Ocos General Meeting

2 Hrs of CE + Dinner

Monday, April 20
6:30—9:00 PM

"Managing Patients with Gas Permeable Lenses"

Heidi G. Miller, O.D. & Tiffany Gates, O.D.

McCormick & Schmick's Seafood & Steaks
2000 Main St, Irvine 92614

$30 for OCOS/COA members

$45 for non-members

$55 at the door

RSVP by Monday 4/13 at www.ocos.org
Dear OCOS Colleagues,

Spring is just around the corner which means relatively warmer weather (this is why we love the OC!) and a busy season with OCOS! In mid-February, we convened in San Jose for COA’s House of Delegates. We had the privilege of hearing Dr. Ed Hernandez speak about healthcare changes impacting optometry.

Here is a summary of some updates from HOD:

- Dr. Ed Hernandez is working on increasing Medi-Cal reimbursement to providers, restoring coverage of adult eyeglasses and low vision aids, and requiring children’s eyes be examined before entering school.
- Dr. Ed Hernandez is also working diligently to preserve our scope of practice in regards to the Lenscrafters issue by preventing non-physicians from overseeing how optometrists practice.
- COA/AOA along with Dr. Ed Hernandez are continually addressing how we can participate in the new healthcare system (ACA) and emphasize primary eyecare to patients through access in HMOs, IPAs, and medical panels (example: getting optometrists to be providers for Medicare Advantage).
- Uniform Pricing Policies (UPP) are a big threat to optometry because they would require an unbranded prescription for contact lenses and the prescriber can not sell these lenses.

I would like to thank the OCOS delegates who came to San Jose to represent our society: David Wakabayashi, Matt Wang, Harue Marsden, Julie Schornack, Edeline Lu, Danny Ngo, Millie Liu, Justin Kwan, Maggie Jan, Dawn Miller, and Stan Woo. Your time and dedication to represent OCOS is appreciated!

Also, OCOS received some awards at HOD: Newsletter of the Year, Website of the Year, and Young OD of the Year. I want to extend kudos out to Ivy Lin, our newsletter editor, and Ketan Patel, our webmaster. We are now award-winning!

I want to thank the board this year for a very productive year. We supported CVF at our annual holiday party and raised over $3000 for those in need of comprehensive eye exams and glasses. We are arduously reviewing our outdated bylaws so we stay current to our policies, and we are actively recruiting volunteers for vision screenings in our area.

This is my last term as president and I am thankful for this experience. I am proud to serve our profession and honored to meet our colleagues and sponsors. Our future is bright but not guaranteed secure, so please continue your membership and donate to the AOA-PACs if you can so we can stay at the legislative table. We need everyone to support the cause. I’ll see you all at our next meeting in April. Cheers!

Sincerely,

Isabell Choi, OD
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Cataracts - When to Refer

It is always a challenge to know exactly when to refer someone for cataract surgery. The fact that someone has a cataract doesn't necessarily mean that they need surgery. Most people will develop cataracts starting rather early in life. If you carefully look at someone at the slit lamp, you might even notice visually insignificant cortical changes as early as in their 30s or 40s.

So when is it appropriate to actually send someone to be evaluated for cataract surgery? The key is how is it affecting their life and do they notice it. If the person says that they are seeing well and they are having no trouble performing any of their daily functions in life, then they can probably wait. On the other hand, if they're having trouble seeing the fine print in their books, having trouble seeing the television or the writing on the television, then it might be a good time to suggest considering cataract surgery.

Of course, the patient's personal safety is always a consideration as well. It has been documented in the Journal of the American Medical Association in a 2012 article by Tseng, et al. entitled “Risk of Fractures Following Cataract Surgery in Medicare Beneficiaries” that “In a cohort of US Medicare beneficiaries aged 65 years and older with a diagnosis of cataract, patients who had cataract surgery had lower odds of hip fracture within 1 year after surgery compared with patients who had not undergone cataract surgery.” If the clinician finds that the patient's cataract is indeed significant (2+ or worse) and is affecting the patient's vision, then it behooves us to mention the real risks to themselves and the danger of falling.

The public's safety is also a concern, especially when it comes to driving with cataracts. One of the most common things that people will notice first is that they are starting to have trouble or are uncomfortable driving at night because of glare from the oncoming headlights (remember to check glare testing). Sunlight may also cause significant glare. They may downplay this, but it is important to see if they have a fear of driving due to their poor vision—you might discover that their vision is indeed affecting their life and endangering others.

It is imperative that we counsel them on whether they should be driving or not, and whether a cataract surgery might help them to be safer. I always mention to my patients that I would hate for them to not notice someone crossing the street if headlights or bright sunlight is in their eyes. It's already hard enough to notice such things even without cataracts! (Think of driving through a mall parking lot).

They may complain that writing in general is blurry or that they cannot see the fine print on price tags or medicine bottles. I had one patient recently complain that the Time Magazine print is now grey instead of black, and how could the publishers do this? I nodded with great understanding. People often start to complain that certain numbers, like 3’s and 8’s appear to be the same...that could have serious consequences if paying bills! One key feature of such cataracts that involve finer print is that they tend to be centrally located cortical spokes or a posterior subcapsular cataract (PSC). This affects near reading since pupils constrict with reading. PSC cataracts are often difficult to notice unless you dilate the patient and check with retroillumination. I have discovered many a PSC that way in consults for an unexplained decline in vision. While dilating the eye is imperative to seeing the full array of nuclear, cortical and PSC changes, it is also important to notice how the cataract is located in relation to the visual axis in an undilated eye.

One very noticeable characteristic of people who have cataracts is that they have frequent refraction changes and are simply unhappy with the glasses you have prescribed them. A myopic shift secondary to nuclear sclerotic changes is common, often on the order of 1-3+ diopters. By this time, their cataracts are
often in the +2-3 range. Perhaps the axis changes also as the cataract induces lenticular astigmatism (check the K’s and how they differ from the overall refraction—the difference between the two is the lenticular induced astigmatism).

Speaking about refractive variability, make sure to look at the state of corneal lubrication. Dry eye disease will notoriously give you unreliable refractions besides blurring their vision and also making them more photophobic. To promote a healthy cornea prior to cataract surgery is imperative for vision, but also vital to getting accurate K measurements prior to surgery that are an integral aspect of accurately choosing an IOL type and power for the patient. A properly lubricated cornea may even obviate the need for cataract surgery once their corneas are in better shape.

As we can see, there is certainly an art to determining when a patient needs cataract surgery. What may be a significant nuisance for one patient might go completely unnoticed in another. Is their vision affecting their activities of daily living, preventing them from driving in certain situations, making them more vulnerable to falls, or preventing them from doing their work or hobbies? If so, then that is the usual time to refer for cataract surgery. At this point, the lens is usually at a +2 grade or worse and their vision is 20/30 or worse. Once the lens is at 3+, I would start strongly suggesting a cataract evaluation, as it becomes increasingly challenging to remove. People with Fuch’s dystrophy might benefit from earlier surgery because the less dense the cataract, the less energy used to remove it, and thus less endothelial cells are lost. Laser assisted cataract surgery (ex. LenSx) also helps to minimize energy use since the laser is used to break up the cataract into smaller pieces prior to phacoemulsification.

Upon receiving the patient in our office as a consult, they answer a lifestyle questionnaire and undergo a series of measurements, watch a video about surgery, get a complete examination, and finally discuss their options with the surgeon (the author, of course!). We like to tailor the consult and treatment plan according to the patient’s needs and wishes. If I can be of any help, please feel free to contact me at the Orange County Eye Institute in Laguna Hills or by email at gslibmd@yahoo.com. We can comanage if that is your wish, and since we have no optical shop, you will definitely see your patients again!

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Dr. Tran is recognized as an international leader in refractive and cataract surgery, and best of all, his practice and surgery center are right here in Orange County.

If you qualify and choose to join the study, you will receive the vision procedure and all study-related care at no cost.

To find out more about this clinical study, or find out if you or someone you know might be a candidate, please call Coastal Vision Medical Group at (714) 771-1213.
The PROWL Studies

One of the greatest advances in the weapons system of modern military aircraft over the past 20 years has had less to do with the components on the outside of the aircraft and more to do with what is inside the aircraft. Specifically, we are talking about the most important weapons system, the pilot.

Whether in Canada or the United States, poor uncorrected vision is one of the greatest restrictions to a pilot “getting their wings”. That completely changed when refractive surgery became mainstream and waiverable in many branches of the armed forces. In both civilian and military communities, PRK and LASIK became a very normal and routine procedure to improve vision and most importantly, quality of life.

LASIK is still one of the most commonly performed AND studied procedures in the United States and Canada. However, these studies were commonly compartmentalized and siloed into either one population or disease state. Recently, the Food and Drug Administration in conjunction with the National Eye Institute and the Department of Defense released their preliminary results of the multi-year Patient Reported Outcome with LASIK (PROWL) study at the 2014 American Academy of Ophthalmology.

Pilot
The pilot phase involved comparing PROs using web vs. paper questionnaire. This phase of the project was completed in 2011 with 118 participants.

Phase 1
The first phase involved the development of a web-based instrument for assessing PROs and ensures that the instrument is easy to use and understand, and adequately covers LASIK issues. This phase also involves interviews with patients contemplating LASIK as well as patients who have experienced poor outcomes and those who have experienced positive outcomes. This phase of the project was completed in 2011 with 22 participants.

Initial Study/PROWL-1 (Military Population)
Principal Investigator: CAPT. Elizabeth M. Hofmeister, MD USN
Refractive Surgery Advisor for Navy Ophthalmology, Head, Navy Refractive Surgery Center San Diego, US Naval Medical Center, San Diego, CA

Principal Investigator: Malvina Eydelman, MD
US FDA Division of Ophthalmic, Neurological and Ear, Nose and Throat Devices, Office of Device Evaluation, Center for Devices and Radiological Health

Visit our website at [http://www.fda.gov](http://www.fda.gov) for more information about the clinical trials and the PROWL study.
The questionnaire was used in an initial study of a patient population undergoing standardized treatment at the US Naval Medical Center San Diego. This phase of the project was completed in 2014 with 262 participants.

**Initial Study/PROWL-2 (Civilian Population)**

Multiple Investigators and Sites

This initial study further validates the questionnaire and prevalence in a national, multi-center clinical study in a civilian population. This phase of the project was completed in 2014 with 312 participants.

**Measurement Tool**

The project produced a new questionnaire that can be used to more thoroughly assess candidates before LASIK surgery and to monitor them for visual symptoms after LASIK surgery, and in further research to identify which patients are likely to experience serious difficulties.

In addition to a literature search and expert interviews, the study used focus groups with patients and cognitive interviews to develop the project questionnaire so that it could assess the presence of visual symptoms and their severity, as well as measure the impact those symptoms had on a patient’s ability to function. In developing the questionnaire, they used images and clear definitions for the visual symptoms (ghosting/double vision, halos, glare, and starbursts) for patients and health care providers, which built a well-defined and consistent baseline for understanding our findings and for future research.

**We look forward to sharing the results from the PROWL studies in the next issue of Focus on Co-Management!**

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Three Facts about Collagen Cross-Linking

For over 15 years, collagen cross-linking of the cornea has been performed in Europe, Australia, and in other developed parts of the world to slow or halt keratoconus and corneal ectasia. Its use in the U.S. has slowly grown through its availability at various study sites, although no treatment platform has been fully approved by the FDA as of yet. Through personal experiences treating patients in the CXLUSA study, which is open to new patients, I’ve learned the following:

1. Cross-linking works.

Across all studies, there seems to be agreement that collagen cross-linking, when properly performed, almost always halts the progression of ectatic disorders, including keratoconus and surgically or traumatically induced ectasia. Furthermore, in most studies about half of patients experience a meaningful improvement in uncorrected visual acuity. This in turn allows easier correction with contact lenses or spectacles.

2. It is safe and becoming more patient-friendly.

Initial protocols for collagen cross-linking often required removal of the corneal epithelium. This approach, while successful, extended healing time and risk of complications. Using newer techniques that do not require epithelium removal, most studies by experienced surgeons suggest the same outcomes as epi-off techniques with significantly lower complication rates. Some studies are also examining higher-intensity UV light treatment, which reduces exposure time from 30 minutes down to as little as 5 minutes. Contact lens-assisted collagen cross-linking for keratoconus is another modification to a well-established procedure designed to expand its indication to include patients whose corneas are thinner than 400 μm.

3. Its uses are expanding.

Beyond treating ectatic disorders, collagen cross-linking has been successful for reducing diurnal fluctuations in refraction and vision that occur in post-RK patients. Some are examining the role of UV light exposure in treatment of corneal infections, in which aggressive cases of microbial keratitis can be brought under control more quickly with the adjunctive and sterilizing use of UV light. As these techniques become more common, we will learn more about how and when they are most effective.

Despite its pending FDA approval, most major U.S. cities have CXL study centers offering cross-linking, and every patient identified with any of the above-mentioned conditions deserves evaluation.

On Feb 24th, the FDA’s Dermatologic and Ophthalmic Drugs Advisory Committee and Ophthalmic Devices Panel made some headway when they voted to recommend the approval of CXL for treating both progressive keratoconus and corneal ectasia following refractive surgery, using a drug/device combination, which includes the Avedro UV-A light and riboflavin (vitamin B2).

Harvard Eye Associates has been involved in the CXLUSA study and we look forward to providing this procedure to patients who have ectasia and the other conditions mentioned above.

For more information about CXL at Harvard Eye Associates, please contact Maria Michel at 949-900-5228.

Disclosure: John Hovanesian, MD is a clinical investigator with the CXLUSA study.
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Premier U.S. LASIK and Cataract Surgery Provider Adds Fourth Pacific Northwest Location

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“Our expansion over the last three years is a reflection of the widespread need for innovation in the medical practice setting, especially in light of the recent changes in healthcare,” says James Pereyra, president of NVISION Eye Centers. “It’s about bringing the gold standard in patient care, training and technology to outstanding organizations we’ve carefully identified and selected like Weston, whose 30-year history of excellence and strong community ties are in perfect alignment with our goal to help change the way people see the world.”

The rural community of Roseburg—the heart of the U.S. timber capital—has placed unwavering trust in Weston Eye Center for decades. “We are the only eye center of its kind in the county,” says its founder Jon-Marc Weston, M.D., an award-winning, board-certified eye physician and surgeon who was the first in the Northwest to use an endoscopic laser for glaucoma and multi-focal lens implants. “This means as much to our dedicated staff and surgeons as it does to those who live in this community and in the greater region, where this level of care and cutting-edge technology would otherwise be unobtainable. With the support of NVISION’s world-class surgeons and staff, who have made the NVISION name the hallmark of ophthalmology, we’ll be able to reach more people and change more lives.”

NVISION takes a unique approach to patient care. Those who have experienced the expertise and precision of NVISION’s skillful and compassionate surgeons know that improving vision not only restores the precious gift of sight but also renews hope for a brighter future. “From the moment our patients walk through the door, they know we’ll be with them every step of the way,” says Pereyra. “Though our procedures are completed quite quickly, we build relationships—based on trust and successful outcomes—that last a lifetime.”
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