



No Tears Left to Cry: Restoring the Ocular Surface  
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Q & A Sheet

**1) Is cyclosporine contraindicated in patients with HSV history?**

Cyclosporine drops is not contraindicated in patients with a history of HSV. There is little evidence that it significantly increases the risk of HSV reactivation. It is reasonable to use in patients with inactive disease, often with prophylactic Valacyclovir. However, it should be avoided in the setting of active herpetic keratitis.

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**2) How to manage OSD from glaucoma drops (when meds cannot be stopped)?**

When glaucoma drops cannot be discontinued, switching to preservative-free formulations or reducing BAK exposure is key. Topical anti-inflammatory therapy with cyclosporine or lifitegrast can help, along with frequent preservative-free artificial tears and treatment of meibomian gland dysfunction. Adjunctive options include punctal plugs, autologous serum tears, or amniotic membrane in severe cases.

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**3) How to manage OSD in floppy eyelid syndrome (pre-surgical)?**

Nighttime mechanical protection is the most important intervention, using shields or lid taping. Lubrication with ointment at night and preservative-free tears during the day is essential. Short-term topical steroids can be used for inflammation, with long-term anti-inflammatory therapy if needed.

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**4) Please discuss how tear film quality affects refraction**

Tear film quality primarily affects the accuracy and stability of refraction rather than causing large shifts in prescription. Poor tear film leads to variability, often in the range of about 0.25 to 0.75 diopters. It also reduces visual acuity, contrast sensitivity, and causes fluctuating vision.

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**5) Recommendation for heat/lid massager**

I recommend any of the Renpho Eyeris massagers that can be found on Amazon. I personally use the Renpho Eyeris 3.