The Expanding Optometric Scope: Minor Surgical Procedures
Needles, Blades and Radio - Waves

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The Way We Were

1045-02-.12 PRIMARY EYE CARE PROCEDURES. For the purpose of 1993 Public Acts Chapter 295

• The performance of primary eye care procedures rational to the treatment of conditions or diseases of the eye or eyelid is determined by the board to be those procedures that could be performed in the optometrist's office or other health care facilities that would require no more than a topical anesthetic. Laser surgery and radial keratotomy are excluded.

• Authority: T.C.A. §§4-5-202, 4-5-204, 63-8-12, and Public Chapter 295, Acts of 1993. Administrative

• History: Original rule filed February 14, 1993; effective April 30, 1994.
The New Style

The use of a local anesthetic in conjunction with the primary care treatment of an eyelid lesion; provided, however, no optometrist shall use a local anesthetic for this purpose unless that optometrist has met the certification requirements set forth in 63-8-112(4) and in the rules of the board of optometry for the administration of pharmaceutical agents in the performance of primary eye care procedures.

Nothing in this subdivision shall be construed as allowing an optometrist to perform any reconstructive surgical procedure on the eyelid.

Nothing in this subdivision shall be construed as allowing an optometrist to perform any procedure not approved by the board of optometry prior to the enactment of this subdivision.

An optometrist who uses a local anesthetic in the manner allowed by this subsection shall provide to the board of optometry proof that the optometrist has current CPR certification by an organization approved by the board; provide, that the optometrist may meet this requirement by providing proof to the board that another person who has current CPR certification will be present in the office of the optometrist at all times that a local anesthetic is used by the optometrist in conjunction with the treatment of an eyelid lesion.

Compliance with this provision shall also require that the optometrist maintain in the optometrist’s office an AED at all times that a local anesthetic is administered by the optometrist.
Always Get an Informed Consent

Description of the diagnosis
Description of all available management options
Description of risks (with likelihood of occurrence)
Description of potential benefits
State who will perform the procedure

OSHA in 5 Slides...

Standard Precautions
   Developed by the CDC and accepted by OSHA

   All blood, body fluids, secretions, excretions, mucous membranes, non – intact skin and soiled items are potentially infectious
   
   *Excludes sweat*
Personal Protective Equipment

Specialized clothing or equipment worn by an employee for protection against a hazard

Latex?
Nitrile?
Neoprene?
Vinyl?
Powdered?
Sterile?
4

Sharps

Any items capable of piercing skin

Must be placed in OSHA compliant sharps container

- Closeable, puncture – resistant, leak – proof on sides and bottom
- Accessible, maintained upright, and not allowed to overfill
- Labeled or color coded
  - Colored red/labeled with the biohazard symbol
  - Labeled in fluorescent orange/orange – red with lettering and symbols in contrasting color

http://www.cdc.gov/sharpsafety/resources.html

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Biohazard/Biomedical Waste

Regulated wastes, other than sharps, that contain blood, fluid, or tissue which may transmit disease must be disposed of in red biohazard bags
Be Prepared

Indicated for the production of topical anesthesia of accessible mucous membranes of the oral and nasal cavities.

Good for off label, deeper anesthesia of the conjunctiva.
Papilloma

Chalazion

Epidermoid Cysts

Photos: Jason Duncan, OD, FAAO
Chalazion

Photos: Jason Duncan, OD, FAAO

Epidermoid Cyst

Photos: Jason Duncan, OD, FAAO
Hidrocystoma

Photos: Jason Duncan, OD, FAAO

http://www.leeeyecenter.com/eyelid-cancers-lesions.htm

Cyst of Zeiss

http://austinmccormick.co.uk/Minor-eyelid-lesions.html

Kanski 17 18
Conjunctival Lymphangiectasia

Conjunctival Concretions
Infiltrative/Subcutaneous Injections: When not to inject...

...nor this.
Malignancies

Typical signs of malignancy?
- Ulceration
- Color change
- Size change

Chalazia recurring in the same location should be suspected as being: SEBACEOUS CELL CARCINOMA

BCC is most common eyelid malignancy while squamous cell carcinoma is more invasive

Malignancies

BCC

http://www.bops.co.uk/public-informatics/common-conditions/eyelid-tumours/
Malignancies
SqCC

http://austinmccormick.co.uk/Minor-eyelid-lesions.html


Malignancies
SCC

Photo: Jason Duncan, OD, IAAD
Dermolipoma

Photo: Jason Duncan, OD, FAAO

Molluscum

http://www.eyesurgery berkshire.co.uk/information_ae/a_e_benign_eyelid_bumps_and.html
Radiofrequency Basics

Photos: Jason Duncan, OD, FAAO

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Radiofrequency Basics

Photos: Jason Duncan, OD, FAAO

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Radiofrequency Basics

Electrosurgery – passes high frequency current through tissue, using the tissue as the heating element. Radiofrequency Surgery

Cell-specific interaction enables extremely precise dissection with surrounding tissue preservation

Electric field causes vibration of water molecules in tissue
- Higher power = more violent vibration
- Vibration causes heat buildup between molecules
- Once enough heat, water vaporizes to steam, which
  
  Depending on rate of heating, either:
  - Explodes the cell = CUT
  - Desiccates (dries) the cell = COAG

Radiofrequency Basics

The radiofrequency electrode does not provide resistance, & it remains cold. The tissue provides the resistance.

Incision without applying pressure
- Simultaneous hemostasis
- Artifact reduction in biopsy vs. electrocautery
- Ability to bend or shape the cutting electrode for anatomical variation or working in cavities
  
  Produces scarring ≤ scalpel or laser incisions
Radiofrequency Basics

**Precision** cutting with minimal applied pressure

**Versatility** for both surgical & non-ablative procedures.

Minimal lateral heat, minimal charring effect

Allows for readable histological results

*Provides a clear & improved view of the operative site*

Reduces surgical time vs. traditional scalpel surgery

Minimal (if any) postoperative pain, bruising, edema

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Radiofrequency Basics

Cut

90% cut and 10% coagulation

*Micro – smooth cutting and negligible lateral heat*

Cut/Coag

50% each cut and coagulation

*Cutting with simultaneous hemostasis*

Coag

10% cut and 90% coagulation

*Optimal for subcutaneous tissue dissection with maximum hemostatic control*

Fulguration

Tissue destruction
Radiofrequency Basics

Papilloma Surgery Equipment
Papilloma Excision Coding and Billing

Benign neoplasm of skin of right eye, including canthus
D23.11

Benign neoplasm of skin of left eye, including canthus
D23.12

External photography with interpretation and report for
documentation of medical progress
92285
23.00

Excision of eyelid lesion (except chalazion) without closure or
with simple direct closure
67840
288.00

Removal of skin tags, multiple fibrocutaneous tags, any area:
up to and including 15 lesions
11200
93.00
1144x and 1164x Codes

11440/11640 (excision, other benign lesion [unless listed elsewhere], face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less)
   145.00/212.00
11441/11641 (lesion diameter 0.6 – 1.0 cm)
   180.00/250.00
11442/11642 (lesion diameter 1.1 – 2.0 cm)
   200.00/284.00
11443/11643 (lesion diameter 2.1 – 3.0 cm)
   239.00/336.00
11444/11644 (lesion diameter 3.1 – 4.0 cm)
   302.00/416.00
11446/11646 (lesion diameter over 4 cm)
   417.00/546.00

Infiltrative Injections/Papilloma: Potential Complications

Photos: Jason Duncan, OD, FAAO
Epidermoid Cysts

Photos: Jason Duncan, OD, FAAO
Epidermoid Cyst

Epidermoid Cysts: Coding and Billing

67840
288.00
10060 (Incision and drainage of abscess, carbuncle, suppurative hidradenitis, cutaneous/subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
127.00
10061 (complicated or multiple)
222.00
10160 (puncture aspiration of abscess, hematoma, bulla, or cyst)
137.00

Photo: Jason Duncan, OD, FAAO
Chalazion

Treatment Options
Observation
  With heat
  With medication
    Oral medication
    Topical medication
Intralesional Injection
Incision and Drainage

Chalazion Surgical Management
Incision and Drainage
Chalazion Incision and Drainage: Equipment

Chalazion Anesthesia

Photo: Jason Duncan, OD, FAAO
Chalazion Incision and Drainage

Photos: Jason Duncan, OD, FAAO

Chalazion Before and After

Photos: Jason Duncan, OD, FAAO
Chalazion Complication

Photo: Jason Duncan, OD, FAAO

Chalazion Coding and Billing

Right upper eyelid
  H00.11

Right lower eyelid
  H00.12

Left upper eyelid
  H00.14

Left lower eyelid
  H00.15
Chalazion Coding and Billing

Excision of chalazion; single
67800
133.00

Excision of chalazion; multiple, same lid
67801
169.00

Excision of chalazion; multiple, different lids
67805
209.00

Intralesional Injections

Injecting medication directly into the lesion
Chalazion
Capillary hemangioma
Keloid scar
Intralesional Injections

Administer topical anesthetic
Apply chalazion clamp q Use 27 gauge, ½ inch needle
Insert needle directly into center of lesion
Inject contents of syringe (.1cc-.2cc) & remove needle

Intralesional Injections

Rule of Sixes
If the chalazion is smaller than 6mm and/or less than in 6 months in duration, there is a 60% chance that the lesion will positively respond (60% reduction) to an intralesional steroid injection

Inject ~0.1cc

Photo: Talley, DK
Intralesional Injections: Medications

Intralesional Injections: Technique Review

Source: John Murtagh: John Murtagh’s Practice Tips, 7th: www.murtaghmedical.com
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Photo: Talley, DK
Intralesional Injections: Kenalog Risks

Pain on injection
Depigmentation of the lid
Delayed wound healing
Temporary ptosis

Intralesional Injection: Coding and Billing

Chalazion intralesional injection
11900
57.00
Hidrocystoma Incision and Drainage or Excision?

Hidrocystoma Before and After
Hidrocystoma Coding and Billing

Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single

10060
127.00

Incision and drainage of abscess; complicated or multiple

10061
222.00

You could also consider 10160 (puncture aspiration of abscess, hematoma, bulla, or cyst).

137.00

Cyst of Zeiss
Cyst of Zeiss Coding and Billing

Cysts of right upper lid
H02.821

Cysts of right lower lid
H02.822

Cysts of left upper lid
H02.824

Cysts of left lower lid
H02.825

10060, incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
127.00

10061, incision and drainage of abscess; complicated or multiple
222.00

You could also consider 10160 (puncture aspiration of abscess, hematoma, bulla, or cyst).
137.00
Conjunctival Lymphangiectasia

Conjunctival Lymphangiectasia Coding and Billing

Right eye
H11.441

Left eye
H11.442

Bilateral
H11.443
Conjunctival Lymphangiectasia Coding and Billing

Incision and drainage procedures of the conjunctiva
68020
125.00
Conjunctival Concretion Removal Coding and Billing

Conjunctival concretions
- Right Eye  
  H11.121
- Left Eye  
  H11.122
- Both eyes  
  H11.123

Removal FB, conjunctiva, embedded  
65210  
47.00

Thank ya. Thank ya very much

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