

# Types & Formats: Choosing the Right Approach

Multiple amniotic membrane formats are available for office-based optometric use. Understanding the key differences allows for patient-specific selection based on defect characteristics, handling preferences, and practice logistics.

Format Type	Storage & Handling	Typical Applications	Key Considerations
<b>Dehydrated AM</b>	Room temperature storage; rehydrates on contact with tear film or saline	Mild-moderate defects, convenient office use, rapid deployment	Easier logistics; longer shelf life; much more cost-effective
<b>Cryopreserved AM</b>	Frozen storage at; requires thawing protocol before use	Larger defects, more severe pathology, maximum biologic activity	Most growth factors preserved; requires freezer; shorter shelf life; expensive
<b>AM with Bandage Contact Lens</b>	AM placed on cornea, secured with BCL	In conjunction with dehydrated AM, when ring device not tolerated	CL fitting and management; blurry vision; comfort concerns; AM may shift
<b>Sutured AM (Surgical)</b>	Variable; applied in OR or surgical suite	Complex cases, large conjunctival involvement, positioning prioritized	Minimal applications for most optometry offices; usually ophthalmology surgical placement

✔ **Practical pearl:** Dehydrated AM devices offer the most straightforward, easy to handle, and inexpensive entry point for optometrists new to AM therapy. They're designed for in-office placement, require no suturing skills, and allow easy assessment of the underlying tissue during follow-ups.