OCOS MEETING
2 HOURS CE
“LASIK Update” Dan Tran, MD
& New OCOS Board Installation
April 21, 2014 + 6:30 - 9:00 pm
Darya Fine Persian Cuisine + 3800 South Plaza Dr
Santa Ana, CA 92704
RSVP at www.ocos.org
$ 30 for OCOS/COA Members
$ 45 for Non-Members
$ 55 At the Door
Dear Colleagues,

As my term comes to a close, I reflect back and am grateful for the tireless effort of our membership from the bottom to the top. We are all a part of OCOS/COA/AOA because we care for our patients and love what we do every day (although some days more than others). It is through your membership dollars and volunteer hours that we are able to keep optometry at the legislative table. As you read this message, we will have convened for the 2014 COA House of Delegates at Optowest in Indian Wells. Your optometric colleagues from all over the state have volunteered to come together for the good of the profession. How awesome is that? Thank you to the 15 OCOS delegates (aside from myself) who have volunteered: Julie Schomack, Edeline Lu, Mike Spitzer, Harue Marsden, Chris Vargas, Matt Wang, Ketan Patel, David Wakabayahi, Maggie Jan, Eunice Myung Lee, Dawn Miller, Catherine Heyman, Sally Dang, Krystal Nguyen, and Beverly Miller. Kudos and many thanks for your time and dedication!

Also, I would like to take this time to thank the OCOS board this year. It has been a year of reorganization. We have organized committees to allow for more OCOS board involvement from the membership and a smaller board for better efficiency. We are in the process of updating our bylaws to better reflect our current board. I would also like to thank our student reps from SCCO/MBKU: Maddie Low and Western University: Mary Hoang for providing their insights and for bridging our gap with the students. Last but not least, I am thankful to our sponsors for their support of our society. It is through their generous support we have these great CE events.

The future of optometry is bright but the battles are still around the corner. SB 492 is still in the works, there are plans for supplemental adult vision care coverage under Covered California, and much more! Please stay updated by reading your GA weekly from COA and volunteer for Local Legislative Days or Keyperson/Legislative Day on May 13 and meet your representatives. Let them know what optometrists do and why our patient care is more than glasses and contact lenses. All it takes is communication!

All business aside, I am truly thankful for serving as your president this year. I am honored to represent our society and have learned so much from everyone. Please don’t hesitate to say hello to me at any of our OCOS functions or anywhere for that matter. I consider us all friends and love to connect! Cheers!

Sincerely,

Isabell Choi, OD
THE FUTURE OF VISION... TODAY!

- Advanced Cataract Surgery
- Premium Lens Implants
- Pterygium Removal
- Glaucoma
- Corneal Transplantation
- Retinal Diseases
- Cosmetic Eyelid Surgery
- Custom Intralase LASIK
- Facial Aesthetics and Skin Care
- Hearing Health

949.951.2020

Roger V. Ohanesian, MD, FACS
John A. Hovanesian, MD, FACS
Brian T. Kim, MD
Nicoletta J. Stefanidis, OD, FAAO
Edward W. Kim, MD, MPH, FACS
Jeffrey L. Jacobs, MD, FACS
Satvinder K. Gujral, MD, FAAO
Mark J. Levy, OD
Diana H. Kersten, MD, FACS
Savak Teymoorian, MD, MBA
Karen P. Skvarna, OD

LAGUNA HILLS | 24401 Calle de la Louisa, Suite 300 | Laguna Hills, CA 92653
SAN CLEMENTE | 665 Camino de los Mares, Suite 102 | San Clemente, CA 92673
harvardeye.com
2014-2015 BOARD OF TRUSTEES

President
TBA

President-Elect
open

Immediate Past President
Isabel Choi-Srirata, O.D.
ichoiod@gmail.com

Secretary
Maggie Jan, O.D.

Treasurer
Jade Davis, O.D.
jadecavisod@hotmail.com

Education Committee
Sally Dang, O.D.

Events Chair
Rebecca Ng, O.D.
rebeccaeng@cox.net

Membership Committee
Edeline Lu, O.D.
Krystal Nguyen, O.D.

Legislation Committee
David Ardaya, O.D.
dardaya@yahoo.com
James L. Cooperman, O.D.
jlcooperman@earthlink.net
Chris Vargas, O.D.
docvargas@gmail.com

Public Awareness/Community Events Committee
Robert J. Moeser, O.D.
moeser@pacbell.net
Thanh Mai, O.D.

Webmaster
Ketan Patel, O.D.
ketan.patel@inc@gmail.com

SCCO Representative
Maddie Low

Sponsorship Committee
Sally Dang, O.D. (Co-Chair)
Rebecca Ng, O.D. (Co-Chair)

Advisory Committee
Eunice Myung Lee, O.D.
(714) 449-7424
emyung@scco.edu

Harue Marsden, O.D., M.S.
hmarsden@scco.edu

Michael Spitzer, O.D.
imheyes80@hotmail.com

David Wakabayashi, O.D.
(949) 552-2020
dwakabayashi@scco.edu

Editor
Ivy Lin, O.D.
andromeda313@yahoo.com

THANK YOU TO OUR 2014-2015 SPONSORS:

GOLD
Coastal Vision Medical Group
Mylene Soriano
mylenesoriano@danbtranmd.com

Harvard Eye Associates
Maria Michel
mmichel@harvardeye.com

NVision Laser Eye Centers
Rosalyn Ayson
(949) 424-4833

Vision West
Daniel Frutiger
daniel@vweye.com

SILVER
Alcon
Ben Olbon
benolbon@cibavison.com

OakTree Wealth Group
David Chong
949.514.8588

Essilor Labs
Stefanie Cook | Casey Steward
scook@essilorusa.com
srstewart@essilorusa.com

OASIS
Chris Boore
cboore@oasismedical.com
Matt Lindstedt
mlindstedt@oasismedical.com

George M. Salib, MD
Orange County Eye Institute
Eta Chalfin
949.770.7322

Shamir
Dia Kaesman
dkaesman@shamir.com

TLC/Harvard Eye
Stephanie Taylor
stephanie.taylor@tlcvision.com

Vistakon
See-Wan Szeto | Amy Spillane
swszeto@its.jnj.com
aspillane@its.jnj.com

VMR Institute
Marta Mott
marta.m@vmrinstitute.com
LASIK Begins with the Family Eye Doctor™

The NVISION Difference

THE EYE DOCTORS’ #1 CHOICE®
More than 1,300 Southern California eye doctors choose NVISION for themselves and their patients who need LASIK. We work with your patients to optimize safety and results.

AVELLINO DNA TESTING
NVISION is the ONLY LASIK provider in California to offer Avellino Corneal Dystrophy testing — giving your patients an added level of safety.

DATA LINK® SOFTWARE
Superior outcomes result from prior precise measurements recorded in NVISION’s extensive database of previous patients.

NATIONWIDE LIFETIME COMMITMENT
VISION for Life™ is our commitment to patients that we stand behind their results for a lifetime.

SURGICAL EXPERTISE
There is no substitute for experience, so trust your patients’ eyes to the surgeons who have performed more than 200,000 LASIK procedures.

TECHNOLOGY
NVISION offers multiple state-of-the-art laser technologies to optimize outcomes.

“It has been my pleasure to work in cooperation with family eye doctors for over 15 years” - Tom Tooma, MD, Founder
NVISION Laser Eye Centers Makes Its First Acquisitions in Nevada

NVISION Laser Eye Centers has made its first acquisitions in Nevada by purchasing two practices of the Las Vegas based Nevada Eye Care.

“The two Nevada Eye Care centers will be a great addition to the NVISION family now totaling 17 Centers,” says Todd Cooper, CEO of NVISION. “This is the first of multiple acquisitions NVISION will be completing this year as we continue to search for growth opportunities.”

“Nevada Eye Care is an established, full-service ophthalmology practice that has been providing LASIK, cataract, glaucoma and dry eye services in the Las Vegas area for more than 30 years,” said James Pereyra, Vice President of Business Development at NVISION.

Nevada Eye Care has a team of five highly trained, board-certified physicians:

Paul Casey, M.D., FACS
Stewart Park, M.D., FACS
Emil A. Stein, M.D., FACS
Loren Little, M.D., FACS
Archana V. Reddy, M.D.

“Joining the NVISION Laser Eye Centers’ family will provide us the opportunity to expand our LASIK services with state-of-the-art technology,” says Dr. Paul Casey with Nevada Eye Care. “In addition, we will be working with optometrists throughout the Las Vegas area as partners in eye care – the hallmark of NVISION’s optometry-centric business model.”

To find out more about your practice joining the NVISION Laser Eye Centers’ family, please contact James Pereyra at 949-854-7400, ext. 247

About NVISION Laser Eye Centers

NVISION Laser Eye Centers is an innovative leader in lifestyle surgical eye care with 15 locations throughout California as well as two Centers in Las Vegas, Nevada. NVISION is the first provider in California to offer LASIK eye surgery with the Swiss-engineered Ziemer Femto LDV™ Crystal Line Laser. In addition, NVISION is the first provider in California to offer the bladeless, computer-controlled LenSx laser -- unquestionably the most technologically advanced option for laser cataract surgery, and the first in the nation to offer Avellino DNA testing for an added level of LASIK safety.
We offer more savings & more benefits, including:

- Free membership, no minimum purchase required
- Admin fee rate as low as 1.5%* & no hidden fees
- Best discounts from 250+ vendors
- 100% of vendor discounts passed on to you
- Your own dedicated customer service specialist

*Depending on your monthly purchase volume

For more information and to join today, contact a Customer Service specialist at:

800.640.9485  www.vweye.com
During the aging process, it is common for the vitreous to separate from the retina causing a complete posterior vitreous detachment. In approximately 3.5 out of every 1000 patients, however, the vitreous can remain adherent to the macula causing distortion of the macular anatomy due to tractional forces which can be visible on spectral domain OCT. This is can cause symptoms of decreased central vision, metamorphopsia, and scotomas.

Until recently, the only treatment options for patients that suffer from symptomatic vitreomacular adhesion (sVMA) has been surgery with pars plana vitrectomy (PPV) or expectant observational management. Many of these patients have some degree of vision impairment but are not eager to have surgery or are unable to have surgery due to concomitant medical conditions.

In October of 2012, the FDA approved ocriplasmin (Jetrea; ThromboGenics, Iselin, NJ), a non-surgical, intravitreal injectable for the treatment of sVMA. This novel breakthrough is the first commercially available, FDA approved pharmacologic treatment option of its kind. Ocriplasmin is essentially an enzyme derived from human plasmin that hydrolyzes collagen, laminin, and fibronectin – adhesion proteins within the vitreous body and at the vitreoretinal interface. Patients are typically given a single intravitreal injection of 125 μg to treat sVMA yielding a release of vitreomacular traction in approximately 25% overall and up to 50% under certain baseline conditions.

While at Bascom Palmer Eye Institute, I was involved in the first clinical studies of ocriplasmin following its FDA approval. This study looked at the initial clinical outcomes of ocriplasmin-treated patients which supported the findings that certain pre-treatment baseline conditions can optimize successful treatment. The study included 19 patients ranging from 57 to 81 years of age. Fifteen patients were phakic, and the remaining four patients had posterior chamber intraocular lenses. Eight patients showed OCT evidence of ERM at baseline. Overall, 8 of 19 (42.1%) patients enrolled in our study achieved successful nonsurgical release of VMA following intravitreal ocriplasmin injection. On subset analysis, 45% of patients without an epiretinal membrane, 67% who had macular hole, 50% who had adhesion diameter less than or equal to 1500 μm, and 53% who had crystalline lenses achieved successful release of VMA. Overall, 50% of macular hole patients achieved non-surgical closure with ocriplasmin.

We are now offering Ocriplasmin injections at Harvard Eye Associates and the results have been very promising. By adding Ocriplasmin to our practice, we can give patients an option other than surgery and a chance at clear vision.
INTRODUCING A REVOLUTION IN PROGRESSIVE LENSES

VARILUX S series™

"From the moment I put them on, I could see the difference."

DISCOVER LIMITLESS VISION™ WITH VARILUX S SERIES

©2013 Essilor of America, Inc. All Rights Reserved. Essilor, Varilux and Varilux S Series are registered trademarks of Essilor International in the United States and in other countries.
In eye care, the rate of advances in technology is such that we are continually improving our capability to analyze our patients with ever-increasing accuracy. Of course, one may argue that these technologies are becoming a crutch for us, but I believe their benefit far outweighs any negative impact they may have. In fact, especially with the high expectations that we are met with by our patients, it certainly behooves us to test when appropriate and improve our diagnostic capabilities accordingly.

In working with a surgeon to achieve optimal outcomes in cataract surgery, it is important to see how conscientious and detailed the preoperative workup and consultation is. For instance, at the Orange County Eye Institute, we have a new diagnostic center that includes the most advanced diagnostic equipment available for pre- and postoperative testing of our patients. Placing a greater importance on this cataract preparation and comanagement rather than on selling these patients glasses, we decided to close our optical shop in order to dedicate a center for this purpose.

In preparing a patient for cataract surgery, the first test that must be done, of course, is a careful refraction (with glare testing at the end). This can either be done in your office or at the comanaging surgeon's office. Glare testing is very important because it sometimes will elicit a steep decline in vision that is only evident when the patient experiences glare from a strong light such as headlights or sunlight. While they may see 20/30 in a perfectly darkened room, certain cataracts can decrease their vision to much worse levels.

The patient's symptoms in regards to vision are also queried using a quality of vision checklist as well as a questionnaire. You might be wondering, "I thought this was an article on testing. What is Dr. Salib talking about?" You're absolutely correct, but you can consider this a low-tech test that is essential in trying to figure out what the patient's vision problems are, hobbies, likes and dislikes, level of perfectionism, and expectations prior to operating on them. What use would it be to put a Restor lens in a cab driver who drives at night time and hates halos? Likewise, how happy would your patient be if their most important requirement is to be able to read the smallest print without glasses and he gets implanted with a Crystalens?

We also test for ocular dominance for purposes of determining which eye to aim for far distances and which can be either a mono vision or mini monovision eye. We also test for an afferent pupillary defect, check confrontation visual fields (or 24-2 Humphrey visual field if they have glaucoma), and check their ocular motility and see whether they are orthophoric. The last thing you want to do is uncover a diplopia after surgery rather than before.

Our Lenstar is a super advanced equivalent of an IOL master for getting the key measures of an eye prior to cataract surgery. In just a few seconds, this amazing machine can obtain the axial length of an eye to the hundredths of a millimeter, corneal thickness, aqueous depth, lens thickness, extremely accurate K's, white to white measurements, and pupil diameter. With this same computer, I can calculate the lens power for many different lenses using both the
standard SRKT formula as well as the most advanced formula, which is the Holladay II formula. If they have dry eyes and the K’s are variable, I can easily have the patient work on lubricating their eyes and redo the test on another day. This advanced machine has single-handedly made preoperative calculations extremely reliable and greatly enhanced my postoperative results and patient satisfaction.

We also perform *corneal topography testing* with one of the most advanced topography machines available, the Ziemer Galilei G4, of which there are very few in this country. In fact, I have had an ophthalmologist as far away as Los Angeles send me a consultation to use this machine. It is not only a dual Schleimflug camera for superbly accurate measurements of both the front and back surface of the cornea, but it also has Placido rings to enhance the accuracy of the anterior corneal surface. It gives a battery of information that includes K measurements of the anterior and posterior cornea, total corneal power to reveal what is the summation of both the anterior and posterior components of astigmatism, pachymetry, white to white measurements, pupil diameter, and keratoconus probabilities. It also maps out higher order aberrations. I’m able to compare the Lenstar K’s with the topography K’s, ensuring that they make sense—and if not, I will have the patient retested after adequately lubricating their eyes on another day.

Performing an *OCT of the macula* is also essential, and as such we use the gold standard Heidelberg Spectralis in order to perform this on all patients preoperatively. So many times, while not visible to the examiner’s eye, I have uncovered macular pathologies such as epiretinal membranes and drusen that would preclude my using a multifocal lens such as the Restor lens. Likewise, on many an occasion, I have examined many previously operated eyes from other surgeons in which a multifocal lens has been placed inappropriately in an eye with such macular pathologies. The OCT is also very valuable postoperatively if cystoid macular edema is suspected. With my iPad, I can scroll through the entire OCT in front of the patient and educate them on any pathologies so as to manage expectations. It certainly adds a wow factor to the whole experience.

With my Topcon fundus camera, I can also take pictures of any pertinent retinal pathology and show it to the patient on my iPad in order to further educate the patients on their pre-existing conditions. The patient’s certainly appreciate this higher level of care and counseling prior to and after surgery, enhancing their overall satisfaction with this surgical process.

With both the OCT and the topography machine, I can also take accurate photos of the angles of the eye in order to show patients with narrow angles the effect that the cataract is having on the narrowing. The topography machine can even measure the angle in degrees.

We live in an amazing time where technology and the art of patient care are evermore entwined. With ever-increasing expectations by our patients combined with our natural desires to give our patients the best outcomes possible, it is increasingly important to rely on the most advanced technologies in order to guide our preoperative counseling, IOL choice, patient expectations, and postoperative management of these patients. *At the Orange County Eye Institute, we are proud to offer these exceptional services in a personalized manner for your patients (without an optical shop to confuse them!) so that they are smiling broadly when they return to your offices. Feel free to contact me with questions at gsailbmd@yahoo.com or on my cell phone: 310-809-2241.*
VMR Institute
is proud to offer pioneering
diagnostic and therapeutic
approaches to complex disorders
of the
VITREOUS, MACULA, & RETINA
(VMR)

When LA Magazine asked 31,000
doctors "Who would you choose as
your doctor?" only two vitreo-retinal
specialists in Long Beach and Orange
County were named by their peers
every year from 2010 to 2014 as
Super Doctors
of Southern California
Dr. Sebag & Dr. Chong of the
VMR Institute in Huntington Beach

VMR Institute
bringing university-level care
to the local community
in a private setting

Phone: (714) 901-7777 • Fax: (714) 901-7770
7677 Center Avenue • Huntington Beach, CA 92647
www.VMRinstitute.com
LASIK Increasing Among Younger Adults

Not many 21-year-olds walk into a LASIK vision center with the mind and money to choose laser vision correction—yet.

But the average age of LASIK patients is falling steadily. The typical LASIK patient used to be about 40 years old, but as Baby Boomers opt for non-LASIK, age-related vision correction, such as cataract surgery or reading glasses to aid with presbyopia, their grown children are filling their spots.

The average age for LASIK patients today hovers at around 35 years old—five years younger on average than about a decade ago. These people, born between 1977 and 1995, have grown up with cell phones, the Internet and, yes, lasers. They know many people who’ve had laser vision correction.

Boomers embraced LASIK in its earliest stages. Today, LASIK is North America’s most common elective medical procedure. Eye surgeons have state-of-the-art technology, 15 to 20 years of clinical experience, databases that match eye types to best procedures and a track record of high patient satisfaction.

As Frank Herbert wrote in the Dune series, “Where the fear has gone there will be nothing. Only I will remain.” The LASIK fears seem to have passed, and Generation Y—along with some of their Boomer parents in terrific health—remain. So LASIK and the two are mingling.

More frequently, LASIK eye doctors are seeing patients five to 10 years younger than those they saw in the previous decade. Generation Y patients, as compared to their parents, stand to gain extra LASIK benefits, such as more years of active lifestyle and fewer eye-care expenses, because they will live more years with reduced dependency on eye glasses and contact lenses.

A variety of payment plans for younger LASIK patients can also help the next generation of LASIK patients afford the procedures.

Today more than half of LASIK patients are younger than age 40. As more people in their 20s and 30s choose laser vision correction, the outlook of an already common surgery will be an interesting one for Millennials.

We are excited to announce that TLC Laser Eye Centers has launched a joint venture partnership with Harvard Eye Associates at our Laguna Hills location.

TLC Laser Eye Centers®
at Harvard Eye Associates

John A. Hovanesian, MD, FACS

TLC brings your patients the very best in technology, surgical outcomes and a personal approach for both LASIK and refractive IOL’s. TLC was founded on the philosophy of co-managing patients with Optometry, working with some of the most experienced surgeons while maintaining our strong commitment to our affiliate optometrists.

24401 Calle de la Louisa, Suite 300 | Laguna Hills, California 92653 | 877.TLC.2020
OAKTREE WEALTH GROUP INC.

We specialize in helping eye care professionals to protect their wealth, grow their net worth and to maximize cash flow in retirement.

David Chong, CFP®
4695 MacArthur Ct. STE 1100
Newport Beach, CA 92660

DIRECT 949.514.8588
FAX 949.468.0937
EMAIL dchong@oaktreewealthgroup.com
WEB www.oaktreewealthgroup.com

GROW

What keeps your practice growing?
Referrals. From happy patients.
The ACUVUE® Brand makes innovative lenses that keep patients happy. And, satisfied patients are nearly 7x as likely to recommend their eye doctor than dissatisfied patients.**

ACUVUE® BRAND CONTACT LENSES
INNOVATION FOR HEALTHY VISION™

SHAMIR AUTOGRAF III™

Taking into consideration additional parameters while designing the Autograph III™, Shamir’s R&D team developed many new features that provide the patient an optimized visual experience that is truly enhanced and personalized to their visual needs unlike any design Shamir has previously released.

Addressing the Visual Experience of Hyperopic and Myopic Presbyopes

Shamir’s R&D team focused on the fact that although their lens design is the same, each patient’s perceived viewing field is significantly different, based on their prescription. A minus power lens increases the field of view, while a plus power lens has the effect of reducing the field of view. This results in hyperopic patients experiencing a narrower viewing field than that experienced by their myopic counterparts.