

““ What can I do about ... ? ””

by Vanessa Caceres Contributing Writer



How to manage patients' eye-related skincare questions.

You're in an exam with a patient to talk about cataracts, a refractive procedure, or perhaps dry eye, and there's another question the patient asks: "What can I do about my dark circles? My crow's feet? The puffiness under my eyes?"

Patients may ask you these questions because you are a trusted professional, and you are also an expert in the eyes.

Although you don't need to become certified in dermatology, it's a good idea to gain some knowledge in the area of eye-related skincare, so you can provide a knowledgeable answer to these frequent questions, said **Erin Shriver, MD**, assistant professor of ophthalmology and visual sciences, University of Iowa Carver College of Medicine, Iowa City.

Another good reason for ophthalmologists to gain some product knowledge is so they are aware of helpful or harmful ingredients in over-the-counter products patients might use, said dermatologist **Ellen Frankel, MD**, Rejuvaderm MediSpa, Cranston, R.I.

Kimberly Cockerham, MD, FACS, Zeiter Eye Medical Group, Stockton, Calif., is commonly asked about eye and skincare products by both her female and male patients. Having products on display can help get the dialogue initiated. In addition, digital frames with recommended products intermixed with before and after photos is an excellent passive marketing tool.

How does an ophthalmologist begin to get familiar with eye and skincare products, including makeup, to recommend to patients?

Good research

Just as you might do with a new piece of technology, the first step is to research possible products, Dr. Shriver said. Ask colleagues or friends who are knowledgeable about skincare what product brands they would suggest. Start to research one or two product lines initially so you don't feel overwhelmed by the volume of choices out there. Even Dr. Shriver, who works with the oculoplastic, orbital and oncology service at the University of Iowa, said she can get overwhelmed by the eye cream, makeup, and skincare options presented in women's magazines or via marketing materials she receives.

Get in contact with reps for the products you are researching and ask for peer-reviewed papers that show the benefits of the products, Dr. Shriver advised.

Once you have chosen a product or two (or a product line) you think

would work for your practice, the experimental phase begins. Including staff members in trial product use can be a way to boost morale, Dr. Shriver said. She will do one-eye trials of products so she and her staff and even patients can see how certain products work.

As you try out products, consider how long it might take to work. You may feel something is lackluster after a month when it actually needs a longer time to be effective. Also, think about how individual product lines may work differently with each person's skin. "There was one line of products with a good reputation that [my skin] just couldn't tolerate," Dr. Shriver said.

Selling products

It might feel awkward to bring up skincare products in a salesman-like

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Skincare products recommended by MDs

Kate Ross, MD

Makeup: Jane Iredale Mineral Makeup (Great Barrington, Mass.)

Over-the-counter skincare and makeup: Almay (good for patients with contact allergies), Neutrogena (Los Angeles; good for sensitive skin)

Ellen Frankel, MD

Eye creams: Avène Soothing Eye Contour Cream (Parsippany, N.J.), Lumiere Neocutis (Switzerland; good for dark circles, fine lines, and puffiness)

Kimberly Cockerham, MD

Sunblock: Zinc powder sunblock (Colorescience, Carlsbad, Calif.)

Blepharitis: Blinc lash primer and mascara (Boca Raton, Fla.)

Erin Shriver, MD

Eye creams: Youth Eye Serum (iS Clinical, Burbank, Calif.), Age Intervention Eye Cream (Jan Marini, San Jose, Calif.)

way, but there are gentler ways to approach the topic.

You could ask patients if they have any questions about their eye-care routine and see if they express an interest in treating crow's feet, puffiness, or using better quality makeup. This is an approach similar to that taken by Dr. Frankel in the dermatology world. "We'll do a total skin check, and I'll ask if they have any concerns. Patients will mention that they need moisturizer or that they have crow's feet around the eyes or dry skin," she said.

Another approach is to have a technician ask before the exam if the patient would like to learn about skin-related products, Dr. Shriver said. If the answer is yes, the aesthetic coordinator in her office will speak with the patient about what products they have.

Many offices have a technician who may have a special interest in learning more about skincare, and taking the latter approach is the perfect way to boost their knowledge and broach the subject with patients, Dr. Shriver said.

Next, patients need to be able to see the products displayed around your office. "Display, display, display," Dr. Cockerham advised. "Use trifolds, digital frames, posters, and framed information on current specials in the restrooms, waiting room, and in exam lanes." Passive marketing is extremely effective, she said.

An easy place for ophthalmologists to display products is in their optical shop, Dr. Shriver said.

Beside Dr. Frankel's check-in area, there is information about items like Botox, sunscreen, and eye creams. The TV loop in the waiting room talks about products, and there are posters and brochures in her exam room. Dr. Frankel will write down recommended products for a patient on a prescription form so they have the name with them. Many times, patients decide to buy the products.

At the office of dermatologist **Kate Ross, MD**, LA Plastic Surgery and Dermatology, Bradenton, Fla., there are displays in the waiting room and products in the esthetician's room that generate interest, she said. When the esthetician uses a product on someone, it often generates more interest or sales, Dr. Ross added.

Other skincare tips

If asked about over-the-counter products, Dr. Ross cautions patients to stay away from highly publicized skin and cosmetic product lines that can have harmful ingredients, such as formaldehyde. Paraben and other preservatives extend the skin products shelf life but can be harmful when used on a daily basis, agreed Dr. Cockerham. Many of the products available in the U.S. are actually banned in Europe and other countries.

Arnica montana and other herbal oral topicals can be helpful for the eyelids and skin. Arnica can help reduce bruising and swelling; fish oil and other omega 3 and 6 sources can help with dry eyes; and biotin can help fortify the skin, hair, and nails.

In addition to eye and skincare products, there are other ways that ophthalmologists can help patients protect their eyes, eyelids, and skin from the damaging effects of the sun.

"Ten percent of melanoma is in the eye, so I'd recommend the use of polarized sunglasses," Dr. Ross said. UVA and UVB coating is important not only on sunglasses but also on the windows of your car; we get the majority of our sun exposure while driving, Dr. Cockerham said.

Dr. Frankel espouses the use of sunblock, moisturizer, and washing skin with a gentle cleaner. She also talks about the value of using gloves and scarves seasonally not just to stay warm but also to protect the skin.

Ophthalmology and dermatology working together

The goal of giving skincare product recommendations is not to step on local dermatologists' toes, Dr. Shriver said. In fact, by becoming aware of skin issues on the face or near the eye, you may find more reason to refer to those colleagues.

"Dermatologists can work hand in hand with ophthalmologists," Dr. Frankel said.

One tip off for a referral is a questionable rash. "I'd like to see someone if they have a rash that hasn't gone away for more than 2 weeks," Dr. Frankel said.

If Dr. Shriver suspects malignant or systemic disease or conditions such as severe acne or rosacea, she will refer to a dermatologist. Because she does more work in the area of oculoplastics and skincare, she sometimes feels comfortable prescribing a skin-related product and then referring to a dermatologist for a follow-up.

Dr. Cockerham, an oculoplastics specialist, also feels comfortable managing diseases of the skin in partnership with her local dermatologic colleagues. However, general ophthalmologists should refer patients with skin lesions on the face that change in appearance, itch, or recurrently scab to an appropriate specialist. Patients with persistent dermatitis, rosacea, or melasma can also benefit from referral. If performing a biopsy of a suspicious eyelid lesion, always take a photograph. It will help identify the precise location of the lesion and show whether it is malignant and requires additional surgical excision and reconstruction by a dermatology or oculoplastics colleague. **OB**

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