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# My Family Story of Myopia Management

*Dr. Judith LeRoy*



I am sharing my son's story as both a mom, an eye doctor, and a person with poor eyesight. I'm a -6.00D myope and I have been wearing contacts and glasses since gr 4. Luckily I wear both contacts and glasses really well without complication, but I wish, back when I was 10, the technology available now was available then, so that I too would have had a chance to not become so nearsighted (myopic).

My children have always had regular yearly eye exams starting from birth. For the first 8 years, my son Max was always a little bit farsighted (hyperopic), which is what we want to see in children at that age.

One year later in December 2017 when Max was in grade 4 at age 9, he had regressed, to -1.50D in his right eye and -1.25D in his left eye without any previous complaints! To put it into perspective, he could now not drive without glasses if he was of age. Needless to say, I was shocked!

Over the next two years, I tried many myopia controlling treatments for Max that we are fortunate enough to have available to us now compared to 20 years ago.

I started first with glasses that are designed to slow down progressive myopia in children [called the Zeiss Myolens](#) primarily because he wasn't keen on contacts or drops at that time.

Six months later, in June 2018, I rechecked his prescription and was thrilled to see that his prescription had remained stable. So we continued the status quo with the glasses but then [added Misight contacts](#) to his visual repertoire for sports. Misight daily contacts are also designed to correct in a similar manner as the Zeiss Myolens glasses for young myopes. It's the only contact lens FDA approved for slowing down progressive myopia in kids. I was hoping that he would love them, but unfortunately, he hated the process of insertion and removal.

One year later, in December 2018 when I examined him again his prescription had now progressed to a -2.00D in his right eye and a -1.50D in his left eye. I decided that it was time to add to the myopia management recipe and so I started with [0.01% atropine drops](#) and added transition lenses (photochromic lenses which turn dark upon exposure to UV light) to his Zeiss Myolens. I was concerned about how light-sensitive ( photophobic ) the drops were going to make my son. He adapted well but did need the photochromic lenses in his glasses. Max learned easily and quickly how to insert the atropine drops himself, at night without issue.

I rechecked his prescription again in September 2019. His prescription had only changed by -0.25D in each eye. Being the perfectionist that I am and after reading up on more studies

regarding atropine, I decided that we would start him on 0.03% atropine for 2 reasons. One, the latest studies have shown that 0.01% atropine does very little to stop the axial length growth in the eye but still, for a small percentage, it does help slow progression and two, I was curious to see how much more photophobic or light-sensitive the new concentration would affect Max. He did notice a bit more sensitivity with light so I ordered a pair of Acuvue transition contacts for soccer and outdoor sports when glasses were not ideal to wear. The transition contacts helped reduce glare but Max still hated insertion and removal and I found myself doing it for him most of the time! He still preferred to wear his glasses.

In March 2020, COVID-19 hit. I had always been interested in trying [Orthokeratology](#) on Max.

In fact, I had designed lenses for him the year before but again, at that time he wasn't keen going through with inserting a lens at night, sleeping in it and removing it in the morning. But I finally convinced Max to try Ortho K during the COVID-19 shutdown.

The first night I inserted the lenses. I was thrilled that there was much less drama than the year before. Year older? Year of experience with soft lenses? More motivated because of the photophobia from atropine and not wanting to continue? All these components I'm sure played into him being more open to trying.

The first morning seemed like a miracle. He was a bit nervous about removal but once I lubricated the lenses with a few drops of artificial tears to moisten his eyes, the lenses popped out without issue. He looked up outside his window with the biggest smile in awe and amazement. "MOM! I can see!! This is unbelievable! I can see!!!" He then proceeded to wrap his arms around me and gave me the biggest bear hug ever! We were thrilled.

He went from only seeing the big E at 20/400 TO 20/25 in his right eye and 20/20 in his left. He felt so free all day.

The next day he was 20/20 in both eyes, and one week later 20/15 (better than 20/20) in both eyes. I was sold.

As a mom and an eye doctor, who wants to do everything in my power to help my son from becoming myopic like I am, this has been a huge professional leap for me. I am now dedicated to having every myopic child who comes into my office be fully educated on the products available to slow down myopia and educate my patients on the many health and ocular related issues as to why it is so important to prevent patients from becoming high myopes.

The World Health Organization (WHO) recently defined “high myopia” as  $-5$  Diopter (D) or greater, which is associated with increased risk of blindness [1]. Eyes with high myopia that develop degenerative changes in the macula, optic nerve and peripheral retina are considered as having pathologic myopia and are at the highest risk of developing potentially blinding complications such as retinal detachments, myopic choroidal neovascularization (CNV), myopic macular degeneration, foveoschisis, glaucoma, and cataract [2,]. Myopia has become a major public health issue because of its rapid increase of prevalence, especially in East Asia, and its link to potential irreversible blindness.

I hope by sharing my family’s story with you, it will help you decide on what’s appropriate for you and your family’s myopia management.

Please call or email the office if you would like to make an appointment to discuss in person myopia management.

# References

1. World Health Organization. The impact of myopia and high myopia. Geneva, Switzerland: WHO; 2016
2. Ohno-Matsui K, Lai TY, Lai CC, Cheung CM. Updates of pathologic myopia. Prog Retin Eye Res. 2016;52:156–87.



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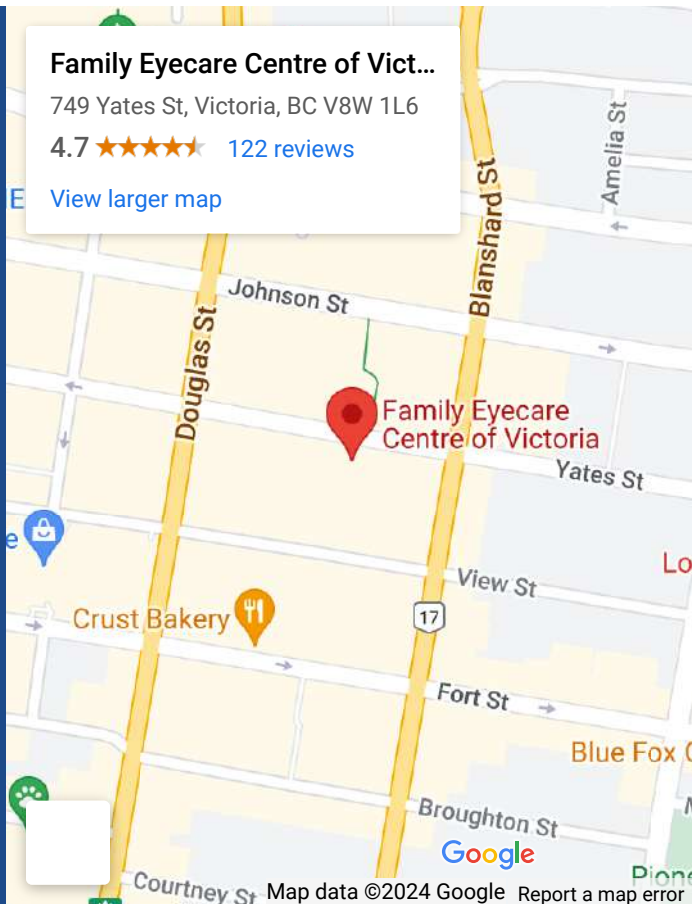
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