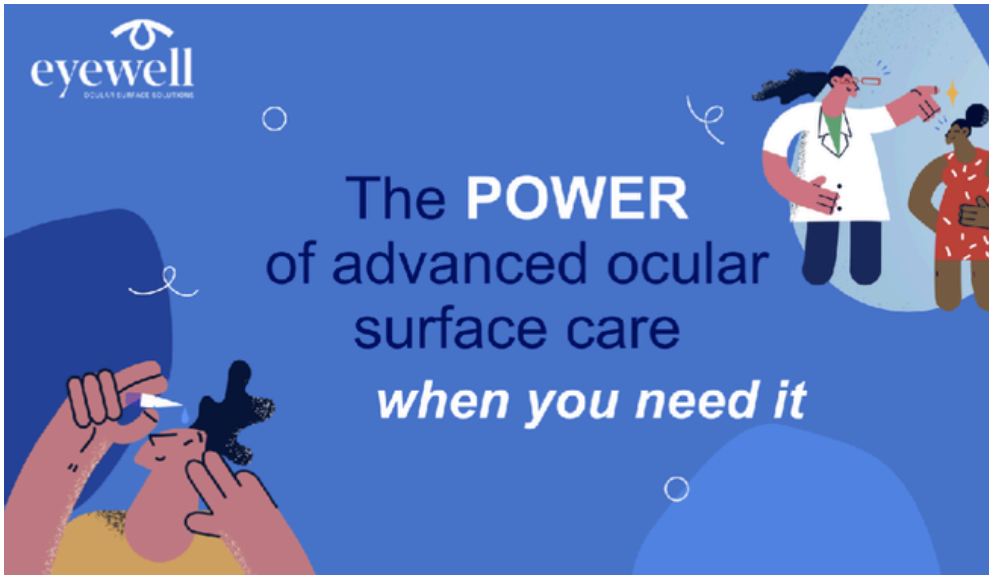
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NEWSLETTER

eyewell®
OCULAR SURFACE SOLUTIONS



NOVEMBER 11TH IS WORLD KERATOCONUS DAY

Keratoconus Patient Education Series in honor of World Keratoconus Day

As part of our mission to educate as many people as possible about ocular surface disease, we are hosting our second *patient education seminar*. In partnership with Glaukos, this webinar will highlight Epioxa with surgeon Marc Leibole, MD, the importance of appropriate screening, how to treat ocular surface disease to improve contact lens and surgical outcomes, and tips to maximize contact lens performance. Invite to follow for our Zoom-based event that you can share with your keratoconus patients. You and your staff are also welcome to attend.

GLAUKOS HAS DESIGNATED EYEWELL A KERATOCONUS DETECTION CENTER

Eyewell *can help you diagnose or assess keratoconus progression using Pentacam corneal tomography. We offer meibography and meibomian gland evaluation (MGE) with every KC screening visit, including a full report back to you.*

EPIOXA (GLAUKOS)

Epioxa is the first FDA-approved (Oct 2025), incision-free, ***epithelium-on*** *("epi-on") topical drug therapy used for corneal collagen cross-linking to treat keratoconus.*

Epioxa can halt KC, and patients with most commercial insurance plans are covered for the procedure.

Newest Consensus Statement on Keratoconus Management 2026

Gomes JAP, et al. Global Consensus on Keratoconus and Ectatic Diseases-Edition 2. Cornea. 2026 Jul 1;45(7):888-908. PMID: 42228627

This is a "must read" paper for doctors treating keratoconus (KC) patients. The most significant message is that KC screening should occur at the ***earliest suspicion of KC or sub-clinical KC***, before reduced visual acuity or classic clinical signs develop.

The major diagnostic criteria for clinical keratoconus are as follows: Abnormal steepening of the anterior and/or posterior corneal surface; Abnormal corneal thickness profile; Classic slit-lamp biomicroscopic signs; and Decline in corrected distance VA. Although these 4 criteria were considered "major criteria," the last 2 are not mandatory for the diagnosis of keratoconus.

The consensus supports closer monitoring in higher-risk patients e.g younger patients with significant astigmatism. Follow-up should reflect age, clinical findings, and suspected progression.

Consensus Recommendations for KC Screening

Patient Group	Suggested Clinical Action
Children 6–18 with greater than 2.00 D astigmatism	Obtain corneal topography or tomography
Children with suspicious corneal findings	Establish baseline imaging and monitor closely
Patients with irregular or changing astigmatism	Perform tomography to investigate ectasia
Patients with a family history of keratoconus	Include family history in risk assessment and consider imaging
Refractive surgery candidates	Obtain tomography and consider epithelial and biomechanical evaluation
Confirmed keratoconus	Monitor for progression using multiple structural parameters

WE CAN HELP.

We would like to thank all of you for who have and continue to support our mission, making it possible for us to bring advanced dry eye care to your patients.

Call today or visit us online to schedule your appointment today!

WANT TO REFER A PATIENT?
SCAN TO INITIATE REFERRAL OR GO TO:
HTTPS://MYEYEWELL.COM/CONTACT-US