



Getting Started with SleepTite/SleepRite™ in your Practice

Douglas Devries O.D.

Background

Exposure secondary to lid lag or lid misalignment perpetuates inflammation that is extremely difficult to manage as are the resultant changes that occur within the lids and ocular surface. Keeping the eye(s) sealed shut at night is a definitive treatment to address the root cause of the inflammation that can occur all night long.

The Diagnosis

The diagnosis is made by asking the patient how their eyes feel upon waking (and during the night). If the answer is anything other than “that’s the best they feel” (when they first wake up) then the patient becomes a candidate to trial **SleepTite/SleepRite**. In the absence of a severe staph blepharitis or demodex infestation, the discomfort felt is most likely due to lid lag or misalignment causing the exposure. (A video of Dr. Doug Devries having an initial patient conversation on **SleepTite/SleepRite** is available at www.eyesleeptite.com).

Starting Patient Treatment with SleepTite/SleepRite

Optimal success has been achieved by giving the patient very specific instructions on the lid closure issue they are having, and why you are recommending the use of **SleepTite/SleepRite**. It is NOT recommended to sample the patient, but rather demonstrate the proper placement with a single in-office application on one eye and have the patient purchase a month’s supply.

It is best to start the therapy on **one eye**, until the patient becomes comfortable and readily capable of handling **SleepTite/SleepRite**. This gives the patient ample time to work out their nighttime routine and the continued proper placement of the eye seal to achieve success. It is also the same reason the patient should not attempt a bilateral treatment until they are comfortable that they are sealing their first eye completely shut all night. The patient only attempts a bilateral use of **SleepTite/SleepRite** if they are comfortable in having both eyes sealed and capable of removing and subsequently reapplying at least one of the devices when they need to get up at night.

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Additional Tips on using SleepTite/SleepRite

1. Explain to the patient that **SleepTite/SleepRite** is a non-pharmaceutical, mechanical, therapeutic treatment that will address the root cause of the inflammation and that studies have shown that the treatment can reduce dependency on multiple treatment modalities.
2. Do not sample, simply demonstrate **SleepTite/SleepRite** on one eye in office and remove.
3. Prescribe a package of 30 sheets (60 **SleepTite/SleepRite**).
4. Instruct the patient to clean thoroughly around the upper and lower eye lids and dry prior to applying **SleepTite/SleepRite**.
5. Objectively select the eye that the patient should wear **SleepTite/SleepRite** or let the patient subjectively select the eye in which they feel most discomfort (at night or in the morning) to monocularly wear **SleepTite/SleepRite** for the first 4 weeks. This will give the patient the time to properly place and wear the device as well as evaluate the difference between the eye utilizing **SleepTite/SleepRite** and the eye which remains uncovered while sleeping.
6. If the patient is able to see light or blurry image through **SleepTite/SleepRite** this indicates that the eye is not completely closed and the device must be reapplied. The reapplication should include more firmly closing the eye and at the same time raising the redundant upper eye lid tissue so that the **SleepTite/SleepRite** is not adhered to any redundant skin.
7. Typically the patient will place **SleepTite/SleepRite** on so the tab is located temporally as this is the easiest application to then remove it when awake. If the patient is dislodging **SleepTite/SleepRite** while sleeping have them place the tab nasally.
8. Instruct the patient NOT to use any gels or ointments prior to using **SleepTite/SleepRite**. The use of gels or ointments can cause the device to lose adhesion during sleep.
9. Recall the patient in 4 to 6 weeks to reevaluate their ability to use the product successfully. Stress to the patient the importance of continued proper placement and routinely wearing the **SleepTite/SleepRite** as directed until their follow-up visit.
10. When a patient moves to a bilateral utilization of **SleepTite/SleepRite** instruct them to remove one or both of the devices if they need to get up at night, and simply place them on the card from which they were removed, and reapply when they return to bed.

These and other helpful tips and videos can be found at:

www.eyesleeptite.com