

# Letters

## We Have Docking

I read “Surprising New Treatment for Glaucoma: Get the Drops in the Eye” (Clinical Update, April) with a twinkle in my own eye. I have observed patients instill eyedrops for many years, and my anecdotal observations are very consistent with the findings in this article.

Although there have been attempts to attach devices to eyedrop bottles to facilitate their use, none have come into widespread use. It is clear that patients often lack the coordination to instill drops, or they are just afraid that they will hit their eye with the bottle while instilling the drops.

I have developed a technique that is both very effective and easy to teach. The patient is first instructed to obtain the bottle of drops and remove the cap. They are then instructed to lie down on a flat surface like

a bed or couch. When their head is against this flat surface, the degrees of freedom for moving their head are reduced and they can concentrate on using their hands.

For this discussion, let’s say that drops are to be instilled into the left eye. The ipsilateral hand secures the eyelids. The thumb secures the lower lid and the index finger secures the upper lid. The patient is instructed not only to secure the lid margin, but also to push the opened lids against the bone of their eye socket for increased security. The pinky finger of the ipsilateral hand is extended upward and made erect. The contralateral hand holds the eyedrop bottle with the thumb and index finger so that it is secured and positioned to be able to squeeze the bottle. The middle finger of the contralateral hand is also extended and made erect. While the patient has the left eye opened with the ipsilateral hand, the contralateral hand joins up with it such that the ipsilateral pinky “docks” with the contralateral middle finger. This arrangement can be achieved even with poor vision due to proprioception.

Once the two hands are docked, the bottle tip is positioned over the eye and the bottle is squeezed to expel the drop. This docked hand configuration provides

stability and prevents the potential for eye contact with the bottle. After drop delivery and three minutes of eye closure, the process can be reversed.

I have had no problem teaching patients this technique in the office. As long as patients have proprioceptive abilities and reasonable mentation, this simple technique can increase both patient confidence and adherence with your prescribed eyedrop regimen.

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## Don't Do It Yourself

I was pleased to read “A Better Snellen” (Letters, February) on the supposedly mundane topic of refraction. I have been using the method described by Dr. Stephen C. Milt for years—give or take a click or two of sphere at the very end to get it just right.

Except for personal satisfaction, however, you needn’t do it yourself. Using the following method, technicians can easily be taught to refract. You simply need an inexpensive video camera connected to a computer or small TV set, a Halberg clip and a photography

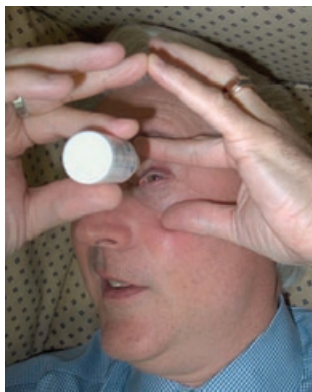


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tripod. Fashion a bracket to hold the Halberg clip in front of the camera lens and place the whole assembly behind a phoropter, using the tripod at half-height on an exam chair. The camera looks at your eye chart and what it sees is presented on the monitor.

Trial lenses in the Halberg clip give the system a refractive error and your technicians can practice with the phoropter, seeing from the patient’s point of view the results of each click. An autofocus camera will even try to accommodate.

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Dr. Korenfeld demonstrates eyedrop “docking” technique.

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