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Eye to Eye

THE FDA'S CURRENT POSITION ON EYEWEAR

By Brenda Fishbaugh

Nine years ago, I interviewed Sharon Miller of FDA's Center for Devices and Radiological Health that oversees tanning regulations concerning how the FDA viewed the importance of indoor tanning eye protection. That interview appeared in the October 2005 issue of *Island Sun Times*. I felt it was time to check in with the FDA and update salon operators with any changes in the FDA's position on the importance of eye protection.

I was honored that Sharon Miller, now a Senior Optical Engineer in the Division of Radiological Health, agreed to speak with me. Sharon has worked for the FDA for 33 years and has been involved with the bio-effects research from UV and visible radiation for 15 of the past 20 years.

Ms. Miller shared with me that the Consumer Product Safety Commission (CPSC) continues to report thousands of burns from single indoor tanning sessions annually, and a substantial number of these burns are eye burns. An eye burn caused by a single tanning session is called *photokeratitis*, and the tanner experiences red, itchy, watery eyes. Medical treatment includes numbing drops and anti-bacterial drops, as the damaged cornea can often become infected.

Following is my Q & A with Sharon Miller.

BF: With all of your experience, what would you say to the millions of indoor tanners who do not wear eye protection and feel that closing their eyes is enough?

SM: I would say that tanners are taking a chance on damaging their corneas (which can lead to painful photokeratitis – sunburn of the cornea), damaging the lens (leading to premature cataracts) and retina (which can cause permanent vision damage). If they can't keep their eyes closed the entire time, or fall asleep with their eyes partially open, they put themselves at higher risk for damage. In addition, the eyelid skin is normally not exposed to UV so it may be more sensitive to sunburn and – in the long term – skin cancer. Lastly, intense visible light poses a risk to the retina and the eyelid transmits up to 25% of the visible radiation. So, UV is not the only concern. I strongly

recommend that they wear FDA-compliant protective eyewear.

BF: How would you respond to doctors who feel damage only occurs when the eye is open, such as when one is on the beach, and not if the eye is closed?

SM: I would say they are doing their patients a disservice by giving them false information. The FDA recommends that tanners not risk their eyesight by using sunlamps without proper protective eyewear. Most likely these doctors have never had a patient come into their office suffering from painful photokeratitis after using a sunlamp or sunbed. They also may not be aware of the risk from visible radiation as well as from UV radiation. There are reports in the literature of people who received permanent damage to their vision from using tanning devices without the appropriate eyewear.

BF: Since we last spoke, what changes have you seen in eye research where UV is concerned?

SM: Recent research shows that intense visible light may also be very damaging to eyesight. I'd recommend people wear eye protection in a tanning system not just to block UV light, but also to dramatically reduce visible light. We know that blue light is particularly damaging to the retina and recent scientific publications show that LEDs, especially those with significant blue output, might cause long-term retinal damage.

BF: Anything else you'd like to share with us?

SM: The FDA is considering adopting some of the provisions in the International Standard for indoor tanning equipment, which is used in Europe. The requirements for eye protection in the international sunlamp standards are much tougher than in the U.S., and I predict that we'll be moving to the stricter eye protection requirements that we see in Europe. ■



About the Author:

Tanning industry veteran Brenda Fishbaugh is president of Eye Pro, Inc., makers of disposable eyewear. She travels extensively training salons on the effects of UV light on vision.

