BLUE FIN VISION®

PATIENT INFORMATION

Intense Pulsed Light Therapy

Treatment for evaporative dry eye and meibomian gland dysfunction

A treatment for the cause, not a substitute for drops alone

To achieve the immeasurable, you must measure everything.

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> **How to use this leaflet**
>
> This leaflet is written to be read before your appointment. Rather more of it than usual is about establishing which type of dry eye you have, because IPL treats one mechanism well and does nothing for the others.
>
> It forms part of your informed consent alongside the assessment and discussion you will have with your clinician and the consent form you sign.

About This Leaflet

This leaflet is for patients considering intense pulsed light therapy, usually shortened to IPL, for dry eye caused by meibomian gland dysfunction.

Dry eye is common, chronic and frequently under-treated. It is also frequently treated without first establishing what is actually causing it, which is why many patients arrive having used lubricating drops for years without lasting improvement.

> **An honest starting position**
>
> IPL treats meibomian gland dysfunction related evaporative dry eye, where the oil glands in the eyelids are not working properly. It does very little for dry eye caused by insufficient tear production, and nothing at all for symptoms caused by something other than the ocular surface.
>
> It is a treatment for a chronic condition rather than a cure. Most patients need a course of sessions and then periodic maintenance, and we would rather you knew that before starting than discovered it afterwards.

Your assessment and treatment are performed within a consultant-led pathway at Blue Fin Vision®. An assessment that ends in a recommendation not to treat, or a recommendation to treat something else first, is a successful assessment.[1]

What Is Dry Eye?

The surface of the eye is covered by a tear film. Although it is often described as tears, it has several components, and the two that matter most here are the watery layer produced by the lacrimal gland and the thin oily layer produced by the meibomian glands in your eyelids.

The oily layer sits on the surface of the tear film and slows evaporation. Without it, tears evaporate within seconds of a blink, the surface dries between blinks, and the eye becomes inflamed, gritty, red and paradoxically watery.

Dry eye disease is defined as a disorder of the tear film accompanied by symptoms, in which tear film instability, raised salt concentration, inflammation and surface damage all play a part.[2] It is a self-perpetuating cycle: dryness causes inflammation, and inflammation worsens dryness.

Meibomian gland dysfunction

In meibomian gland dysfunction, the oil glands in the eyelid margins become blocked or inflamed and the oil they produce becomes thick and waxy rather than clear and fluid. Over time, persistently dysfunctional glands can atrophy and show increasing gland dropout on meibography.

This is the most common cause of dry eye, and it is the mechanism IPL is designed to treat.

Why The Type Of Dry Eye Matters

Dry eye is not one condition. The two main forms behave differently and respond to different treatments.

Type	What is happening	Does IPL help?
Evaporative	The oily layer is inadequate, usually because of meibomian gland dysfunction, so tears evaporate too quickly.	Yes, this is what IPL is for.
Aqueous deficient	The lacrimal gland does not produce enough of the watery component. Often associated with autoimmune conditions.	No meaningful benefit from IPL alone.
Mixed	Both mechanisms present together, which is common.	May help the evaporative part only.

Why we do not simply treat everyone who is dry

A patient with aqueous deficient dry eye treated with IPL will spend money and time on a treatment that cannot address their mechanism. Worse, an underlying autoimmune condition may go unrecognised while the symptom is treated.

Establishing which type you have, and in what proportion, is therefore the decisive step and it comes before any discussion of treatment.

Some patients presenting with dry eye symptoms turn out not to have dry eye at all. Blepharitis, allergy, medication effects, eyelid position problems, incomplete blinking and corneal conditions can all produce similar symptoms and are treated differently.

Measuring Your Eyes Before Treatment

Dry eye is one of the few conditions where symptoms and signs correlate poorly. A patient can have severe symptoms with a nearly normal-looking surface, or a badly damaged surface with few symptoms. Measurement is therefore not optional.

Your assessment may include the following.

- A structured symptom questionnaire, so that your starting point is recorded as a number rather than an impression.
- Tear break-up time, which measures how quickly the tear film destabilises after a blink.
- Assessment of the tear meniscus and tear volume.
- Examination of the eyelid margins, and expression of the meibomian glands to see what quality of oil emerges.
- Meibography, which images the glands themselves and shows how many remain and whether they have shortened or dropped out.
- Staining of the surface with dyes to show where the cornea and conjunctiva are damaged.
- Assessment of blink quality and completeness, and of eyelid position.

> **Why meibography matters**
>
> Meibography shows how much gland structure remains and how advanced the disease appears. Extensive gland loss generally reduces the potential for treatment to restore normal gland function, although the meibographic appearance itself can change with treatment and should not be interpreted in isolation.
>
> It is the main argument for treating sooner rather than later in progressive disease, and the reason your baseline images are kept and repeated over time so that change is measured against your own starting point.

Your results are compared against your own previous measurements rather than assessed in isolation, so that the question at each review is whether you are better, worse or unchanged.

Am I Suitable For IPL?

IPL is most likely to help where all of the following apply.

- Your dry eye is evaporative, driven by meibomian gland dysfunction confirmed on examination.
- Meibography shows glands that are still present, even if blocked or partially shortened.
- Your symptoms are troublesome despite an adequate trial of lid hygiene, warm compresses and lubricants.
- You have rosacea or visible small vessels at the lid margin, where IPL may be particularly useful.
- Your skin type is suitable for light-based treatment, as described in the next section.
- You understand that this is a course of treatment with ongoing maintenance, not a single procedure.

> **An adequate trial first**
> Lid hygiene and warm compresses are unglamorous, and most patients who say they have tried them have not done them properly or for long enough. Before recommending IPL we will make sure that the simpler measures have been given a fair chance, because a proportion of patients improve substantially without any device at all.

Who Is Not Suitable

IPL uses light absorbed by pigment, so skin type and certain medications matter a great deal.

> **Skin type is a suitability question, not an automatic exclusion**
>
> Darker skin contains more melanin and may absorb more IPL energy, increasing the risk of burns and of changes in skin colour. Suitability therefore depends on your Fitzpatrick skin type, the IPL system being used and the treatment settings available to it. Some devices and protocols are suitable for a wider range of skin types than others.
>
> Your clinician will assess your skin type and tell you whether the system we use is appropriate for it, and a test patch may be performed before a full treatment.

Treatment is not offered, or is deferred, in the following circumstances.

- Recently tanned skin, whether from the sun or from artificial tanning, where increased pigment absorbs treatment energy and raises the risk of burns and pigmentary change.
- Use of medication that increases sensitivity to light, including certain antibiotics, retinoids and some herbal preparations.
- Recent oral isotretinoin treatment.
- Active skin infection, open wounds or inflamed acne in the treatment area.
- Pregnancy, where treatment is normally deferred rather than refused.
- A history of skin cancer or a suspicious pigmented lesion in the treatment area.
- Photosensitive epilepsy, or severe uncontrolled ocular surface inflammation requiring different treatment first.
- Tattoos or permanent makeup in the treatment area.

Please tell us about every medication, supplement and skin preparation you use, including anything bought without a prescription, and about any recent sun exposure or planned holiday. This is not administrative caution: it is the main determinant of whether treatment is safe for your skin.

What The Evidence Shows

We think you are entitled to know how strong the evidence is before paying for a course of treatment.

IPL has been used for meibomian gland dysfunction for over a decade, and a substantial number of studies report improvement in symptoms, tear break-up time and gland secretion quality.[3]

A Cochrane review in 2020 found the randomised evidence then available to be limited and of low certainty.[5] Since then a number of randomised trials have been published. A systematic review and meta-analysis of thirteen randomised studies concluded that IPL probably produces a clinically relevant reduction in dry eye symptoms compared with no treatment.[4]

> **Where the evidence now stands**
>
> Randomised trials and recent systematic reviews support a beneficial effect of IPL in appropriately selected patients with meibomian gland dysfunction. The evidence is stronger than it was several years ago.
>
> Uncertainty remains about how much additional benefit IPL provides when it is added to good conventional treatment, about how long the benefit lasts, and about the full profile of adverse effects, which has been reported inconsistently.
>
> IPL is therefore a reasonable, well-tolerated treatment with encouraging evidence, but not one whose benefit can be promised with the confidence attached to, say, cataract surgery. Anyone presenting it as a guaranteed cure for dry eye is overstating what is known.

This is why we measure before and after treatment rather than relying on how you feel at the end of a course, and why we will tell you if your own measurements do not improve.

Your Alternatives

Lid hygiene, warm compresses and lid massage

The foundation of all meibomian gland treatment. Heat softens the thickened oil and massage expresses it. To work, this needs sustained heat for several minutes, done consistently, over weeks rather than days. It remains necessary alongside IPL rather than being replaced by it.

Lubricating drops

Drops relieve symptoms and protect the surface but do not treat the gland dysfunction causing them. Preservative-free preparations are preferable where drops are used frequently.

Treating inflammation

A short course of topical steroid, or longer-term topical ciclosporin, may be appropriate where inflammation is prominent. Oral antibiotics of the tetracycline class are used for their anti-inflammatory effect on the glands rather than as an infection treatment.

Lifestyle measures and supplements

Lifestyle measures such as humidity, screen breaks and deliberate blinking are useful where relevant. Screen use in particular reduces blink rate and increases incomplete blinking, and is a common aggravating factor that no device will overcome.

Omega-3 supplementation is sometimes discussed. Clinical trial results are mixed, and a large randomised trial found no benefit over placebo in moderate to severe dry eye, so it should not be presented as an established treatment.

Other in-clinic procedures

Thermal pulsation devices, manual gland expression, lid margin debridement and treatment for demodex mites may be appropriate alone or alongside IPL, depending on what your examination shows.

Doing nothing

If your symptoms are mild and your glands are healthy on imaging, monitoring is entirely reasonable. Dry eye is uncomfortable rather than dangerous in most patients.

What IPL Does

IPL delivers brief pulses of filtered light to the skin of the cheeks, temples and lower eyelid area, just below the lower lashes. It is not applied to the eye itself, and your eyes are shielded throughout.

Several mechanisms have been proposed, and more than one may contribute. The clinical evidence of benefit is currently better than the understanding of precisely why it works.

- The light may be absorbed by small abnormal blood vessels that carry inflammatory mediators to the eyelid margin, closing them and reducing that inflammatory load.
- Heat transmitted to the eyelid may soften the thickened oil within the glands, so that it can be expressed more easily.
- Treatment may reduce the population of demodex mites at the lash bases, which contribute to lid margin inflammation.

IPL is commonly combined with manual expression of the meibomian glands, which is the step that physically clears them. Randomised studies show that adding IPL to gland expression can provide additional improvement compared with gland expression alone, and at Blue Fin Vision® expression therefore forms part of the same treatment appointment.

Your Treatment Course

IPL is a course, not a single treatment.

When	What happens
Session 1	Baseline measurements confirmed, patch test where appropriate, first treatment and gland expression.
Sessions 2 to 4	Repeated at intervals of two to four weeks. Most protocols use three to four sessions to complete an initial course.
Review	Measurements repeated and compared with your baseline, usually four to six weeks after the final session.
Maintenance	Where treatment has helped, periodic single sessions are offered, commonly at intervals of around six to twelve months. The interval is individual: some patients remain well for longer, others need treatment earlier.

Why improvement is not immediate

Most patients notice little after the first session, and benefit accumulates across the course. Judging the treatment after one session is like judging a course of physiotherapy after one appointment. Equally, if there has been no measurable change by the end of a full course, further sessions are unlikely to help and we will say so.

On The Day

Treatment is performed in the clinic and takes around fifteen to thirty minutes including gland expression. There is no need for anyone to accompany you, and most patients can drive afterwards provided their vision is comfortable and unaffected.

- Attend without makeup, and without moisturiser, sunscreen or self-tanning product on the treatment area.
- Tell us about any sun exposure, new medication or skin treatment since your last visit.
- Protective eye shields are placed over your eyes, and a cooling gel is applied to the skin.
- Pulses of light are applied along the cheeks, temples and just beneath the lower lashes. You will see a bright flash through the shields and feel a warm snap, similar to a light elastic band flick.
- The shields are removed, anaesthetic drops may be used, and the meibomian glands are expressed. Most patients find this the least comfortable part.
- Cooling and sunscreen are applied before you leave.

After Your Treatment

Mild redness and warmth of the treated skin are usual for a few hours, and the eyelids may feel tender after expression. These settle quickly.

- Use sun protection on the treated area for at least a week, and avoid deliberate sun exposure and sunbeds throughout your course.
- Continue your lid hygiene, warm compresses and drops. IPL does not replace them.
- Makeup can usually be resumed the following day.
- Avoid saunas, hot yoga and vigorous heat exposure for a day or two.

How Well Does It Work?

In appropriately selected patients, published trials and series report meaningful improvement in symptoms, tear break-up time and the quality of oil expressed from the glands.[3] IPL may be particularly useful where lid margin telangiectasia or rosacea is present.

> **What success looks like**
>
> Success in dry eye treatment is a substantial reduction in symptoms and a measurable improvement in the tear film, allowing less frequent use of drops and less interference with reading, screens and driving. It is not an eye that never feels dry again.
>
> A patient who defines success as the permanent disappearance of all symptoms will be disappointed by any dry eye treatment, including this one.

A proportion of patients gain little or nothing. That is usually because the dry eye was not primarily evaporative, because gland loss was already advanced, or because an aggravating factor such as incomplete blinking or medication has not been addressed.

Risks and Side Effects

IPL is well tolerated and serious complications are uncommon, but it is a light-based treatment applied to skin and it is not risk free.

Expected effects

Redness, warmth and mild swelling of the treated skin for a few hours. Tenderness of the eyelids after gland expression. A sensation of dryness or grittiness that briefly worsens before improving.

Skin changes

Blistering, crusting and burns can occur, and are more likely where skin is more heavily pigmented or recently tanned, which is why skin type assessment and appropriate settings matter. Temporary or, rarely, permanent lightening or darkening of the treated skin can follow.

Eyebrow, eyelash and facial hair

IPL affects pigmented hair, so treatment near the brow can cause loss of hair in the treated area. Care is taken to avoid the brow, and you should tell us if you have facial hair in the treatment zone that you wish to keep.

Eye related effects

Light sensitivity and a temporary increase in dryness in the days after treatment. Appropriate ocular shielding is essential to minimise the risk of light reaching and injuring the eye. For that reason the shields are not optional and cannot be replaced by simply closing the eyelids or wearing ordinary eyewear.

Effect on a tattoo or permanent makeup

Light is strongly absorbed by tattoo pigment, which can burn. Permanent eyeliner in the treatment zone is a reason not to treat that area.

No benefit

A proportion of patients complete a course without measurable improvement. Because this is elective treatment of a symptom, that means time and cost spent without gain, which is the main reason we assess carefully first.

This Is Management, Not Cure

Meibomian gland dysfunction is a chronic condition. IPL can improve gland function but does not remove the underlying tendency to gland obstruction and inflammation. It is not established that treatment can regenerate gland tissue that has been permanently lost, although the appearance of gland dropout on meibography can improve, and it must therefore be interpreted alongside gland function rather than on its own.

What follows from that

Benefit can diminish over time, which is why maintenance treatment is offered to patients who have demonstrably improved. It also means that lid hygiene, warm compresses, blink awareness and management of aggravating factors remain part of your routine indefinitely.

A patient who stops all self-care because they are having IPL will usually end up back where they started.

If IPL Does Not Help

If your measurements have not improved by the end of a course, your clinician will reconsider the diagnosis rather than repeat the treatment.

The questions asked are whether the dry eye is in fact aqueous deficient rather than evaporative, whether an autoimmune condition warrants investigation, whether blink quality or eyelid position is the dominant problem, whether medication is contributing, and whether inflammation needs treating directly before any device-based approach can work.

Continuing to buy sessions of a treatment that has not moved your measurements is not in your interest, and we will tell you so.

Dry Eye and Eye Surgery

If you are considering laser vision correction or lens surgery, the state of your ocular surface matters twice over.

- An unstable tear film makes the measurements used to plan surgery less reliable, because the surface being measured changes between blinks. Treating dry eye first improves the accuracy of the calculation.
- Dry eye symptoms usually worsen temporarily after surgery, so an eye that is already symptomatic beforehand starts from a worse position.

For that reason, treating meibomian gland dysfunction before refractive or lens surgery is part of the preparation rather than an optional extra, and where this applies to you it is discussed as part of your surgical planning.

Warning Signs

Contact Blue Fin Vision® promptly if you develop any of the following after treatment.

- Blistering, crusting or an open area on the treated skin.
- Increasing rather than settling pain in the eye or on the skin.
- Marked or worsening redness of the eye, or discharge.
- A significant deterioration in vision, or marked light sensitivity.

Mild redness of the skin and a gritty sensation for a day or so are expected. The important distinction is between symptoms that are settling and symptoms that are severe or progressively worsening.

Costs

IPL for dry eye is not normally covered by private medical insurance, because it is generally regarded as treatment of a chronic symptomatic condition rather than an acute one. Some policies contribute where dry eye is secondary to a covered condition, and we can help you confirm this.

Item	Fee
Consultation, dry eye assessment and imaging	£325
IPL treatment, per session	See current published price
Course of sessions	See current published price

> **Ask about the total, not the session**
> Because IPL is a course followed by maintenance, the meaningful figure is the cost of a full course plus the likely annual maintenance, not the price of one session. We will set that out for you in writing before you start, and you are under no obligation to complete a course if you decide to stop.

Current pricing is maintained online and may change, so please refer to **our published price list**.

Questions Worth Asking

You are entitled to clear answers to these questions, from us or from any provider you are considering.

- Which type of dry eye do I have, and how was that established?
- Have my meibomian glands been imaged, and how much gland tissue do I still have?
- Have I had a fair trial of lid hygiene and warm compresses done properly?
- Is my skin type suitable, and does any medication I take affect that?
- How many sessions will I need, and what will the whole course cost?
- Will the glands be expressed at the same appointment?
- What will you measure to decide whether it has worked?
- How often will I need maintenance treatment afterwards?
- What happens if my measurements do not improve?

> **Taking your time**
> Dry eye is uncomfortable but rarely urgent, and there is time to establish the diagnosis properly before committing to a course of treatment. Blue Fin Vision® does not use time-limited pricing or pressure of any kind.

Where We Operate

Blue Fin Vision® works across the sites below. Governance, protocols and measurement pathways do not vary by postcode. Availability of IPL varies by site, and we will confirm where your treatment is performed when your appointment is arranged.

Site	Address
The Harley Street Eye Centre	22A Harley Street, London W1G 9BP
Weymouth Street Hospital	42-46 Weymouth Street, London W1G 6NP
Phoenix Hospital Chelmsford	Essex Healthcare Park, West Hanningfield Road, Chelmsford CM2 8HN
One Hatfield Hospital	3 Hatfield Avenue, Hatfield, Hertfordshire AL10 9UA
Chase Lodge Hospital	Page Street, Mill Hill, London NW7 2ED
London Eye Diagnostic Centre	25 Harley Street, London W1G 9QW. Insured patients
Abbey Wood Hospital	The Cottage, Bostall Hill, Abbey Wood, London SE2 0GD. Blue Fin Vision® services starting soon

Further information about our structure of care is published at **bluefinvision.com/advantage**.

Your Clinical Team

Blue Fin Vision® is a consultant-led practice. Your dry eye assessment is performed within a consultant-led pathway, your imaging and measurements are reviewed by your consultant, and the decision to treat, or not to treat, is a clinical one. This document is authored and clinically governed by our Medical Director.

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Mr Mfazo Hove is a Consultant Ophthalmic Surgeon with experience spanning more than 57 000 procedures. He completed 6.5 years of specialist training at Moorfields Eye Hospital and served as a consultant at the Western Eye Hospital, Imperial College Healthcare NHS Trust, from 2017 to 2022. He has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate in cataract and lens surgery of approximately 0.2 per cent.

Document control

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