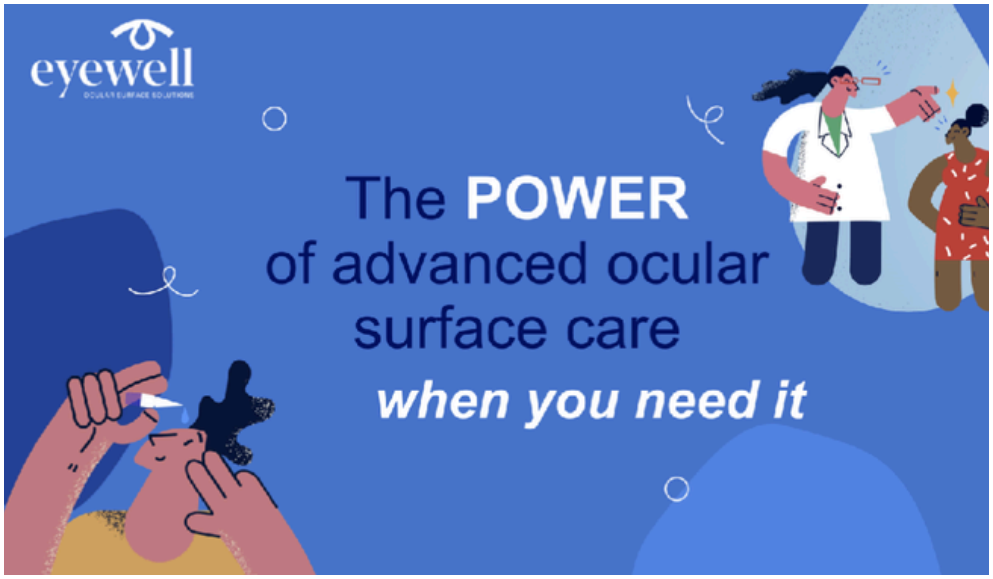
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Phone: (617) 433-9895 **Inquiries: info@myeyewell.com**
Fax: (617) 675-2453 **kristin.green@myeyewell.com**

NEWSLETTER

eyewell
OCULAR SURFACE SOLUTIONS



NEW STUDIES PUT RADIOFREQUENCY IN THE SPOTLIGHT FOR OCULAR SURFACE DISEASE

Read more to see what research shows and what it can mean for your patients.

COULD RADIO FREQUENCY TREAT MORE THAN MGD?

Conjunctivochalasis (Cch) can contribute to ocular discomfort, inflammation, tear-film instability, and symptoms that can resemble or worsen dry eye disease. In this retrospective study, researchers evaluated 127 patients (230 eyes) treated with a new micro-needle ophthalmic radiofrequency device to smooth and tighten the tissue. Redundant bulbar conjunctiva was grasped with smooth forceps, and a bent electrode tip (OcuRF®, Ilooda, Korea) was inserted into the subconjunctival space. Radiofrequency waves released from the electric unit (0.6 ~ 0.8 watts, 2 MHz, Acutron™, Ilooda, Korea) led to subconjunctival contraction burn via the inserted electrode tip. Preoperatively, 165 (71.7%) eyes showed grade 2 Cch and 65 (28.3%) eyes grade 3 Cch. At 2 months postoperatively, 199 (86.5%) eyes and 25 (10.9%) eyes had grade 0 and 1 Cch, respectively, yielding 97.4% “success” rate. The improvements weren’t limited to the conjunctiva's appearance. TBUT increased from 3.17 seconds to 5.28 seconds, while bulbar conjunctival hyperemia also improved.

What This Means for You
Not every patient with dry eye symptoms has a problem that starts with the meibomian glands. Conjunctival redundancy may be another mechanical contributor to tear-film instability.
This study suggests that radiofrequency may have a role in addressing the tissue itself, potentially improving both the ocular surface and tear-film stability. For patients with persistent symptoms despite conventional dry eye therapy, Cch may be an underrecognized treatment target.

Kim B, Lee Y, Son HS, Choi CY. BMC Ophthalmol. 2024;24:302.

DOES COMBINATION THERAPY MAKE SENSE?

Head-to-Head: RF, IPL, or Both? New Real-World Data Favor Combination Therapy

A 2026 retrospective study looked at 286 adults with MGD-related dry eye disease, comparing three treatment approaches: RF alone, IPL alone, and combined RF + IPL.
All three approaches produced significant improvements in symptoms, tear-film stability, and meibomian gland scores after treatment. But the combined RF + IPL group demonstrated the greatest improvements across most clinical measures.

In the combination group:

- OSDI: 22.70 → 3.61
- SPEED: 18.17 → 5.25
- TBUT: 7.29 → 11.54 seconds
- Meibomian gland score: 25.00 → 29.63

The findings suggest addressing MGD with multiple complementary mechanisms may provide greater benefit than relying on a single energy-based treatment modality.

What This Means for You
The results support thinking beyond "RF versus IPL" and instead asking: Could these technologies work better together?

Tsai J. Clin Ophthalmol. 2026;20:577318.

More Than Heat: Adding RF May Enhance the Results of IPL + MGX

A separate clinical study evaluated a protocol combining IPL + radiofrequency + meibomian gland expression (MGX) in patients with moderate-to-severe MGD-related dry eye.

Patients received four treatments at two-week intervals. After treatment, the quality of meibum improved, with the modified meibomian gland score decreasing by 69.3%. Patient-reported symptoms also improved, with OSDI scores falling by 60.7%.

Researchers also compared the results with historical data from patients who received IPL + MGX without RF. The addition of RF produced a significantly greater improvement in meibum quality, although the difference in symptom improvement between the groups was not statistically significant.

What This Means for You
This study reinforces the idea that successful MGD treatment may require more than simply heating or expressing the glands.

Chelnis J, Garcia CN, Hamza H. Clin Ophthalmol. 2023;17:3089-3102.

These three studies point toward an increasingly important concept in dry eye care: multimodal therapies that target different aspects of lid disease may have effects beyond simply "heating the glands."

At Eyewell, dry eye management is about understanding which factors are driving disease in each patient–and matching treatments to those mechanisms.
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