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### Column



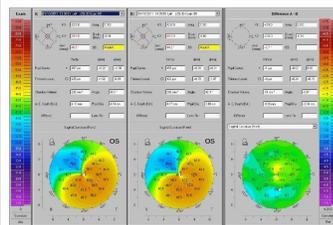
#### Literature vs Clinical Practice

It is hard for the academic literature to stay up to speed with the developments in our field. It oftentimes takes several months or even longer to see an article in print in our profession from the moment it was first submitted. If you include the time required to analyze the results and to write the article, especially if different co-authors are involved - it may take literally a year or more before something is published (sometimes years). In clinical practice, we want to rely on the latest developments - such as in myopia progression, for instance. But at the same time we need decent and reliable information so we don't get ahead of ourselves. Take corneal cross linking as another example. The newest technique that tries to stabilize keratoconus involves the 'epi-on' method, in which the epithelium does not have to be removed. While this method has gotten a lot of attention and momentum, only a handful of prospective, controlled studies on trans-epithelial cross linking are available at the moment. So how do we advise our patients? The same is true for myopia control - probably the most exciting development in our field maybe ever. But it may take another 5 years or so before we will see some evidence in the literature. What can we tell our patients in the meantime?

Eef van der Worp

### Corneal Cross Linking

#### At a Cross Road?



As mentioned earlier, corneal cross linking (CXL) for treating corneal ectasia gets substantial attention in the media (see the article by James Owen and William Tullo in the [August 2011 edition of Contact Lens Spectrum](#)). The United States Food and Drug Administration recently granted ['orphan' drug designation for corneal cross-linking treatment for keratoconus](#) to allow for more studies in this direction. Removing the epithelium with CXL, as is common practice now, seems to be a major disadvantage with the risk of corneal infections. Two surgeons (see the link below) report a corneal ulcer that developed after CXL with removal of the epithelium. On the other hand, practitioners have raised concerns about potential corneal irregularities post CXL - possibly more with the 'epi-on' method. Are we at a crossroads with CXL? See further the link below for a nice discussion on the topic from the American Academy of Ophthalmology.

[International Society of Refractive Surgery Outlook - August 2011](#)

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