammatory mediators to tissue site
- Inflammatory mediators disrupt normal meibomian production
- Light is absorbed by red blood cells in telangiectatic blood vessels, which causes coagulation and the blood vessel to close
- IPL warms meibum, ideal time for gland expression
- 500 nm light kills bacterial on eye lids

Thank you!

Questions?