

# CXL FOR VETERINARY SURGEONS

## CLINICAL RESULTS

International  
**CXL**  
Experts' Meeting  
Zürich December 2<sup>nd</sup>, 2016



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# OUTLINE

A close-up photograph of a human eye. A bright green laser beam is focused on the cornea. There are several red markings or reflections on the eye's surface, possibly from a surgical instrument or a diagnostic tool. The background is dark and out of focus.

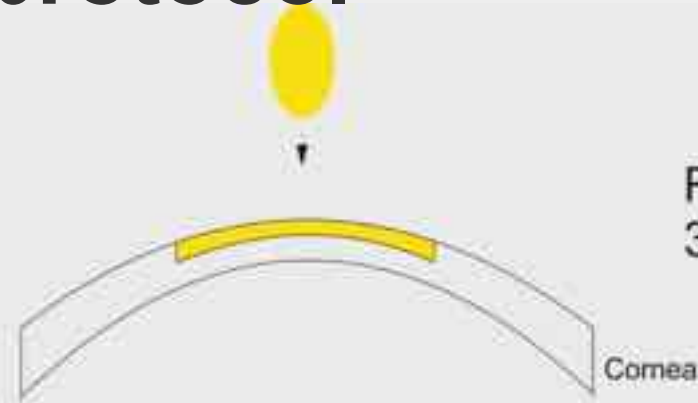
**ADAPTATIONS OF THE  
DRESDEN PROTOCOL**

**PITFALLS**

**WHAT IS THE BEST FOR MY PATIENT ?**

# The Dresden protocol

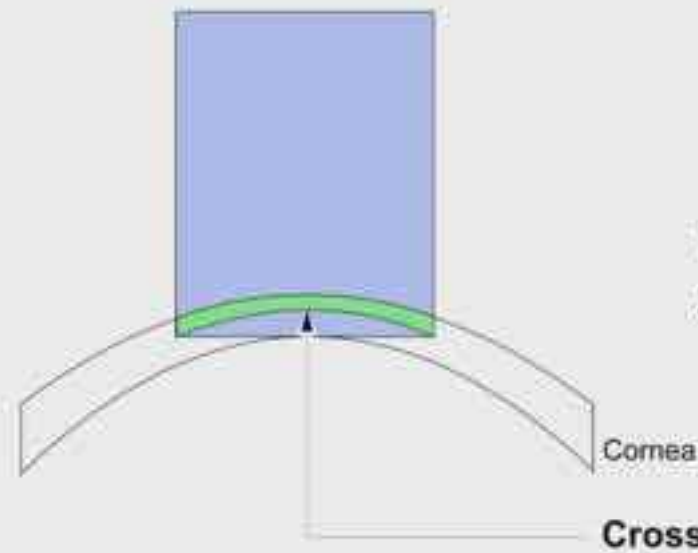
*Chromophore*



Riboflavine instillation  
30 minutes

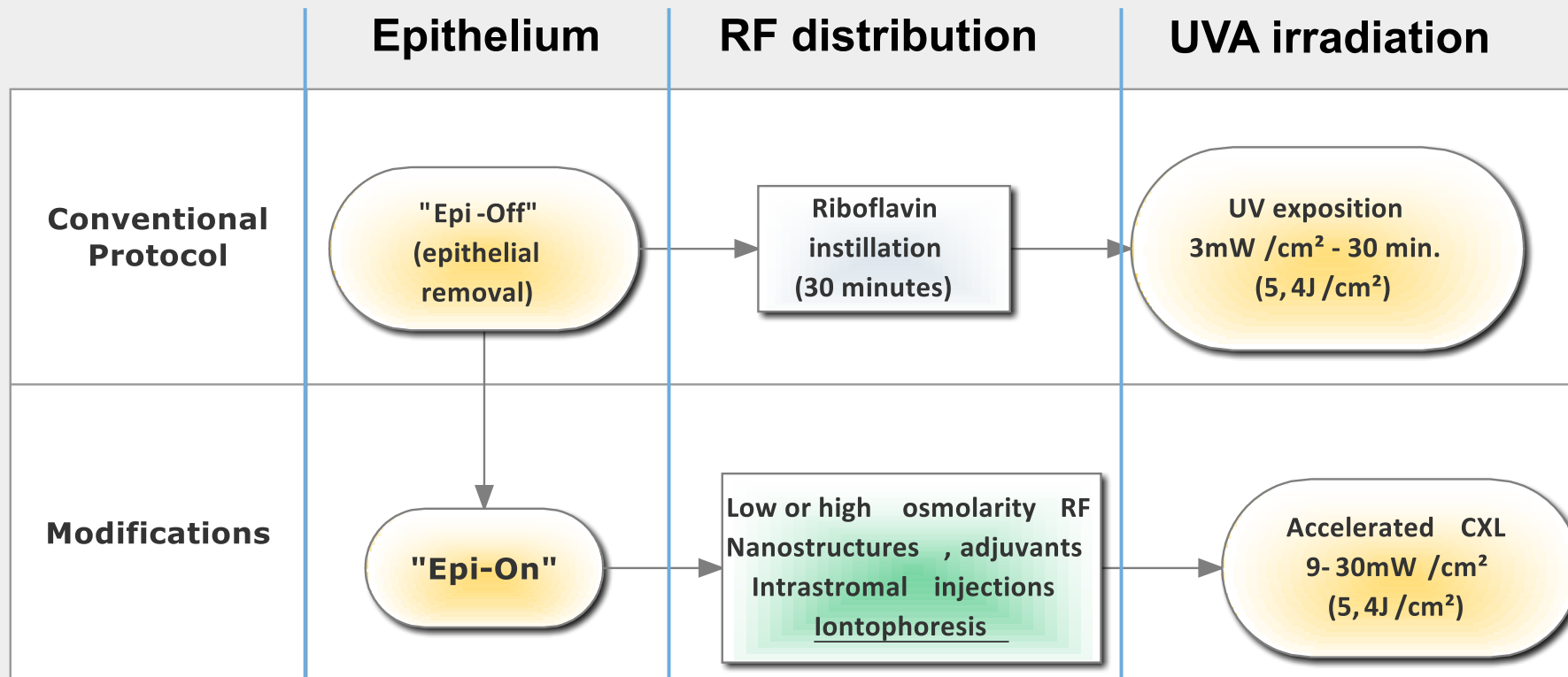
# CXL

*Photoactivation*



UVA (365 nm) irradiation  
30 minutes at 3mW/cm<sup>2</sup>

# Dresden Protocol adaptations



# RIBOFLAVIN FORMULATION

Time dependant

**Isotonic (0,1% + Dextran)**

**hyperosmolarity**

**Reduces corneal thickness**

**Hypotonic (0,1% )**

**isoosmolarity**

**Increases corneal thickness**

**Isotonic (0,1 % + HPMC)**

**isoosmolarity**

**No effect on corneal thickness**

**Hypotonic for iontophoresis**

**isomolarity**

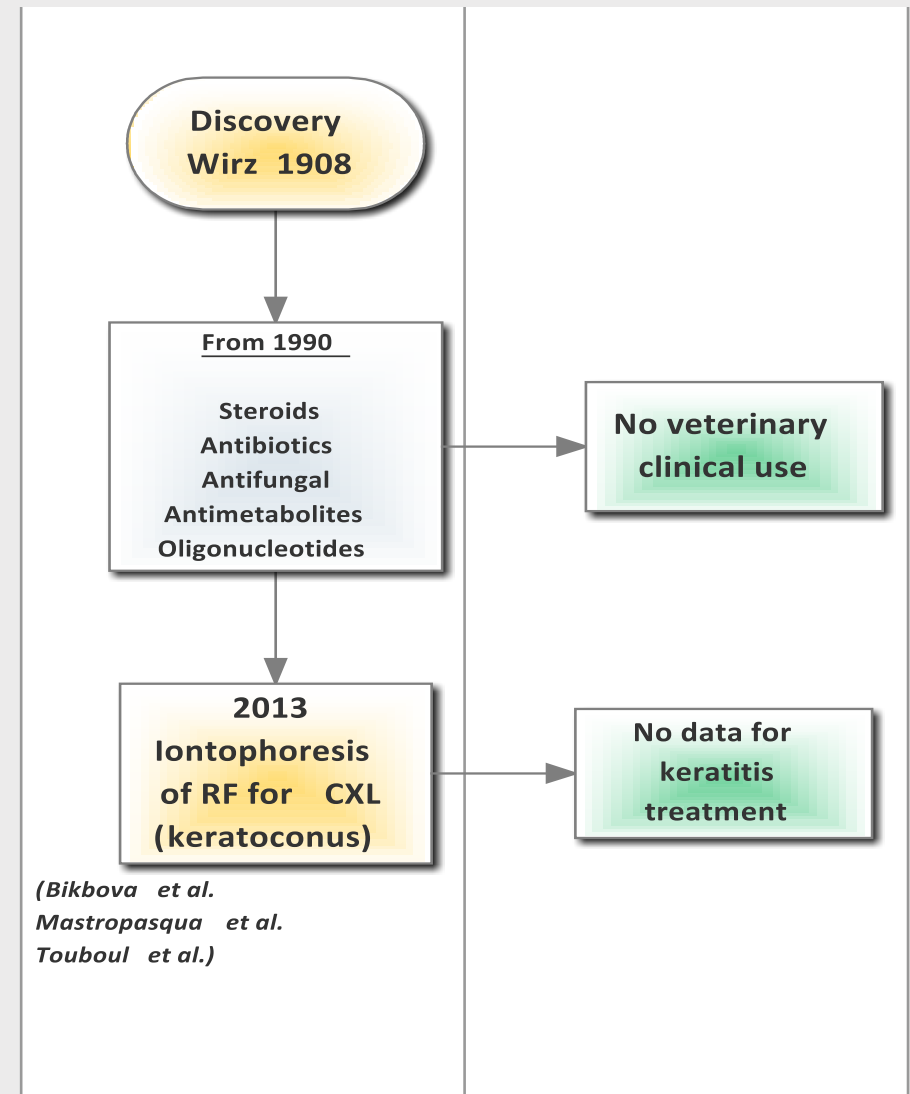
**Increases corneal thickness**

# EXAMPLES

Name	Isotonic	Hypotonic	Rapid	Plus	TE
Volume/doses	3ml	1.5ml	3ml	2.0 ml	1.0 ml
PH	6-7.6	6-7.6	6-7.6	6-7.6	6-7.6
Formula	Riboflavin > 0.1% Dextran 500 20%  Na <sub>2</sub> HPO <sub>4</sub>  NaH <sub>2</sub> PO <sub>4</sub>  Water for injection	Riboflavin > 0.1%  Na <sub>2</sub> HPO <sub>4</sub>  NaH <sub>2</sub> PO <sub>4</sub>  Water for injection	Riboflavin > 0.1%  HPMC  0.9% Phosphate buffer saline (PBS)	Riboflavin = 0.25% 0.9% Phosphate buffer saline (PBS)	Riboflavin = 0.25%  BAC  EDTA  Tris 0.45% Phosphate buffer saline (PBS)

# Iontophoresis

Use of a **low intensity continuous electric current** to enhance the **penetration of a ionized substance** through a biological tissue





**Riboflavin distribution time = 5 min**



# Ribovet Formula optimized for Iontophoresis

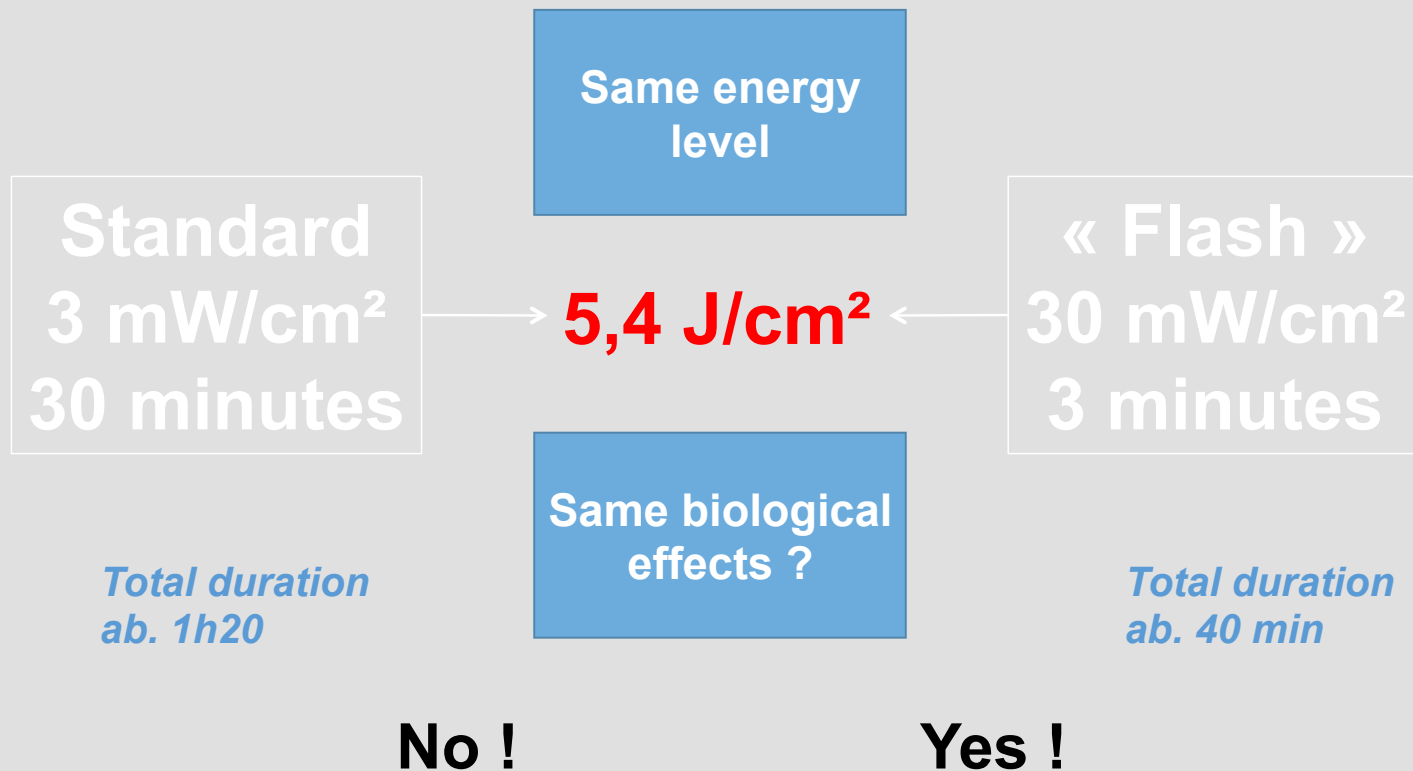
<b>Pour 100 ml</b>		
<b>Riboflavine disodique (pour une concentration de Riboflavine base de 0,1%)</b>	0,147 g	
<b>EDTA sodique</b>	0,1 g	Penetration enhancer
<b>Tris (tromethamine)</b>	0,05 g	Penetration enhancer
<b>Phosphate Monosodique</b>	0,217 g	Buffer, minimal quantity to limit pH shift
<b>Phosphate disodique</b>	0,385 g	Buffer, minimal quantity to limit pH shift
<b>Eau distillée</b>	Up to 100 ml	
<b>Osmolarité</b>	96 mOsmol/l	
<b>pH</b>	7,0	

Courtesy P. Roy

## PACK-CXL after iontophoresis in dogs and cats

	<b>Total</b>	<b>Dogs</b>	<b>Cats</b>
<b># eyes (Unpublished data)</b>	<b>53</b>	<b>35</b>	<b>18</b>
<b>Treatment failure</b>	<b>2/53 (3,8%)</b>	<b>1/35</b>	<b>1/18</b>
<b>Brachycephalic/total</b>		<b>25/35</b>	<b>9/18</b>
<b>Corneal Abcess</b>	<b>5/53</b>	<b>4</b>	<b>1</b>
<b>Ulcer depth (%)</b>	<b>35% (0-80)</b>		
<b>Ulcer size (in mm)</b>	<b>0-6</b>		
<b>Interval start treatment – stabilization (days)</b>	<b>7</b>		
<b>Interval start treatment – defect closure (days)</b>	<b>13,2</b>		

# Lambert-Beer law



# Protocols

## Infectious keratitis or ulceration

Very thick or oedematous corneas

Isotonic hyperosmotic

30 to 45 mW/cm<sup>2</sup>

Normal corneal thickness

Isotonic isoosmotic  
or iontophoresis

30 to 45 mW/cm<sup>2</sup>

Very thin corneas

hypotonic  
or iontophoresis

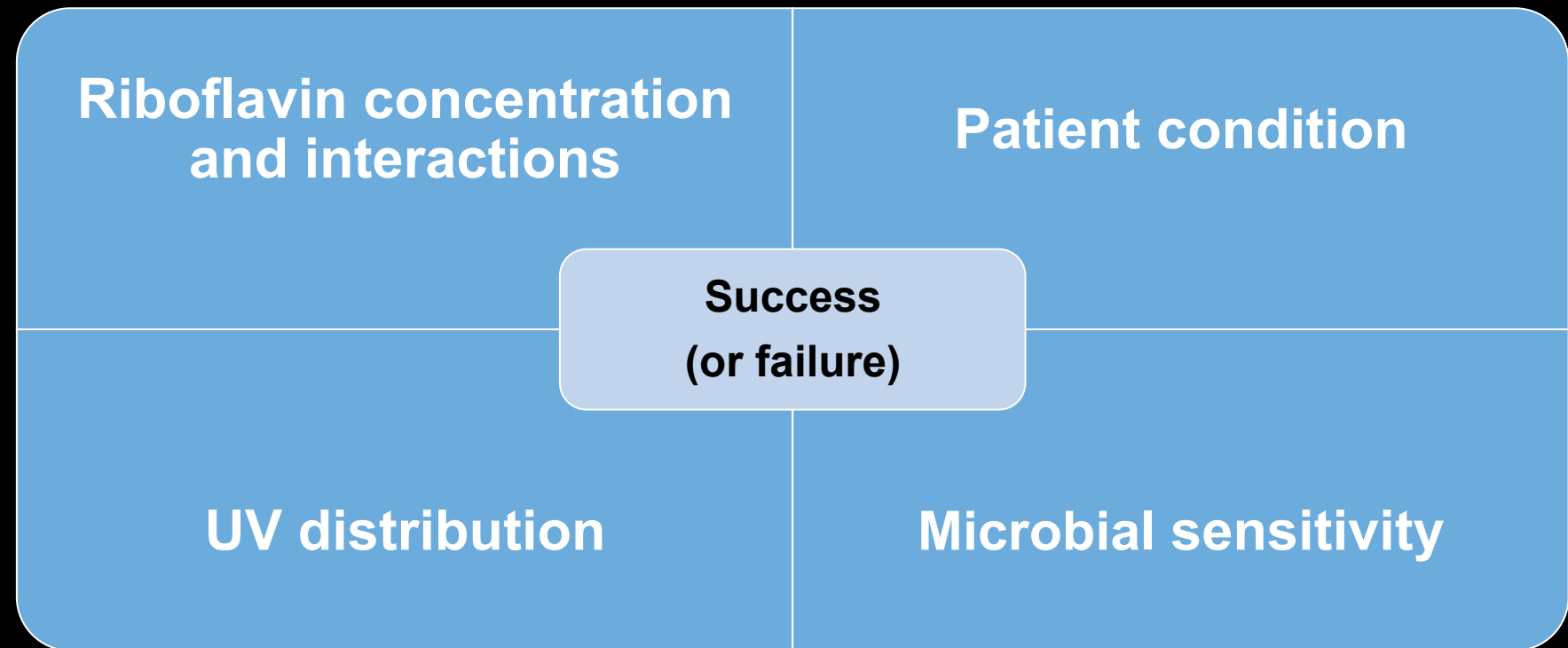
9 to 18 mW/cm<sup>2</sup>

## Bullous keratopathy

Isotonic hyperosmotic

3 to 30 mW/cm<sup>2</sup>

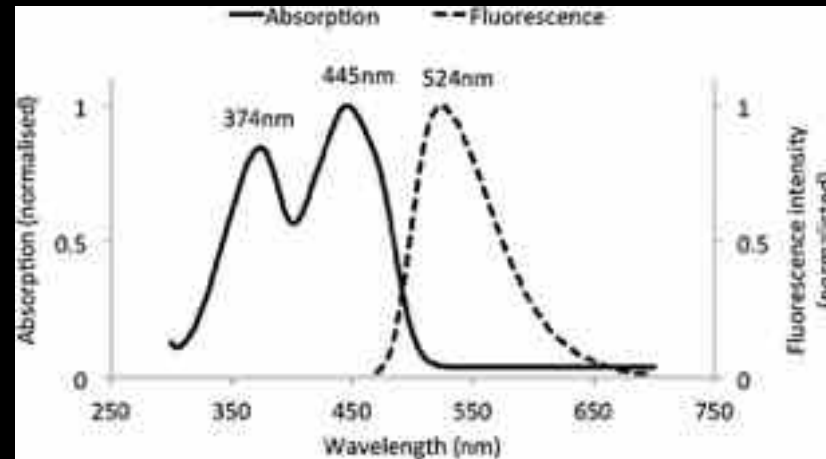
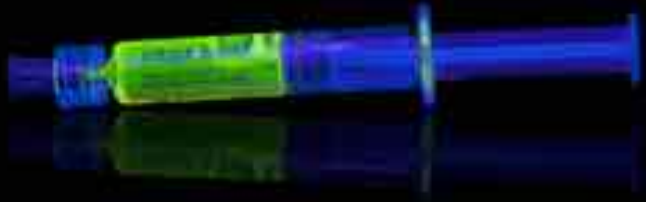
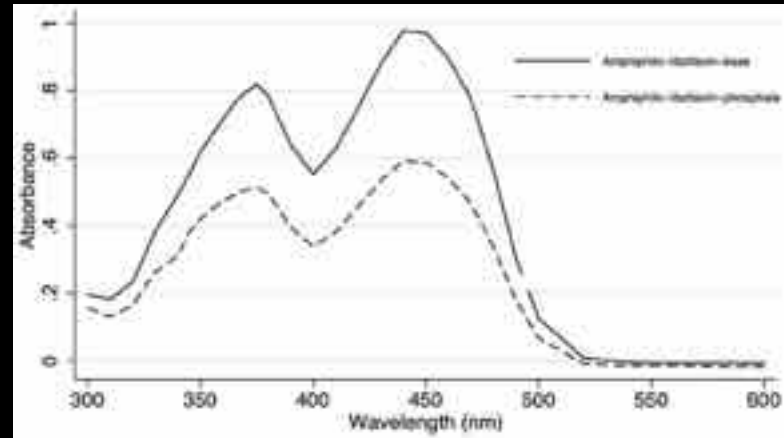
# Pitfalls : why some cases respond better than others ?



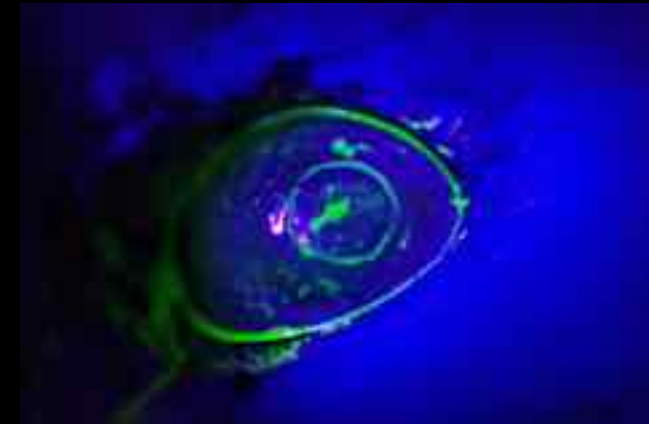
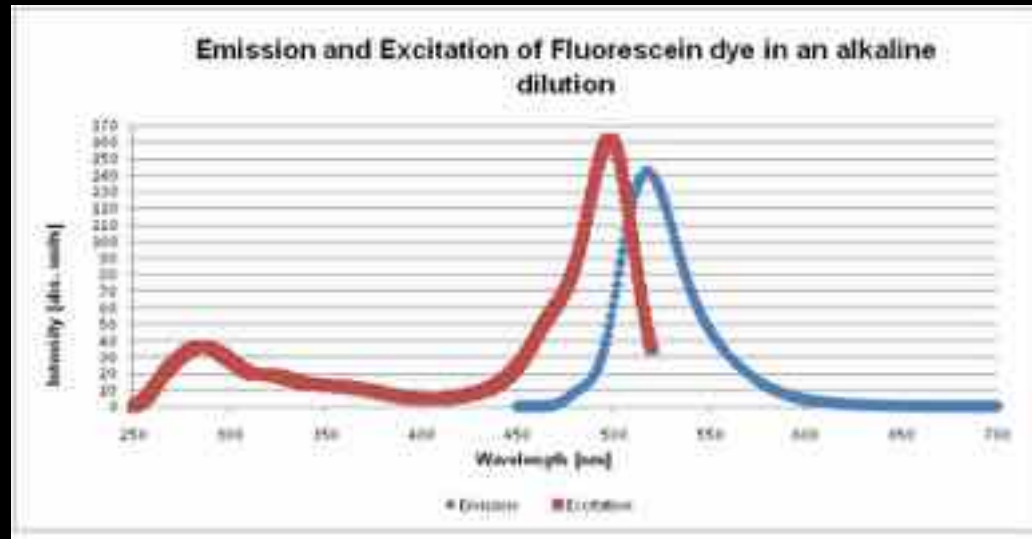
# The patient



# Riboflavin absorption Spectrum



# Competitor : Fluorescein



## Other competitors



# Storage

**Store away from light**

**Discard after use or use it within 12 hours**

**Spontaneous reduction of concentration  
(3%/month) at room temperature**

**Store at +6 °C during summer**



# Quality concerns

**RF : many purposes, many sources of purchase  
(food coloring, vitamin B2 supplementation for human  
or animals...)**

**Many concerns due to poor RF quality  
(home-made RF solutions)**

**Choose for good reputation suppliers**

**Be careful with promotional offers !!**



# **First take-home message**

**Don't use Fluorescein immediately before RF**

**Purchase RF solutions from certified medical companies**

**Store away from light and don't reuse**

**Chose your RF solution according to your purpose**

**Do not substitute RF solutions (ex: isotonic for iontophoresis)**

# UV distribution : the lamp

## Power (mW/cm<sup>2</sup>)

- fixed
- variable (continuous or not)

## Easy use

## Price

## Ergonomy

- hand-held
- fixed to the operating table
- with support

## Open or closed system (RF purchase)

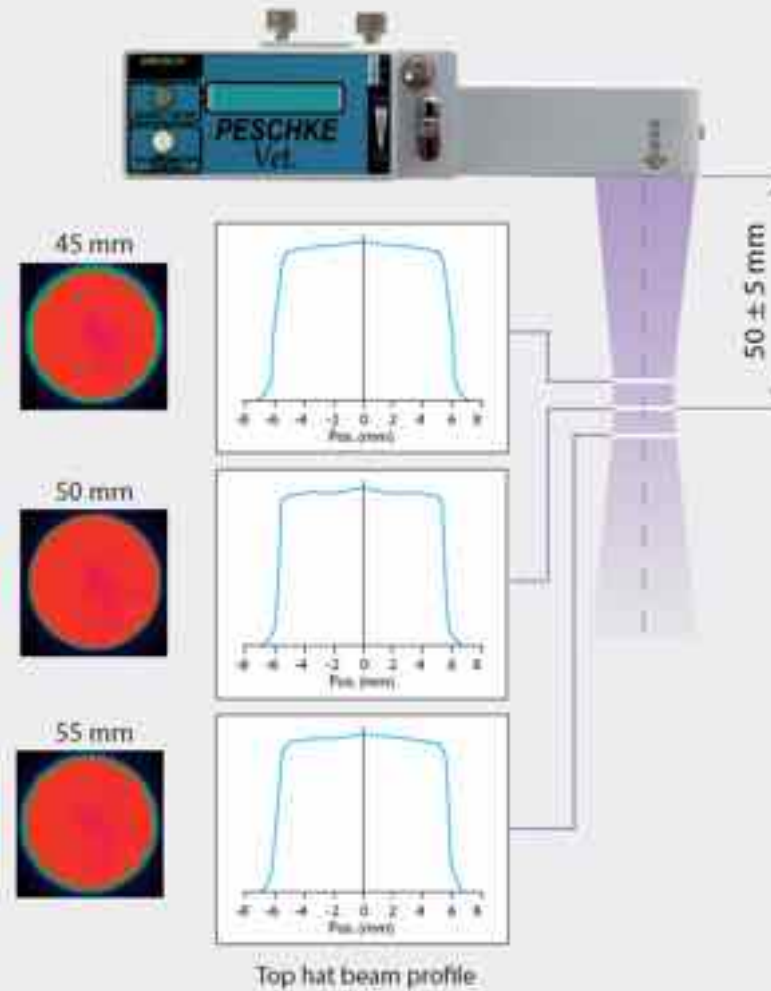
# Focus and beam size

Focus length (1 to 8 cm)

Beam size (7 to 13 mm)

Beam profile

Power control and stability



# **Second take-home message**

**Choose a good quality lamp**

**Choose Power/time according to your purpose**

# WHAT IS THE BEST FOR MY PATIENT ?



**Purpose ?**

**Patient ?**

**Protocol ?**

**Post-operative treatment ?**

**Post-operative outcome ?**

# Conclusion

A close-up photograph of a horse's eye. A circular, white, translucent treatment device is positioned over the eye. The device has a bright, curved light source on its surface. The surrounding area is dark, showing the texture of the horse's coat and the eyelid.

**Use Packer-CXL as  
a first line treatment**

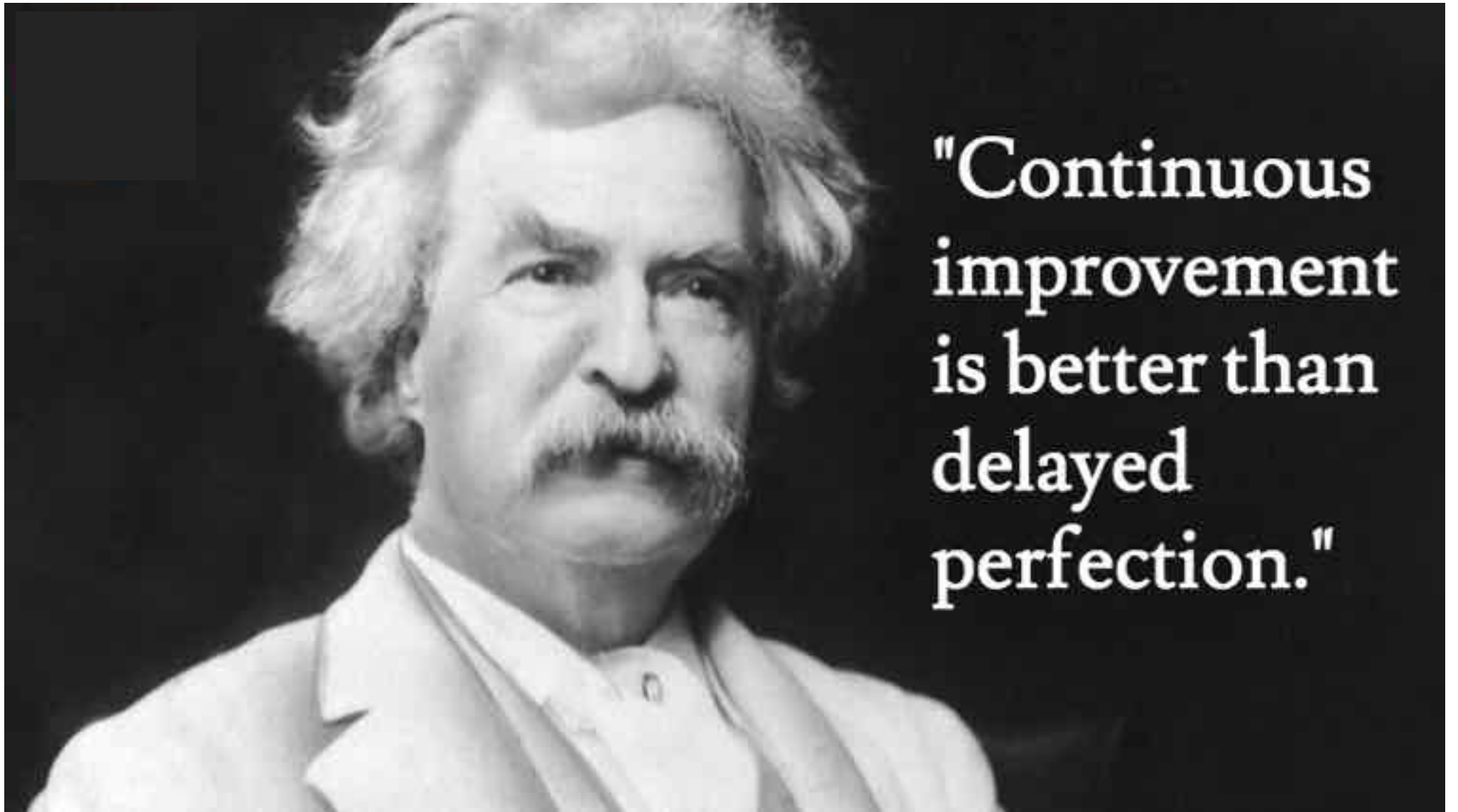
**Adjust to your  
patient**

**Improve the process**



# Marginal gains management





"Continuous improvement is better than delayed perfection."