

MYOPIA MOMENT

PATIENT FOLLOW-UP

This Myopia Moment gives you a brief overview of how often and what to check during a patient follow-up appointment. This document outlines best practices, however, please consider each family's understanding, interest, willingness to follow treatment regimen, financial status, and time availability. Please refer to the source references for more details

FOLLOW UP FREQUENCY & WHAT TO CHECK

The frequency of follow-ups will vary depending on treatment. You will also want to complete the following during each appointment, though specific treatments will require additional examinations:

At each follow-up:

- Check case history
- Any issues related to treatment including adherence to wear time
- Corrected far visual acuity
- Over-refraction

At 6-month follow-up:

- Cycloplegic refraction (if available)
- Axial length measurement (if available)

At 1 year follow-up:

- Complete eye examination including eye health and fundus check



SOFT CONTACT LENSES

FREQUENCY OF FOLLOW-UP:

1 week » 1 month » 6 months » 1 year

Thorough slit lamp exam of the anterior segment at each appointment



ORTHOKERATOLOGY

FREQUENCY OF FOLLOW-UP:

1 day » 1 week » 1 month » 3 months » 6 months » 1 year

Corneal tomography or topography, if available, at each appointment



SPECTACLE LENSES FOR MYOPIA CONTROL

FREQUENCY OF FOLLOW-UP:

1 month » 6 months » 1 year



ATROPINE

FREQUENCY OF FOLLOW-UP:

1 day » 1 week » 1 month » 3 months » 6 months » 1 year

Check pupil size, intraocular pressure and sensitivity to bright light at each appointment

If myopia continues to progress more than expected, consider the following:

- Was the baseline refraction accurate? Was the patient cyclopleged?
- Is the axial length change in line with expectations?
- Are parents and child following treatment instructions?
- If not following treatment instructions, consider whether current control modality is best suited to lifestyle and needs.

If myopia stabilizes, continue to follow up every 6 months.

Ideally, myopia controlling spectacles and contact lens wear should continue until end of childhood (18 years)*, and possibly into adulthood, to avoid any progression.

While there are no established guidelines for when to cease using atropine, eye care practitioners should consider alternative treatments after two years of atropine use.