



EVIDENCE-BASED CLINICAL PRACTICE GUIDELINE

OPTOMETRIC TREATMENT PROCEDURES

Effective November 29, 2017

Optometric Treatment Procedures Clinical Practice Guideline

The objective of this Clinical Practice Guideline (CPG) is to provide guidance to Doctors of Optometry on performing optometric treatment procedures. It is based on the best available and most current optometric and medical clinical evidence and research. It is not intended to replace professional discretion and judgment; nor is it intended to be used as an all-encompassing clinical manual. Clinicians must base their assessment, diagnostic, management and treatment regimens on the specific needs of the patient at that point in time.

Optometric treatment procedures include all aesthetic and therapeutic treatment procedures on the human eye, adnexa and associated structures.

Goals

It is the goal of every optometrist to:

- 1. Identify those patients who may benefit from an optometric treatment procedure, ensure the appropriate procedure is performed in a hygienic and safe manner and share patient information in an appropriate manner with other members of the patient's health care team.**

- 2. Collaborate and communicate with patients, legal guardians and/or other health care practitioners in order to:**
 - Increase access to competent vision care services,**
 - Maximize a patient's visual status and quality of life,**
 - Improve a patient's compliance and outcomes,**
 - Reduce the possibility of duplication of tests and services, and,**
 - Provide vision care services in the most efficient and effective manner.**

General Guidelines

- 1. Optometrists who do not provide specific optometric treatment procedures must refer patients who require those procedures to an appropriately trained optometrist or physician.**
- 2. Optometrists must refer all major ocular surgery to an appropriately trained ophthalmologist or other physician. The list of major ocular surgery includes, but is not limited to: cataract surgery, vitreoretinal surgery, refractive laser vision correction, strabismus surgery, retinal detachment or retinal laser procedures, filtering procedures, cryotherapy, evisceration, oculoplastic procedures, etc.**

Specific Guidelines

In addition to those tests and procedures conducted during a comprehensive eye examination, the following specific history / guidelines should be performed and documented (when deemed necessary) for patients who will undergo any treatment procedures to the eye and or adnexa area.

1. Patient Consultation & Record

- Name of treatment procedure.**
- Patient consent forms (when deemed necessary).**
- The name of the optometrist providing the treatment.**
- Pre-treatment consultation that includes the discussion of any contraindications, consultation with other health care providers as well as the provision of any required additional tests (when deemed necessary).**
- The date, time and type of treatment performed.**
- Documentation of any adverse effects.**
- Recommended post-treatment care and follow-up.**

2. Operator Responsibility

- The optometrist is responsible for the safety of all staff and patients in the treatment area.**
- The optometrist is responsible for the appropriate service and maintenance of all equipment according to the manufacturer's instructions.**
- The optometrist is responsible for creating an Office Procedures and Protocols Manual in the event of equipment failure and/or emergency situation.**
- The optometrist is responsible for the appropriate use of protective eyewear and other Personal Protection Equipment (when deemed necessary) as per the ACO Infection Prevention and Control Clinical Practice Guideline.**

List of Specific Optometric Treatment Procedures

The list of optometric treatment procedures includes, but is not limited to:

- a) **Removal of an ocular foreign body:**
 - All Seidel positive, high velocity or possible penetrating foreign bodies must be referred to an appropriately trained ophthalmologist.
- b) **Dilation and irrigation of lacrimal system:**
 - Patients requiring dacryocystorhinostomy or other lacrimal surgical procedures must be referred to an appropriately trained ophthalmologist.
- c) **Insertion and removal of punctal plugs.**
- d) **Treatment of a corneal abrasion or erosion.**
- e) **Epilation of eyelashes.**
- f) **Treatment of chalazia via warm compresses, massage and possible pharmaceutical prescription:**
 - Chalazia requiring incision and curettage must be referred to an appropriately trained ophthalmologist.
 - Chalazia requiring a steroid injection must be referred to an appropriately trained ophthalmologist.
- g) **Intense Pulsed Light procedures for various aesthetic and therapeutic treatment purposes on light to medium skin tones. The procedure is used for, but not limited to, treatment of dry eyes, Meibomian gland dysfunction, photoepilation and hair removal, reduction of pigmented lesions, melisma, photorejuvenation (the treatment of skin pigmentation, sun damage, thread veins and improving skin laxity), actinic keratosis as well as to alleviate dermatologic diseases such as acne.**
- h) **Radio Frequency procedures for the treatment of dry eyes, blepharitis, Demodex, removal of superficial benign skin lesions, blepharoptosis, facial rosacea, facial telangiectases and other cosmetic procedures such as the reduction of wrinkles, reduction of cellulite and tissue remodeling.**