

## Contact Lens Assisted Pharmacologically Induced Kerato Steepening

Surgeons have successfully treated myopic undercorrection following LASIK, PRK, and Epi-LASIK by molding the cornea with a loose fitting contact lens and Acular. Reverse CLAPIKS has shown to be effective on patients who have been undercorrected by  $-0.50$  to  $-3.00$  diopters following refractive surgery. The process usually takes several weeks of continued contact lens fitting and use of the drug before significant refractive change is achieved.

### Day One:

No intervention if patient presents with myopic undercorrection.

### Week One:

If  $-0.50$  to  $-0.75$  and *asymptomatic*, monitor the patient in one week. If  $> -0.50$  and symptomatic, begin treatment as follows:

- Fit patient in loose contact lens (i.e. Acuvue2 8.7 or flatter BC) for extended wear. Prescribing full myopic correction may decrease symptoms.
- Place patient on Acular qid.
- Reassess in one week. The contact lens must be changed on a weekly basis.

### Weekly Thereafter:

Remove the lens and recheck the refraction, adjusting the power prescribed accordingly. Continue extended wear and Acular qid with weekly rechecks until the patient is plano or no longer shows progress.

### Once Patient is Plano:

Do NOT discontinue the contact and Acular. Keep the patient in a  $-0.50$  lens with Acular qid for two weeks to prevent regression back into myopia.

\* It may take three to four weeks to see a change in the patient's refraction. Patients that plateau should remain on the protocol for an additional four to six weeks to reach the desired endpoint.

\*\* If the patient regresses dramatically (i.e. from  $-1.00$  to  $-2.50$ ) discontinue Reverse CLAPIKS immediately.

### For More Information, Contact:

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