



Plug Informed Laser Punctoplasty

Scott Greenbaum*

Department of Ophthalmology, Lenox Hill Hospital, New York, USA

***Corresponding Author:** Scott Greenbaum, Department of Ophthalmology, Lenox Hill Hospital, New York, USA.

Received: August 04, 2022

Published: August 19, 2022

© All rights are reserved by **Scott Greenbaum.**

The use of permanent punctual plugs is associated with infection, epiphora, extrusion, punctual stenosis, granulomatous proliferation, canaliculitis, and dacryocystitis [1].

Over the past decade, in an effort to avoid these undesirable adverse effects, I've devised a technique for safe, effective, and titratable punctual occlusion for patients who have failed drops and gels either due to poor compliance or severity of Dry Eye Disease. My first patient suffered from severe DED due to Lupus. She had been to multiple ophthalmologists in the recent past and was desperate to find a solution. As I perform laser vision correction, I inserted temporary collagen punctual plugs and asked her to keep track for one week how she felt at the same time each day, starting 24 hours from insertion. She returned pleased with the first day's relief but reported increasing dryness on the 2nd-7th days. Following informed consent, I performed an argon laser punctoplasty, informed by the result of the temporary punctual occlusion- 85% closure when the first day is best, with 10-15% less fir each subsequent optimal day.

I have now used this 2 stage Plug Informed Laser Punctoplasty (PILP) on hundreds of patients. In the rare occasion the results create epiphora, a simple partial probing quickly reduces the correction. All patients are seen two weeks postop.

Bibliography

1. Bourkiza R and Lee V. "A review of the complications of lacrimal occlusion with punctal and canalicular plugs". *Orbit* 31.2 (2012): 86-93.