OCOS General Meeting
Monday, June 11th

New low price for members & non-members!
$25 for 2 Hours of CE!
Free Valet Parking w/ Validation

2 Hrs of CE: “Visual Fields”
Pinakin Gunvant Davey, OD, PhD, FAAO
Associate Professor, Western University College of Optometry

Scott’s Seafood Restaurant
Costa Mesa
6:30—9:30 pm
I believe the year was 2008, and I had just opened an office two years prior. I got an email for a call to action asking me to write to a state representative. Now I had received some emails like this before and honestly had ignored every single one of them. Up until that point, I was content with being a COA/AOA member and just paying my monthly fee. But something about this email was different. It read “Do you want to treat Glaucoma.” That had been the one field where I really felt knowledgeable but could do nothing about. Needless to say I responded and had no idea of how my life would change. Next thing I knew I was meeting with Assembly member Jose Solorio, nervously sitting in his office; intimidated. Shortly afterwards I was making flight plans to visit Sacramento for Keyperson Day.

This year marks the first full year SB 1406 will be in effect and statewide thousands of optometrists are treating Glaucoma and providing eye care to patients who would otherwise not have access to care. This marks a hallmark sign of how optometry in California works: a grassroots bottom up legislative battle. In some ways this is why I love being an optometrist. You really have to fight for your meals. And there is a huge sense of accomplishment once you succeed. My many thanks go out those mentors I had and to all the members of COA who put in long hours and time away from their families.

This is where you come in. Regular optometrists like you and me whose lives are too busy with work and kids. We need each and every one of your voices in Sacramento today as we move forward. Let me tell you, you can make a difference and it will change your life when you get involved. You develop a sense of community, of purpose, and of accomplishment. A good friend of mine said to me that being part of COA is like job insurance. There is no other entity out there that is fighting to keep optometry in the hands of optometrists and expanding the scope of what an optometrist can do. Much of what I am able to perform nowadays in the exam room today comes from the great lengths of work doctors went through and for that I am thankful. I hope as you read this, you too will become not only inspired to contribute to your own future but also see that a regular doctor with a busy life can make a difference.

Chris Vargas, OD

Welcome New Members

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Paul D. Chappelle OD
Nahan Erfan OD
Lynne Dianne Louie O.D.
Charles Luu O.D.
Reena A. Patel OD

Perceptions
Orange County Optometric Society
Editor: Ivy Lin, O.D.
511 W. Hermosa Dr., Fullerton, CA 92835
(714) 234-6373
andromeda313@yahoo.com

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Editor
Ivy Lin, O.D.
(714) 234-6373
andromeda313@yahoo.com

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

Michael Spitzer, O.D.
im4eyes80@hotmail.com

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

THANK YOU TO OUR 2012-2013 SPONSORS:

GOLD
Harvard Eye Associates
Maria Michel
mmichel@harvardeye.com

NVision Laser Eye Centers
Heather Rahm
Heather.rahm@nvisioncenters.com

SILVER
CooperVision
Deana Hibbs
dhibbs@coopervision.com
Jeff Nyssen
jnyssen@coopervision.com

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Lisa Ruef | Matt Schwartz
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K-Mars Optical, Inc.
Anna Zvezdina
anna@kmarsoptical.com

OASIS
Chris Boore
cboore@oasismedical.com

ODG (Optical Distributor Grp)
Mark Harrison
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Practice Concepts
Scott Daniels
scottd@practiceconcepts.com

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

TLC/Harvard Eye
Sherrie Schulte
sherrie.schulte@TLCVision.com

Vistakon, Johnson & Johnson
See-Wan Szeto | Amy Spillane
swszeto@its.jnj.com

VMR Institute
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marta.m@vmrinstitute.com
OCOS June Meeting

Thank you to those who made this a successful event!

Pinakin Davey, OD, PhD, FAAO, speaking about "Visual Fields"
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NVISION LASER EYE CENTERS’ DR. JONATHAN PIRNAZAR
FEATURED ON TV SHOW “THE DOCTORS” FOR NEW LENSX CATARACT LASER

NVISION Laser Eye Centers, Laguna Hills’ Dr. Jonathan Pirnazar was a featured guest on “The Doctors” show on March 8, 2012.

Dr. Pirnazar discussed NVISION’s brand new Alcon LenSx® he used to perform laser cataract surgery on Mission Viejo, Calif. resident Gail Sedigh. More than 3.2 million Americans have cataract surgery every year.

Dr. Pirnazar told The Doctors’ host Dr. Travis Stork: “With the new LenSx laser, we are able to create the incisions blade-free, which adds safety, precision and accuracy to the procedure.” Prior to the introduction of the LenSx laser last year, all cataract surgeries were performed using a blade.

When Dr. Stork asked how long the surgery took, patient Sedigh turned to Dr. Pirnazar who said “just seven minutes.” “Gail is essentially glasses-free with her new custom, multi-focal lens, which was implanted after removing the cataract, to give her distance as well as close up vision,” concluded Dr. Pirnazar.

The three key patients’ benefits of the femtosecond laser assisted cataract surgery versus traditional manual cataract surgery are:

1) The laser provides a more precise circular incision around the cataract, which is associated with more accurate placement of the intraocular lens implant. The main corneal incision is created through multiple planes to reduce the potential for wound leakage. A real time computerized laser imaging system guides the laser beam to the correct target during the surgery.

2) The laser pre-softens the cataract, allowing surgeons to minimize the use of ultrasound energy to remove the cataract lens. Decreased usage of ultrasound energy is associated with faster visual recovery and reduces the chances of thermal injury to tissues inside the eye.

3) Using the laser to create all corneal incisions also allows the surgeon to minimize the amount of astigmatism patients have after surgery, which lessens the needs for glasses subsequently.
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LATEST ADVANCEMENTS IN FEMTOSECOND TECHNOLOGY

Recently, Harvard Eye Associates has, in conjunction with TLC, added an Intralase iFS™ Advanced Femtosecond Laser into our laser vision correction practice. Along with our VisX Star S4 with IR excimer laser, this brings our practice the most modern iLASIK™ equipment available anywhere.

The Intralase iFS™ substantially improves LASIK flap creation results over earlier generation femtosecond devices because it allows for a higher level of control over flap depth, diameter, shape, and centration. It’s designed to deliver biomechanically engineered flaps that can be customized for every individual cornea—something impossible with most femtosecond lasers. The Intralase iFS can also create a flap in 7-8 seconds (as opposed to over 60 seconds for some other lasers) using less total energy than most lasers require.

The Intralase iFS™ also allows surgeons to perform an inverted sidecut up to 150°—something that is unavailable with other brands of femtosecond laser. This inverted sidecut gives us a flap that “locks” into the cornea rather than just laying on top. This results in remarkable flap stability—even in very thin flaps of less than 100 microns. The inverted sidecut may also have other benefits, such as reducing the possibility of epithelial in-growth and striae.

Although many surgeons prefer to make flaps between 110-130 microns, our practice follows the more modern approach of aiming for flaps between 90-100 microns to maintain the structural rigidity to the underlying cornea and to allow for future enhancements. This may also cause fewer side effects (such as dry eye) because of improved corneal epithelial and nervous tissue integrity. We are pleased with the safety and effectiveness of the Intralase iFS™ technology across the board.

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 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.
Have you updated your information lately?

Sponsored by the California Optometric Association (COA), www.EyeHelp.org is a public service to raise awareness about the importance of routine comprehensive eye exams and vision care in the state of California.

EyeHelp.org offers Find an EyeDoc — a convenient locator service to search for COA member optometrists in a certain area. Search by zip code, or by specific criteria such as a practice focus, language spoken or health insurance coverage. The Web site includes all this information, plus complete contact information, office hours and even a map and driving directions.

Updating your profile is easy; simply log on to www.coavision.org, click on member update and start updating your member profile.

Remember to select 'find an eyedoc' to be sure your listing appears on eyehelp.org and update your profile information as much as possible.

Unable to log on? Contact COA at (800) 877-5738 to re-set your password.
Leasing Agreements:
What You Don’t Know Can Hurt You
What to Look for
in Your Lease Agreement

Lease agreements can run from six pages to sixty pages. And be assured that they are written to always favor the landlord. There are numerous provisions that you should be careful about. Often the landlord will remove or modify many of these provisions if you request. These provisions are designed to benefit the landlord not the tenant. These are important provisions and can affect your rights in the business.

Lien on your business assets: In today’s environment a new clause is being used by landlords. This is a secured blanket lien on all your assets, equipment and accounts receivable to insure you pay all your rent during the lease. The landlord also has the right to file a UCC public filing on your business. This is a public document noticing a lien on your assets. This provision may prevent you from obtaining a loan on your business any time during the lease term. This includes loans for remodeling, expansion or financing equipment purchases. A lender will require a first position lien on the assets if they loan you money and will require the landlord to subordinate their position. Make sure the landlord doesn’t have a right to do this otherwise you become beholden to the landlord.

Usage Defined: The type of business is usually defined in the lease. The landlord always wants this to be as specific as possible. A tenant will benefit from the broadest possible description. A specific usage could prevent you from expanding services or products in the future. Also a broader usage allows you to sublet if you decide to move. A sublet is also valuable if you are paying below market rents.

Option to renew: Often these require 90 to 180 days advance written notice otherwise they are invalid. Some specify that you can only elect the option within a range of days (i.e. between 180 -90 before the lease ends). This can hurt if you have an option with a specific rent below market and miss the deadline. Check the lease termination and make sure you schedule a calendar action item when appropriate. Send the notice in writing with a return receipt. Since leases last 3-10 years it is easy to forget this requirement.

Lease options are “personal” to the tenant (you). That means if you assign the lease when you sell the business, the landlord is not required to include the lease option renewal. A way around this is to include language that the option “runs with the lease.”

Attorney provisions: Landlords sometime include a provision that if they sue you for any default, you are responsible for the legal fees. Then it also states that the prevailing party in a lawsuit gets their attorney fees back. The second clause is great, but the first one allows the landlord to charge you legal fees even before they have won. Why should you pay their fees upfront before they win their case?

Property Taxes: Leases often include CAM (common area maintenance) charges on top of the base rent. There is sometimes a provision that allows the property tax to be adjusted and increased if the building is sold. This could increase the CAM charges significantly, especially if the building has been under the same ownership for years. Try to see if you can put a maximum cap on any increase (like 10%). Most

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landlords are reluctant to change this provision. Your best bet is to determine if the landlord intends on flipping (selling the building) or keeping it long term. The property tax will only increase if they sell the building at a much higher price. So this may not be an issue that’s worth fighting about.

**Assignments:** Some leases have language that any goodwill value in the sale or transfer of the business will stay with the landlord (must be paid to them). This provision is included to prevent a tenant from selling a lease which is well below market value. Landlords believe that the goodwill is also a function of the location – which is owned by them. For a professional practice this could eliminate all of your proceeds from a normal sale when you retire. Allow the landlord to receive any increases in rent you receive with a sublease, but don’t let them keep the goodwill when you sell the practice.

**More on Assignments:** Check the language to see if you are allowed to assign the lease. There should be a provision that state the “the landlord will not unreasonably withhold the approval of an assignment. Other provisions might include a requirement that the assignee have a net worth or experience equal to or greater than the current tenant. Bottom line is that you should be reasonably allowed to assign the lease if you sell the practice. Of course try to remove yourself as a guarantor – but that’s not always possible.

**Tenant Improvement Allowance:** A low rent will have no tenant improvement allowance and a higher rent will “build in” some money for you; essentially the landlord is financing your improvements. Remember that nothing is free. If you have difficulty getting a loan – a higher rent with a tenant improvement allowance may be a better solution.

**Annual Rental Increases:** Typically these are tied to CPI (consumer price indexes). They also have minimum and maximum amounts. Annual increases can range from 3%-5% per year. Many landlords in prime locations will not do a flat multi-year lease.

**Your Best Deal:** You pay for the location. The better the location, then the less a landlord is willing to compromise on terms. In addition, better locations will demand higher rents.

**Do Your Homework:** Before starting any negotiation check online services like www.loopnet.com and find out rents in the area for other like-kind properties. Visit them and make notes of the pros and cons as compared to your office rent. Determine the number of vacancies in your building. Some landlords get upset if they discover you speaking to other tenants in the building – so be discreet.

There are infinite ways a lease can be altered to fit your needs. These include both price and non-pricing elements. Hours of business, reserved parking spaces, signage rights, options to purchase, exclusivity clauses are just a few examples. It’s always good to have a professional review a lease before it’s signed. Even when it’s time to renew an existing lease it’s good to dust off the old one, review it and negotiate any new provisions in addition to the proposed rent.
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Dry eye disease is one of those things that most of us either manage begrudgingly or we love to hate. Not many of us relish having that chronic dry eye or contact lens intolerant patient walk through our door to come and describe their latest nuance of a symptom or constellation of new symptoms. How many of us look forward to hearing exactly WHERE in their eye they feel that foreign body sensation? Why is this so anathema to so many of us?

Dry eye disease can actually be a practice and reputation builder—much more than most of us realize. Can you guess what is the most googled eye care keyword? Not Lasik. Yes, you guessed it...dry eye! Have you actually gone onto those dry eye support websites and browsed a bit? You would soon find out that these people are serious about their disease, and they are seriously suffering from it. They know more about dry eye disease and the latest therapies than some eye care professionals! Who do you think makes the medical decisions in a family (ie, where to go for their medical care)? —the middle aged woman. Let me rephrase that...the perimenopausal dry eye patient. If you can cater to and help that medical decision maker with her dry eyes, you will soon have her whole family as patients. And thus the practice building begins!

I can’t tell you the number of patients I have had come visit me (new ones) who proceed to tell me how they left their previous eye doctor(s) because they wouldn’t or couldn’t make their eyes feel better. They still can’t read a book or work on the computer for longer than 20 minutes before their eyes water and burn. They are convinced that the pair of glasses they were previously prescribed by this doctor is causing their eyes to feel terrible. How many of you have heard this before? Is it a coincidence that every time they put on their glasses, their eyes feel irritated? After you refract them and find out the numbers are the same, you will sound like a genius if you simply tell them that this is probably due to their dry eyes. Then you can relate the fact that most people only wear glasses when they need to read or do similarly visually demanding tasks and that your blink rate actually decreases when you concentrate on a visual undertaking. That is why their eyes dry out and they get this asthenopia only wearing their glasses. They will nod their heads in agreement as you talk about this, and it will be a matter of time before they bring their friends and family to visit you (the ones who love the designer frames).

So is this going to set you back an hour so that you can adequately address all of their questions/issues? Not at all! The key is to approach dry eye disease in a systematic fashion. First look at their past medical and surgical history, their medications and eye drops, then examine their eyes paying special attention to the anatomical correlates of the three main layers of the tear film. Then it’s simply a matter of addressing those offending causes.

As in any disease process, try to elicit dry eye symptoms from the patient. If they say no to the most common ones (burning, watering, foreign body sensation, itchy), then I often will ask if their eyes feel tired after reading a while or watching TV. This will often get an affirmative response if all else fails. Then look at their past medical and surgical history as well as the medications they are using. One of the things that will predispose someone to getting dry eyes is advancing age. This is because the lacrimal gland suffers from chronic inflammation from the dry eyes, and the acinar cells diminish and there is a B and T lymphocytic infiltration of the lacrimal gland, resulting in less tear producing acinar cells. The perimenopausal female is also a prime candidate for having dry eye disease because of the diminished amount of androgens, hormones that stimulate the lacrimal and meibomian glands to produce the aqueous and lipid components of the tear film, respectively. A past medical history of autoimmune diseases such as rheumatoid arthritis, thyroid disease or Sjogren’s disease can also predispose one to having dry eyes. Past surgeries such as LASIK, pterygium surgery, trabeculectomies, and blepharoplasties can all cause drying of the eyes. Medications such as blood pressure medications, antidepressants (tricyclic antidepressants such as nortriptyline and amitriptyline), birth control pills, and allergy medications (antihistamines) can also induce drying of the eyes.

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Finally, environmental factors can also contribute to dry eyes, such as air conditioners, heaters, fans, wind, and areas of low humidity (such as in an airplane).

What were those layers of the tear film again? They are really thought to be a mixture of these components, and not so much three distinct layers. They are the lipid, aqueous and mucin layers, with the most exterior layer being the lipid layer to prevent evaporation of the tears. Then the aqueous and mucin layers follow, with the greatest concentration of mucin being right on the corneal epithelium. So what produces these layers? The lipid component is mainly produced by the meibomian glands. The aqueous is produced by the lacrimal gland and accessory lacrimal glands of Wolfring and Krause. Finally, the mucin layer is produced by the goblet cells of the conjunctiva.

The first thing I look at when I examine a patient is their eyelid margin to see if the patient has inspissated meibomian glands—I gently massage the margin to see how thick and turbid the secretions are (tell the patient you are doing this, or they might think you are heavy handed). If they are blocked, their tear break up time will also be diminished since the tear film will break up faster as it evaporates. Then I look and see how much of a tear lake they have, and I attempt to get an accurate Schirmer wetting score. This will give me an idea as to how much of an aqueous tear layer they have. Checking their tear break up time (normal is 10 seconds or more) also tells me how much of a mucin layer they have since this layer is responsible for increasing the viscosity of the tear film (affecting how long the tear film holds together) and also decreasing the shear force of the eyelid on the cornea as one blinks (making for a well lubricated blink with easy gliding of the lids over the corneas). Finally, I look at the superficial punctate staining pattern (if any) of the cornea after instillation of fluorescein. The two main patterns I see are inferior staining and staining in a band like distribution. Inferior staining is indicative of dry eyes secondary to a deficiency in any of the tear film layers, while band like distribution of staining is most likely due to an eyelid malposition such as lagophthalmos, whether it be natural, or from an eyelid abnormality such as ectropion or an aggressive blepharoplasty.

Once you have established what the cause of the dry eyes is, you can effectively address each issue, giving a much more targeted approach to dry eye disease treatment. For meibomian gland disease, warm compresses are important, and artificial tears with an oily component to them will help. For aqueous and mucin deficiency, artificial tears and a secretagogue like topical cyclosporine will help. In my research, I have seen benefit from the use of cyclosporine before and after LASIK as well. If they are taking certain medications, ask them if they really need to take them (have them ask their family physician or internist). If they have systemic disease, ask if they are well controlled. If they have eyelid abnormalities, see if they are correctable with surgery, and if not, suggest a lubricating ointment or gel tear at night time. Other measures such as omega 3 fish oils, humidifiers and decreasing environmental irritants are helpful as well. As is notable here, the topic of dry eye disease is extensive and can be expanded upon in future articles.

At the Orange County Eye Institute, we are always happy to collaborate with you on any patients or answer any questions you might have about this or any eye related diseases or surgery. Good luck with the practice building—dry eye disease may be the answer!
Custom treatment consistently outperforms Traditional treatment for a myriad of reasons. Understanding how a Custom treatment is delivered is an interesting study. In this issue, we will delineate some of the details involved with the process of delivering VISX Advanced CustomVue Procedures and then discuss a popular FDA study that looked at outcomes of patients treated with the VISX Advanced CustomVue platform.

VISX WaveScan WaveFront System
Fourier-based wavefront algorithms
- Fourier delivers the highest resolution available of the wavefront error
- Uses more data points to derive the optimal shape
- Uses all data from any shape of pupil
- Accurately reconstructs all peripheral data
- Captures and treats high order aberration (HOA) and low order aberration (LOA) up to 7 mm diameter pupil

VISX Advanced CustomVue
When used together, the VISX WaveScan WaveFront System and the VISX Star 4 with Iris Registration (S4IR) Excimer Laser System deliver unprecedented levels of measurement accuracy and outstanding treatment precision essential to the CustomVue procedure.

Indications:
The VISX CustomVue procedure now provides the broadest range of U.S. FDA approved wavefront-guided laser vision correction treatments (Result = Treat More Patients)
- Myopia with and without Astigmatism
- Hyperopia with and without Astigmatism
- Mixed Astigmatism

As shown in FDA clinical studies, the CustomVue procedure may improve vision beyond the correction possible with contact lenses or glasses. Patients who can obtain quality WaveScan aberrometry should have Custom wavefront-guided treatments due to improved quality of vision, particularly night vision after surgery.

FDA Study
Study Criteria:
- Laser Platform = VISX Advanced CustomVue
- Prescription Range = Up to +6.00 D MRSE, with or without astigmatism up to -3.00 D

Results: One year after the VISX CustomVue procedure, with no enhancements:
- Uncorrected Visual Acuity (UCVA)
  - 100% could pass a driving test without glasses or contact lenses
  - 98% could see 20/20 or better without glasses or contact lenses
  - 70% could see 20/16 or better without glasses or contact lenses
  - 23% could see 20/12.5 or better without glasses or contact lenses
- 4X as many participants were very satisfied with their night vision after CustomVue (compared to their night vision with their glasses or contact lenses)

Overall Study Results:
- Most participants were more satisfied with their quality of vision after the VISX CustomVue procedure than before the procedure with use of glasses or contacts.

Patients love statistics and they are looking to you to be the expert when they ask questions about LASIK. When you can quote studies like this one by the FDA, patients are put at ease with the results, as well as your knowledge of what they can expect post-operatively.

Key Thought:
According to our conservative screening criteria, approximately 85% of your 18-54 year old patients are good candidates for laser vision correction. Keep in mind that when you mention laser vision correction as a possible option for your patients, you are communicating to them that you are involved in this type of care. Many doctors do not routinely mention the option of laser vision correction to their patients, therefore when patients decide that they want to pursue LASIK, they may not know that you provide this service. Because of this, they often choose to go elsewhere for a LASIK consult and end up having the procedure without your knowledge or involvement. We recommend that you mention LASIK to all potential candidates. Doing so will help you retain your patients in your practice and ensure that they get their laser vision correction from the premier provider in the industry.
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