

# AB Max™ Lid & Lash Hygiene Specialist Certification Program

---

Alan G. Kabat, OD, FAAO  
Cherry Hill, NJ

## Understanding and Implementing a New Therapeutic Modality for Anterior Blepharitis: *Periciliary Eyelid Scaling (PCES)*

### PART 1: Identifying and Managing Blepharitis

- Blepharitis is an inflammation of the eyelid margins
  - Generally associated with bacterial overgrowth
  - May be due to dermatologic conditions such as seborrhea (excessive oil) or atopic (allergic) dermatitis
  - Can also be associated with overpopulation by Demodex (skin mites)
- Symptoms of blepharitis may include any/all of the following:
  - Ocular itching
  - Grittiness or scratchy feeling
  - Burning of the eyes
  - Sandy debris in the lids upon awakening
  - Redness of the eyelids and/or eyes
  - “Tired” or “heavy” feeling to the eyes
- Signs of blepharitis may include any/all of the following:
  - Crusting of the eyelashes (especially at the base)
  - Redness of the eyelids and/or eyes
  - Misdirection, sticking together or loss of eyelashes
- Historical management of blepharitis
  - “Warm soaks” – self-directed therapy to melt/loosen the accumulated debris along the lash margin
  - “Lid scrubs” – self-directed lid cleansing using dilute baby shampoo or commercial detergent cleansers
  - Hypochlorous acid solution/spray – an antiseptic agent that addresses bacteria and viral organisms, but does not remove oil or debris

## **PART 2: AB Max™ and Periciliary Eyelid Scaling (PCES)**

- Represents the most advanced treatment for anterior blepharitis
- PCES provides gentle but effective cleaning of the lids and lashes by using a rotating sponge tip at very high revolutions to strip away unwanted material and leave behind cleaner, healthier tissue
- Like dental scaling, PCES allows for more efficient removal of built up debris, bacterial biofilm, excessive sebum (oil), makeup and other deposits that accumulate on the lid margins, promoting inflammation and discomfort
- Unlike dental procedures however, PCES is NOT uncomfortable; it provides a soothing, massaging action that many patients find calming and pleasurable
- AB Max™ has three distinct modes: FORWARD, REVERSE and PULSE to ensure complete removal of even the most tenacious scurf and debris
- VIDEO DEMONSTRATION

## **PART 3: Implementation of PCES into Clinical Practice**

- Promotional efforts
  - In-office:
    - Brochures, displays, models and photos
    - Informed and empowered staff \*\*
  - Social media
  - Interprofessional networking
- Presenting PCES to the patient
  - Rationale
  - Risks / benefits / alternatives
  - Disclosure – “... not covered by your insurance”, and why
    - Advanced beneficiary notice?
    - Informed consent?
- Treatment
  - Same day service vs. return visit
    - AB Max™ defies the conventional model!
  - Location: exam room vs. treatment room?
  - Patient preparation
    - Setting expectations
    - Maximizing comfort... “spa treatment”
  - Practical tips for effective therapy

- Post-treatment
  - Patient education / final instructions
  - Adjunctive care
    - Home use of “lid scrubs” helps to reinforce concept of lid hygiene
    - Address Demodex with appropriate take-home therapy
    - Additional take home items may be appropriate:
      - Artificial tears
      - Omega-3 oral supplements
      - Microwavable warming masks
  - “Before & after” photos
  - Follow-up visits and pre-appointment
    - 2-week follow-up is recommended to reassess status
      - Visit is billable to medical carrier!
    - Stress importance of continued hygiene
    - Stress the need for regular treatment (q3-6 months)

#### **PART 4: Hands-On Workshop**

- Setting up the AB Max™
  - Charging
  - Forward, Reverse and Pulse settings
  - Tip storage and application
  - Foam reservoir
- Patient preparation
  - Consent the patient regarding the procedure, and obtain signature
  - Recline patient slightly so that the technician is comfortable. If performing the procedure from a seated position, it is best to lay the patient flat.
  - Instill anesthetic drops OU
  - Load tip onto AB Max™ hand piece and soak in reservoir (10-15 seconds)
  - Have tissues and eye rinse nearby

- Procedure:
  - Press and HOLD the power button on the hand piece for several seconds; the tip will begin to rotate in a forward motion as the green F light will illuminate.
  - Beginning with the right lower lid, ask the patient to look UP (away from the rotating tip) and apply the tip to the lash line with firm pressure. Use your non-dominant hand to apply lateral pressure to the eyelid, so as to keep it taught while treating.
  - Move back and forth, nasal to temporal and temporal to nasal, until you have cleaned the entire lid margin. This should take approximately 20-30 seconds.
  - Next, press the power button again; this puts the AB Max™ into reverse mode, and the yellow R light will illuminate. Repeat the process as before for another 20-30 seconds along the same lid. Treating in reverse mode allows removal of debris that may have been missed or compressed in forward mode.
  - Press the power button one more time to access pulse mode, and the blue P light will illuminate. Pulse mode allows for treatment of stubborn areas that may persist after treating with forward and reverse modes. It may also prove more comfortable to some patients; if so, future treatment can be done simply using this mode.
  - When the lower lid is finished, instruct the patient to look DOWN. Repeat the procedure on the upper lid.
  - After completion, press the power button to turn the unit off. Remove and discard the used tip, and load a new, clean AB Max™ tip onto the hand piece. Soak the tip and repeat the procedure on the left lower and upper lid.
  - During the procedure, if excess foam should build up in or around the eye, ask the patient to gently close their eyes and wipe away the excess with a clean tissue.
  - After all four lids have been treated, turn the unit off, discard any used sponge tips, and place the hand piece back into the charging station. Thoroughly rinse the eyes and eyelids with sterile buffered saline solution, being careful to prevent the excess fluid from running down the patient's face by using clean tissues or paper towels.
  - Following the procedure, some doctors instill a drop of topical antibiotic/steroid combination solution (e.g. tobramycin/dexamethasone) into each eye as prophylaxis.