

October 10, 2017

To: Optometry/Ophthalmology Collaborative Task Force

From: Sohail Hasan, MD PhD, task force representative  
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At the September meeting of the Task Force, optometry representatives submitted a proposal first circulated at the February 2017 meeting listing a number of requested “Advanced Optometric Procedures.” The Task Force reviewed this list; ISEPS tentatively agreed to some of the items objected to other more complex surgical procedures.

We also agreed to withdraw the proposed definition of surgery which, in our opinion, would have clearly protected a number of procedures that some optometrists now perform but which are identified by IDFPR to be surgery<sup>1</sup>. With that protection removed, and since the practice act specifically prohibits surgery, we believe it is necessary to codify these items by including them in the list of “Advanced Optometric Procedures.”

IDFPR also stated during consideration of SB 2899 last year that several “*additional* surgical procedures...with educational training” would be added to the practice act by the bill. Among these are two that ISPEPS would not object to with certain limitations: suture removal and corneal debridement.

As directed by the General Assembly, the Task Force was charged with recommending educational standards for Advanced Optometric Procedures. Because no direction or list of Advanced Optometric Procedures was provided in the statutory language creating the Task Force, it falls to the Task Force to identify the procedures requiring the creation of educational standards in order for them to be added to the practice act. We believe that the educational standards considered by the Task Force should be specific to *each* procedure since there is great variance in the skill level and complexity required to safely them.

With these predicates in mind, ISEPS recommends that the Task Force consider adoption of the following list of Advanced Optometric Procedures along with the associated educational standards noted.

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<sup>1</sup> An IDFPR fact sheet circulated during the 2016 session of the General Assembly in reference to SB 2899 listed the following “surgical procedures” that it stated optometrists are currently permitted to perform: dilation and irrigation of the lacrimal ducts; insertion and removal of lacrimal plugs; removal of superficial foreign body and rust ring; epilation (removal of eyelashes); corneal debridement – dead tissue; culture; corneal shaping with external devices like contact lenses; application of human or other tissue without suture.

Proposed Advanced Optometric Procedure <sup>2</sup>	Recommended Training Standard
Removal of a superficial foreign body from the surface of the eye or adnexa, including removal of a rust ring <sup>A</sup>	No changes to current standard
Removal of non-perforating foreign bodies from the conjunctiva, eyelid, or the cornea no deeper than the midstroma, using a topical anesthetic <sup>C</sup>	One hour didactic review of the anatomy of the conjunctiva and cornea and use of topical anesthetic when performing FB removal. Successful demonstration of procedure from beginning to end (10 times) under the observation of an ophthalmologist.
Dilation and irrigation of the lacrimal ducts <sup>A</sup>	No changes to current standard
Insertion and removal of lacrimal plugs <sup>A</sup>	No changes to current standard
Epilation by mechanical or other means, other than with the use of a laser, cryotherapy or surgical resection/removal with a blade. <sup>A, C</sup>	Epilation with forceps – no changes  Epilation with electrolysis or radiofrequency – One hour didactic course in the maintenance and use of appropriate devices. Review of the relevant anatomy. Understanding of potential complications and associated treatment. Successful demonstration of procedure from beginning to end (10 times) under observation of an ophthalmologist.
Debridement of damaged corneal epithelial tissue, including incidental live tissue, without the use of a laser; excluding corneal biopsies and removal of pterygium or corneal neoplasias <sup>B</sup>	Two-hour didactic review of the anatomy of the cornea; determination of what constitutes “damaged” epithelial tissue; identification of pterygium and corneal neoplasia vs. other damaged corneal tissue; review of the proper debridement techniques, including proper use of topical anesthetics. Successful demonstration of the procedure from beginning to end (10 times) under the observation of an ophthalmologist.
Scraping of the cornea for culture <sup>A</sup>	No changes to current standard
Application of self-retaining amniotic membrane graft on the cornea without use of sutures <sup>A</sup>	One-hour didactic review of the indications and contra-indications for use of the graft, and proper handling of the tissue; review/demonstration of the procedure for application and removal, including proper use of topical anesthetic. Successful demonstration of the procedure from beginning to end (one time) under observation of an ophthalmologist who is fellowship trained in cornea diseases.

<sup>2</sup> See “table notes” for additional information about surgical procedures IDFPR currently allows optometrists to perform and those which the Department considers to be new to the optometric scope of practice.

Proposed Advanced Optometric Procedure <sup>3</sup>	Recommended Training Standard
Removal of sutures upon consultation with the provider who originally placed the suture or as part of an established comanagement arrangement <sup>B</sup>	Two-hour didactic course with an overview of suturing, anatomy and suture removal. Demonstration of successful suture removal (skin, lid, cornea, 5 times each) under the observation of an ophthalmologist.
Intramuscular injection for treatment of anaphylaxis <sup>A</sup>	No changes to current standard

**Table Notes**

- A – “Surgical procedures optometrists currently permitted to perform” as identified in IDFPR fact sheet, SB 2899 (2016) which may or may not require additional training
- B – “Additional surgical procedures proposed by the bill with educational training” as identified in IDFPR fact sheet, SB 2899 (2016) which would require additional training
- C – Surgical procedures that were not clearly identified by IDFPR, but would be an addition to the practice act and which require educational standard