

Common Injections for Optometric Eye Care

Smoky Mountain Ophthalmic Summit
Pigeon Forge, TN

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Financial Disclosures

- Lumenis
- InMode

- All relevant relationships have been mitigated
- The content of this activity was prepared independently by me—Dr. Carpenter
- The content and format of this course is presented without commercial bias and does not claim superiority of any commercial product or service

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Why should I do injections?

- To give patients another treatment option
- To decrease the time that a patient may have to wait to get a chalazion surgically removed
- To expand your skills
- Gives patients a less invasive alternative to surgical removal
- To add another service to your practice



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How effective are injections for Chalazions?

- They are most effective if the chalazion is less than 6 mm in size and less than 6 months old
- For smaller chalazia resolution is about 85% after 1 injection and 99% after 1-2 injections
- For larger chalazia resolution is about 59% after 1 injection and 80% after 1-2 injections

UAB School of Optometry 2011



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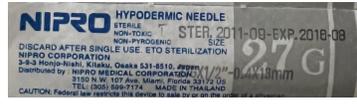
What do I need to do an injection?

- Informed consent
- Gloves
- 25-27 gauge 1/2" needles = \$4.91 for 100 pack
- Syringe with leuc lock = \$16
- Alcohol or iodine swab
- Medication eg. Kenalog = \$80 for 10 ml bottle
- Proparacaine
- Sharps container = \$10
- Gauze



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27 G Needle



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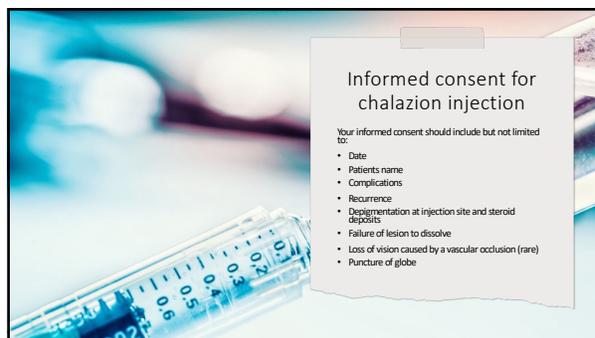
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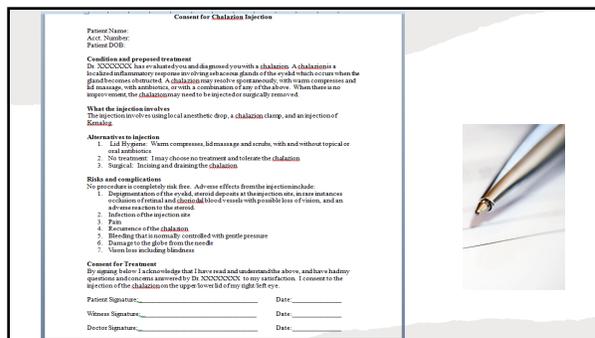
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Before I inject I should:



- Explain to the patient what they should expect
- Make sure they do not have an allergy to the medications
- Make sure there is not an active infection
- Ask the patient how long the chalazion has been on their lid. If longer than six months injections are less successful
- Make sure to have an informed consent signed

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How much should I inject?



- Get as much kenalog into the lesion as you can. Usually between 0.1-0.5 cc
- You can inject multiple locations, if the lesion is large enough
- Do not inject outside or around the lesion. This increases the chance of depigmentation and steroid deposits

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Contraindications to chalazion injections



- African American or darkly pigmented patients
- Warn strongly of depigmentation in children
- Known hypersensitivity to any of the medications
- Recurrent chalazion requiring biopsy

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Side Effects



- Cutaneous atrophy
- Steroid deposits under the skin
- Skin depigmentation
- CRAO
- Ecchymosis

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After I inject I Should:



- Document the date, time, amount of medication used, patient condition eg. Patient tolerated the procedure well with no complications

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When should I see the patient back and how often should I inject a chalazion?



- See the patient back in 1-2 weeks. If the chalazion is at least 50% smaller advise the patient to return only if it does not go away.
- If after 2 weeks the chalazion is not smaller you can reinject the chalazion.
- Larger chalazion (greater than 6mm in size) may require multiple injections.

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Billing for intralesional injections

Jcode: J3301
triamcinolone
acetonide 10 mg

Procedure code:
11900 Injection

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Diagnosis codes intralesional injections

H00.11-
H00.19
Chalazion

H00.21-
H00.29
Hordeolum

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Case # 1

- 59 yo WM
- CC: Bump on inside of RLL x 2-3 months causing irritation
- VAcc: OD 20/20 OS 20/20
- IOP: OD 15 OS 17
- SLEx: Lids 1-2+ blepharitis OU, non-tender 4-5 mm bump on lower lid

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Chalazion



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Treatment Options

- Do nothing
- Warm soaks and massage
- Injection
- Surgical removal
- Intense Pulsed Light therapy (IPL)
- Radiofrequency therapy (RF)

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Treatment



- Patient did not want to have lesion surgically removed and elected to have an injection
- Injected 0.2 cc of kenalog 40 into chalazion and scheduled follow up with the patient in 2 weeks. Started the patient on erythromycin ung tid OU with lid scrubs and soaks bid for the blepharitis.
- Patient returned in 2 weeks and the chalazion was 80% smaller and the patient was no longer having any irritation. The blepharitis was reduced to trace.
- Advised the patient to call if the chalazion did not resolve. Asked the patient to continue lid scrubs daily and to d/c the erythromycin in 1 week. Patient called back in 1 week and said the bump was completely gone.

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Case #2

- 85 yo WM
- CC: Bump on upper and lower lid of OD. The upper lid bump has been there for 1 month and is causing his lid to "droop", the bump on the lower lid has been there for years. Both are non-tender.
- VAcc: OD 20/30 OS 20/25
- IOP: 18 OD 18 OS
- SLEx: non-tender bump on RUL 9 mm in size and non-tender bump on RLL 6 mm in size

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Treatment Options

- Do nothing
- Warm soaks and message
- Injection
- Surgical removal
- Intense Pulsed Light therapy (IPL)
- Radiofrequency therapy (RF)

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Treatment

- Patient did not want to have lesion surgically removed and elected to have an injection
- Injected 0.2 cc of kenalog 40 into both chalazion and followed up with the patient in 2 weeks. Advised the patient to use warm soaks and massages bid.
- Patient returned in 2 weeks and there was a 50% decrease in both chalazion. The patient was no longer having the drooping of the upper lid.
- Scheduled the patient to return in 2 weeks. The chalazion were no smaller. I reinjected the chalazion and rescheduled the patient for 2 weeks.
- Upon return visit the upper chalazion had resolved, but the lower chalazion was unchanged. The patient was happy and did not want another injection or surgery to remove the lower chalazion.

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Case # 3

- 30 yo WM
- CC: Bump on LLL x 2-3 months causing irritation, comes and goes, very sore today
- VAcc: OD 20/20 OS 20/20
- IOP: OD 12 OS 13
- SLEx: Lids 1-2+ blepharitis OU, tender 5-6 mm bump on lower lid

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Treatment Options

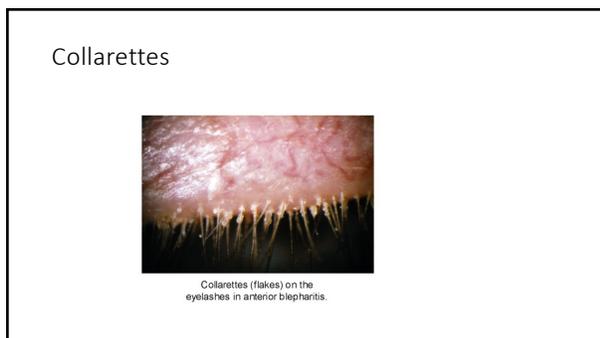
- Do nothing
- Warm soaks and message
- Injection
- Surgical removal
- Intense Pulsed Light therapy (IPL)
- Radiofrequency therapy (RF)

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Treatment

- Patient returned in 2 weeks and the tenderness had resolved but the bump was still there. Patient wanted to have an injection to resolve the hordeolum.
- Patient returned 2 weeks later and the hordeolum had resolved.
- 1 month later the patient returned with another hordeolum. It was only 3mm in size. Again the lid was tender and causing the patient discomfort. When I reevaluated the lids I noticed cylindrical cuffing around the lashes.
- Advised the patient to start claridex bid and tobradex qid x 1 week

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Treatment

- Patient returned in 1 week and the tenderness had resolved and the hordeolum was smaller. Advised the patient to continue using warm soaks until the hordeolum resolved and cliradex bid for 3 weeks then qd for 2 months.
- Patient returned in 6 weeks and had complete resolution of the hordeolum, demodex, and the blepharitis
- With the emergence of lotilaner ophthalmic solution 0.25% (Xdemy) is an option also. The recommended dosage is one drop in both eyes bid for 6 weeks

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Case #4

- 9 YO WF
- CC: Bump on RLL x 2 weeks, was painful but now just a bump
- VAcc: OD 20/20 OS 20/20
- IOP: OD 12 OS 13
- SLEx: Lids trace blepharitis OU, 4 mm bump on lower right lid

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- ### Treatment Options
- Do nothing
 - Warm soaks and massage
 - Injection
 - Surgical removal
 - Intense Pulsed Light therapy (IPL)
 - Radiofrequency therapy (RF)

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Treatment

- After talking to the patient and mom we decided to do a Kenalog injection
- Informed consent was signed and I explained to patient everything that was going to happen. She was apprehensive but very eager to get the bump resolved.
- Injected 0.1 cc of Kenalog into the chalazion. The patient tolerated the procedure well and did better than most adults. I had the patient return in 2 weeks.
- Patient returned in 2 weeks with complete resolution of the chalazion

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Case #5

- 73 YO BM
- CC: 2 Bumps on LUL for 2-3 months
- VAcc: OD 20/25 OS 20/30
- SLEx: No blepharitis, 2-3 mm bumps on LUL

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Treatment Options

- Do nothing
- Warm soaks and message
- Injection
- Surgical removal
- Intense Pulsed Light therapy (IPL)
- Radiofrequency therapy (RF)

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Treatment

- After talking to the patient about his options and the potential for depigmentation, he decided to have an injection to try to resolve the chalazion.
- Injected 0.2 cc of kenalog 40 into each chalazion and followed up with the patient in 2 weeks. Advised the patient to use warm soaks and massages bid.
- Patient returned in 2 weeks and the chalazion had resolved but he did have a small amount of pigment changes on his lid that he was not upset about. He was happy he no longer had the bumps on his lids.

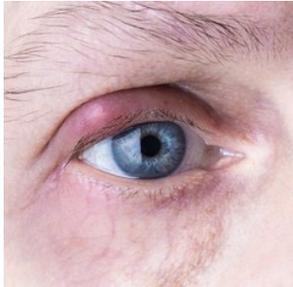
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Case #6

- 56 YO WM
- CC: 1 Bump on RUL for 1 month
- Vacc: OD 20/20 OS 20/20
- SLEx: No blepharitis, 1--5mm bump on RUL
- Patient reported his daughter was getting married in 2 weeks and he wanted to make sure the bump was gone.

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56 YO WM



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Treatment Options

- Do nothing
- Warm soaks and message
- Injection
- Surgical removal
- Intense Pulsed Light therapy (IPL)
- Radiofrequency therapy (RF)

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Treatment

- We decided to do an IPL over the chalazion and inject the chalazion the same day
- I used a lumenis M22, Fitzpatrick level 2 settings, with the acne filter
- I injected 0.1 cc of Kenalog 40 into the chalazion. I also prescribed loteprednol 0.5% gel qid and warm soaks bid-qid
- I saw the patient back in 1 week and the chalazion had resolved by about 50-60%, I repeated the IPL that day. Advised him to continue the drops and warm soaks
- The patient called the day before his daughters wedding and said it was resolved.

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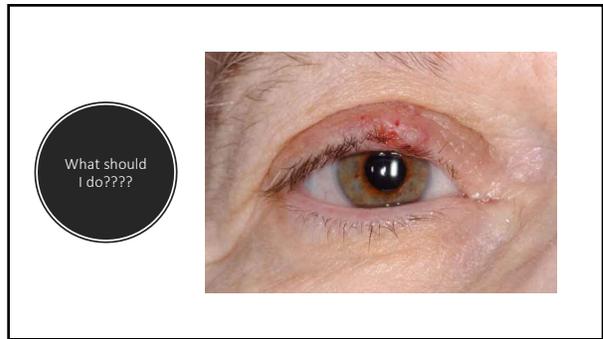
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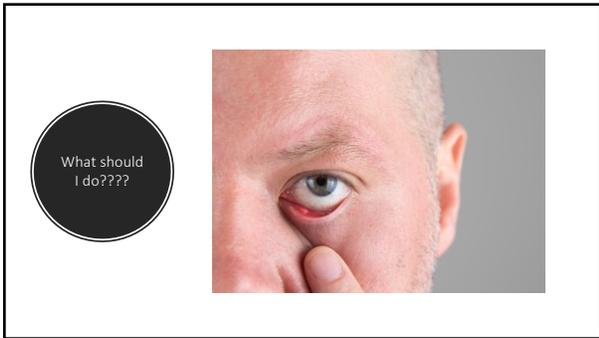
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Aesthetics

- Botulism toxins
- Why should I perform them?
- What do I need to perform these injections?
- Will patients come to me for these injections?
- Will insurance pay for these injections?
- How do I begin to incorporate aesthetics into my practice?

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Why should I perform aesthetic injections in my practice?

- To practice at the full level of your training
- To give your practice diversity
- To differentiate your practice
- Another income source

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What you need to purchase to incorporate aesthetic injections into your practice

- 31 G needles and 1 ml syringes eg. Insulin syringe
- Sharps container
- Surgical gloves
- Alcohol Swabs
- 2x2 or 4x4 gauze pads
- Sterile sodium chloride
- 18-23 G Drawing needle and 5 ml syringe
- The botulism toxins of your choice

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Know your concentrations and number of units that each toxin is equivalent to!!!

- Most of the toxins have to be reconstituted and you need to know the concentration of the toxin. If you make it more or less concentrated you need to know how many units of the toxin are in the amount you inject into the patient. Different toxins may require more or less units to give the practitioner and the patient the desired results.

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INFORMED CONSENT FOR BOTULINUM TOXIN TREATMENT

DATE OF VISIT: _____ **PATIENT'S NAME:** _____

ADDRESS: _____

PHONE: _____

THE PURPOSE OF THIS INFORMATION IS TO PROVIDE YOU WITH THE NECESSARY INFORMATION REGARDING THE RISKS, BENEFITS, AND ALTERNATIVES TO THE TREATMENT OF YOUR CHOICE. THIS INFORMATION IS NOT INTENDED TO BE A SUBSTITUTE FOR YOUR OWN JUDGMENT AND SHOULD BE USED IN CONJUNCTION WITH YOUR OWN JUDGMENT AND THAT OF YOUR PHYSICIAN. YOU SHOULD ASK YOUR PHYSICIAN ANY QUESTIONS YOU MAY HAVE REGARDING THE INFORMATION PROVIDED HEREIN. YOU SHOULD ASK YOUR PHYSICIAN ANY QUESTIONS YOU MAY HAVE REGARDING THE INFORMATION PROVIDED HEREIN. YOU SHOULD ASK YOUR PHYSICIAN ANY QUESTIONS YOU MAY HAVE REGARDING THE INFORMATION PROVIDED HEREIN.

THE TREATMENT: Botulinum toxin (Botox) and other agents are a collection of proteins that block the release of acetylcholine at the neuromuscular junction. This causes the muscles to relax, which can be used to treat a variety of conditions including wrinkles, muscle spasms, and certain types of migraines. The treatment is performed by injecting the toxin into the muscles. The treatment is performed by injecting the toxin into the muscles. The treatment is performed by injecting the toxin into the muscles.

RISKS AND COMPLICATIONS: Botulinum toxin is a neurotoxin and can cause a variety of complications including muscle weakness, drooping eyelids, and difficulty swallowing. It can also cause a variety of complications including muscle weakness, drooping eyelids, and difficulty swallowing. It can also cause a variety of complications including muscle weakness, drooping eyelids, and difficulty swallowing.

PRECAUTIONS, ALERTS & INTERACTIONS: You should avoid alcohol and certain medications while taking Botox. You should avoid alcohol and certain medications while taking Botox. You should avoid alcohol and certain medications while taking Botox.

ALTERNATIVE PROCEDURES: There are several alternative procedures available for the treatment of your condition. These include Botox, Dysport, Xeomin, and Myobloc. Each of these procedures has its own risks and benefits. You should discuss these alternatives with your physician.

CONSENT: I have read and understand the information provided herein and I consent to the treatment of my choice. I understand the risks and benefits of the treatment and I understand that I am responsible for my own actions. I understand that I am responsible for my own actions. I understand that I am responsible for my own actions.

Botox consent form



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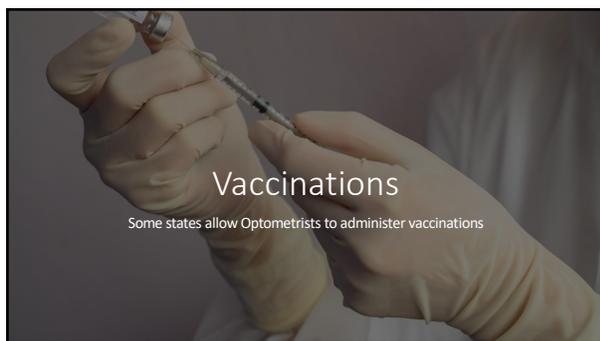
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Botox consent form



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