

Patient Information Sheet

Project title: The efficacy of the MGDRx EyeBag and OPTASE Moist Heat Mask in comparison to traditional methods for the treatment of meibomian gland dysfunction and ocular *Demodex folliculorum* infestation.

You are being asked to consent to take part in a post-graduate student clinical trial examining traditional treatment methods for dry eye with new techniques.

A diagnosis of dry eye will be confirmed by filling out a symptom questionnaire and by a thorough exam of the front surface of eye. Your appointment should take no longer than 1 hour.

You will be asked if your practitioner can gently remove 2 eyelashes from each eye. 1 from your upper eyelid and 1 from your lower eyelid. This procedure will be done using a sterile forceps and is generally painless. It is common for eye lashes to fall out and re-grow.

1. Dry Eye: Meibomian Gland Dysfunction (MGD)

MGD is a common condition which affects the glands around the eyelid margins. These glands become blocked and cannot release oily secretions into the tears sufficiently. It may be present with a common mite which is found in skin and hair follicles, including eyelashes, called Demodex. This may cause symptoms of itching and irritation around the eyelid margins, and a reduced quality tear film which can result in gritty/dry eyes and blurred vision.

Current treatment for MGD includes applying heat compresses and massage to try unblock the glands.

Treatment will be administered for home use for up to 2 months. You will be asked to return to the clinic for mid-treatment and post-treatment check up's. You will also be asked to keep a short diary of your treatment to monitor progress.

All materials are supplied free of charge for the duration of the study.

CONSENT FORM

Researcher's Name: ORLA MURPHY	Title: MS
Faculty/School/Department: SCIENCE/PHYSICS/OPTOMETRY	
Title of Study: THE EFFICACY OF THE MGDRX EYEBAG AND OPTASE MOIST HEAT MASK IN COMPARISON TO TRADITIONAL METHODS FOR THE TREATMENT OF MEIBOMIAN GLAND DYSFUNCTION AND OCULAR <i>DEMODEX FOLLICULORUM</i> INFESTATION.	
To be completed by the: PATIENT	
<p>3.1 Have you been fully informed/read the information sheet about this study? YES/NO</p> <p>3.2 Have you had an opportunity to ask questions and discuss this study? YES/NO</p> <p>3.3. Have you received satisfactory answers to all your questions? YES/NO</p> <p>3.4 Have you received enough information about this study and any associated health and safety implications if applicable? YES/NO</p> <p>3.5 Do you understand that you are free to withdraw from this study?</p> <ul style="list-style-type: none"> • at any time • without giving a reason for withdrawing • without affecting your future relationship with the Institute YES/NO <p>3.6 Do you agree to take part in this study the results of which are likely to be published? YES/NO</p> <p>3.7 Have you been informed that this consent form shall be kept in the confidence of the researcher? YES/NO</p>	
<p>Signed _____ Date _____</p> <p>Name in Block Letters _____</p> <p>Signature of Researcher _____ Date _____</p>	