OCOS Meeting

June 3, 2013
2 Hours of CE

RSVP at www.ocos.org

Optimizing Refractive Outcomes in Lens Replacement Surgery Utilizing Latest Advance Technology
Dan Tran, MD

$40 OCOS members
$55 Non-members

OCT Update
Anthony Culotta, MD

6:30 - 9 pm
Charlie Palmer Restaurant in South Coast Plaza
Dear Colleagues,

What an exciting time in healthcare we are in! As I write this message, Senate Bill 492 authored by our own Dr. Ed Hernandez passed the California Senate floor and is on its way to the California Assembly. This legislation, if passed, broadens our authority to treat and diagnose diseases that affect the eye, perform minor surgical procedures, administer immunizations and treat systemic conditions that affect the eye such as hypertension and diabetes. I strongly urge you to visit or email your local representatives and ask them to support this legislation. All your hard work and support has brought us far, but we are not yet out of the woods.

Why am I so excited and passionate about this? It all boils down to patient care. Every day, I walk into the office and I get the chance to truly help improve a patient's quality of life. From a child's first pair of glasses, a teenager's first pair of contact lenses, prescribing antibiotics for a case of bacterial conjunctivitis, or diagnosing primary open angle glaucoma... all these patients see and/or feel an improvement because of what we do. I love optometry for these reasons! We build relationships with our patients, see them grow and change every year, and we become a healthcare partner in their life.

I am also on the COA Membership Committee and I heard an “eye-opening” (excuse my pun) number this year. COA only represents 35% of all optometrists in California. I was saddened to hear this new statistic, but it also charges each and every one of us to go out and ask a fellow OD if they're a member. If not, ask them to join. Tell them about our local society, about COA events and causes, and invite them to join you to a CE dinner. Our voices are stronger in Sacramento with more members. Let’s not be complacent and be ok with the status quo... progress requires change and uncertainty at times, but the end product makes the effort all worthwhile. No one benefits more from these efforts than our future ODs and most importantly our patients!

Thank you for all you do! For taking care of our patients, being an OCOS member, and caring for optometry. My term as president this year is dedicated to you the members because without your support, I would not be here. I am here to improve your practice of optometry so if there is any way that OCOS and COA can help you, please let me know. Also, I highly urge you to get involved with OCOS and COA if you have the time. I am a part time OD and a full time mom of a 12 month old toddler (with a very supportive husband) and I love being involved with OCOS! The time put in is very rewarding and you get to meet some really cool ODs in the area :) I look forward to the upcoming year and meeting you at our next meeting.

Sincerely,
Isabell Choi-Siritara, OD

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Perceptions
Orange County Optometric Society

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Perceptions is published bi-monthly by the Orange County Optometric Society. Submit articles and ads to the editor at the above address by the 15th of the month prior to publication. The views expressed in this publication do not necessarily represent the views of the OCOS. Neither the editor nor OCOS assumes responsibility for any statement in signed articles or advertising.
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“It has been my pleasure to work in cooperation with family eye doctors for over 15 years” - Tom Tooma, MD, Founder

Upcoming Orange County NVISION Optometric Events

3 Guaranteed Ways to Grow Your Optometry Practice
3 Hour Workshop to achieve exponential growth in your business
Presented by Fortune Management
Wednesday, June 5, 2013  6:30 PM - 9:30 PM
Doubletree Hotel, 100 The City Drive, Orange, CA 92868
For more information, call 909-631-7760

13th Annual Refractive Surgery Summer Symposium
8.5 Hours Continuing Education
Sunday, June 9, 2013  6:45 AM - 6:00 PM
Disney's Grand Californian Hotel® and Spa
1600 South Disneyland Dr., Anaheim, CA 92803
For more information, call 1-877-916-8474

For more information on NVISION Optometric Events, call 877-916-8474
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NVISION to Offer Avellino-GENE Detection System Test to Protect Patients from Blindness

Avellino Lab USA, developer of the only genetic test available worldwide for Avellino Corneal Dystrophy (ACD), today announced that NVISION Laser Eye Centers is the first provider in the United States to offer patients the Avellino-GENE Detection System (AGDS™) Test that makes LASIK safer. Prior to undergoing refractive surgery such as LASIK, the AGDS Test detects, with 100 percent accuracy, the ACD genetic mutation in which carriers are at an extremely high risk of experiencing eventual blindness as a result of vision-correction refractive surgery. NVISION Laser Eye Centers now offer Avellino Lab USA’s AGDS Test at 10 of its 17 locations throughout California.

The AGDS Test is the world’s first genetic test to detect ACD, a disease that causes cloudiness, specifically grey-white granular deposits, on the corneas, which can lead to complete loss of sight. While ACD usually develops slowly, carriers of this genetic mutation are at an extremely high risk of experiencing diminished vision and eventual blindness should they undergo vision-correction refractive surgery such as LASIK, LASEK or PRK. Fortunately, the AGDS Test positively identifies with 100 percent accuracy if a person has the genetic mutation. By doing so, the test reduces the risk of patients with ACD having post-LASIK vision impairment or blindness and increases their confidence that they are avoiding unnecessary harm to their vision.

“We pride ourselves in offering our patients the latest technologies to make vision correction surgery even safer for our patients,” said Dr. Tom Tooma, founder of NVISION Laser Eye Centers. “Offering the AGDS Test differentiates NVISION by adding a level of safety to the LASIK procedure that other laser eye centers cannot offer. We are very excited to be the first provider in the country and the only one in southern California to offer the AGDS Test.”

The AGDS Test is easy and safe, involving just a simple mouth swab from a patient’s cheek. The sample is then sent to Avellino Lab USA’s certified molecular diagnostic testing lab. Within 24 to 48 hours, the results are provided to the NVISION physician to share with the patient. Based on a negative result, patients are able to proceed with the planned LASIK procedure with confidence. If an individual is identified as positive for the genetic mutation, he or she will be advised against having LASIK surgery and encouraged to take protective measures, such as minimizing exposure to UV light by wearing appropriate protective lenses, to help postpone the progression of ACD symptoms.

“NVISION’s offering of the AGDS Test demonstrates their commitment to providing patients with the most innovative and state-of-the-art care,” said Scott Korney, chief operating officer of Avellino Lab USA. “We are proud to work with NVISION in advancing our efforts to make LASIK safer for the thousands of patients who undergo eye vision correction surgery each year.”

About Avellino Lab USA

Avellino Lab USA has developed the first and only commercially available testing system for Avellino Corneal Dystrophy (ACD), also known as Granular Corneal Dystrophy type 2. The company’s advanced genetic diagnostics system provides fast, safe and affordable evaluations of an individual’s genetic predisposition to ACD. Known as the Avellino-GENE Detection System (AGDS™) Test, Avellino Lab USA is able to positively identify, with 100 percent accuracy, a patient’s ACD status. Based on the test’s results, patients and their physician can make an informed decision when considering vision correction surgery.

About NVISION Laser Eye Centers

NVISION Laser Eye Centers now has 17 locations throughout California. NVISION Laser Eye Centers is the first provider in California to offer LASIK eye surgery with the Swiss-engineered Ziemer Femto LDV Crystal Line Laser — the highest level of laser vision correction available today. NVISION is also the first provider in California to offer the bladeless, computer-controlled LenSx laser, unquestionably the most technologically advanced option for laser cataract surgery.

For more information, call 1-877-91NVISION (1-877-916-8474).
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LEGISLATIVE NEWS

SB 492 has cleared a large hurdle, passing through the Senate on a 25-5 vote.

It now moves on to the Assembly Business & Professions Committee.

We will continue to need your help, so be on the lookout for COA emails and please take 2 minutes to follow the simple directions to contact your local legislators.

(COA has made it easy for all of us with pre-populated emails that you may customize as you wish.)

SAVE THE DATE

SUNDAY, AUGUST 4TH

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harvardeye.com
EX-PRESS™ Glaucoma Filtration Device

Introduction

For glaucoma patients that have been difficult to treat, the EX-PRESS™ mini glaucoma shunt has been an excellent option when medical and laser therapy has failed. Typically, difficult to treat patients undergo some type of filtration surgery, usually in the form of a trabeculectomy or a large tube shunt. The EX-PRESS™ mini-glaucoma shunt (Alcon, Fort Worth, Texas) is a 400-μm wide by 3-mm long, biocompatible, stainless steel device that has the advantage of being between a trabeculectomy and large tube shunt. The EX-PRESS™ glaucoma device shunts aqueous fluid from the anterior chamber to a subconjunctival reservoir, much like a trabeculectomy. The EX-PRESS™ shunt provides patients with continuous and consistent aqueous flow via a 50-μm opening while minimizing intra- and post-operative complications.

Surgery

Surgical time with the EX-PRESS™ shunt is minimal compared to large shunt. Topical or retrobulbar anesthesia is administered depending on patient selection. In the past, surgeons would place the device under the conjunctiva. Using modern surgical techniques, the shunt is instead placed under a scleral flap to decrease risk of erosion. Note that, unlike large tube shunts, the EX-PRESS™ shunt does require clear, movable conjunctiva in the superior limbus area to work correctly.

Post-Op Care

Depending on post-operative IOPs, laser suture lysis is performed as needed. Eye drop regimen generally involves a fluoroquinolone and steroid medication. Durezol is commonly used, starting at four times a day and tapering off over a course of several months.

Conclusion

For patients that have undergone medical therapy, laser therapy, or failed trabeculectomies, the EX-PRESS™ mini-shunt offers an excellent alternative to larger tube shunts or a repeat trabeculectomy in patients with high IOP.

The EX-PRESS™ mini glaucoma shunt provides effective long-term control of intraocular pressure with a high success rate. In most cases, patients virtually eliminate their need for glaucoma eye drops after EX-PRESS™ surgery.

If you would like more information on the EX-PRESS™ mini-shunt, contact Maria Michel at Harvard Eye Associates at 949-900-5228, or email her at mmichel@harvardeye.com.
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The Little Things We Do: Customer Service

George M. Salib, MD, MS

Let's face it—when we signed up to be eye doctors, no one ever told us how to run a clinic or how to attract more patients to our office. We simply went to school trusting that the only thing we would need to know is how to properly diagnose and treat common eye problems. But then reality sets in, and we see that the world is not so simple. We might think we did a fantastic job at treating the patient, only to find a negative review on Yelp or other such websites. So what do we do to maximize the patient’s positive experience in our office so that they tell all their friends about how wonderful a doctor we are? After all, the most common way that patients will find out about you are through other patients themselves.

First and foremost, we must not forget the basics of good patient care in order to have a good patient experience. If you treat the patient right and competently, you've accomplished the main step in achieving a positive experience that the patient will remember. What I like to do is pretend that the patient is family, and I try to do the best job possible for them. A thorough exam and an accurate refraction cannot be replaced by simple niceties. Pay attention to what they’re complaining about and try to address those issues. Most commonly, dry eye disease, blepharitis, and allergic conjunctivitis are what bring patients in – so concentrate on these three things in your exam. Also, dilate the patient on a regular basis (every 1-2 years) in order to look for any lens, retinal or optic nerve pathology such as cataracts, macular degeneration and glaucoma. Referrals will then come in naturally as patients realize you care about them and do a complete exam.

What are some of things you can do in your office to also improve your patient’s overall experience? The moment when the patient walks into your office, the person at the front desk should warmly greet the patient by name if possible and welcome them to the clinic. If that person is on the phone or is busy, someone else in the office should do that instead. Patients want to be acknowledged. Just as in any fine hotel that specializes in customer service, any staff member that passes by or comes into contact with the patient should greet him warmly. Every person in the office should likewise ask the patient if they need help with anything. For instance, we have bottled water (chilled and room temperature) and snack bars that we offer our patients if they are hungry or thirsty.

The waiting room should be comfortable with individual chairs in order to allow for maximum patient comfort. There should be paintings or pictures hanging to give it a warm feeling. Magazines should be up to date and neatly placed in a magazine holder or rack. Something should also occupy the patient’s time in order to allow their wait to be pleasant. For instance, in our office we have a television with a video loop that contains various educational television interviews that I have given, some patient video testimonials, as well as some videos about eye problems. The maximum amount of time the patient should wait in the waiting room is approximately 15 minutes beyond their scheduled appointment time. Of course, this is not always possible, but a great effort should be placed on this. Even if the technician is not ready to work up the patient, a front office staff person or even the manager can at least bring the patient into the back area to wait in an exam room to be worked up or even start the history taking process and visual acuity checks. Cross training of your staff is essential for this to work (for example, your front office staff should know the basics of starting an exam or even doing some testing).

The examination should be done efficiently and professionally. A minimal amount of small talk in the beginning is acceptable, but don’t carry on for an extended period of time or else the patient will think you are wasting their time. Whoever is with the patient should always smile and listen to the patient. One of the most common complaints patients report is that the doctor does not listen to them. In order to minimize extraneous conversation, the questions
that we ask should be pointed and direct – maximizing the use of yes or no questions. At the
end of the exam, make time to explain the patient’s conditions and their remedies, and ask if they have any other
questions. Let them know when you expect to see them again, and what will be done during their next appointment.
As you get ready to leave the room, make time to look into the patient’s eyes for a brief moment to show them you
care and if possible either shake their hand or put your hand on their shoulder. It is amazing how comforting such
simple gestures can be for a patient. You or your assistant should then personally escort the patient over to the
checkout desk with a quick patient-related report or recommendation relayed to the front office staff in front of the
patient so that they feel that no lapses in communication will take place.

Finally, the checkout process should be smooth and friendly. Payment for services should be collected in a
pleasant manner, and most importantly, the next appointment should be booked (even if it is a year from now). Offer
them a beverage for the road, sunglasses, a bag for their samples, and any other conveniences you can think of. Offer
to send their prescriptions via the internet or fax, and try to schedule any referral appointments for them right then
and there. This helps the patient out tremendously, and it also helps us medico-legally in showing we made a good
faith effort to help the patient obtain their medications and go to the referral doctor. While we do not have an optical
shop at the Orange County Eye Institute, if you do have one, be sure to have the optician or front office staff personally
walk the patient over to look at the glasses. When the patient leaves, well wishes to the patient from all staff in the
vicinity should be given, and if the patient appears to need help, help should be offered in walking them to the door.

With this kind of customer service combined with your excellent medical and optical care, the word will
definitely get out about what a wonderful doctor you are. It is the happy patient that will spread the word, and
hopefully we can avoid having the unhappy patient we all dread. With such simple little things one can do to create a
positive experience for our patients, you will soon be busier than you could imagine!

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 IOLs. 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.
Amazingly, LASIK is almost 20 years old. As of today, approximately 16 million refractive surgery procedures have been performed in the United States. The good news is that every one of those 16 million patients continues to need an annual comprehensive eye examination.

As we all know way too well, it is essential to monitor these axial myopes after their refractive surgery experience. All of these patients are still prone to retinal detachments, posterior vitreous detachments, cataracts, macular degeneration, glaucoma, diabetic retinopathy, and other ocular diseases. **TLC actively promotes continued primary eye care through our Lifetime Commitment program!**

Practicing as the Clinical Director of a refractive surgery practice almost guarantees that you will have to treat ocular injuries at some point in time.

After a traumatic ocular injury to a post refractive surgery patient, it is very typical for the patient to pick up the phone and call the refractive surgery center or the referring optometrist directly. The common patient fear is typically, “Did I mess up my flap?”

As the front line doctor seeing these patients, we must also be acutely aware of other injuries such as corneal abrasions, foreign bodies, and traumatic uveitis. Traumatic ocular injuries are complex on their own. If the patient has had prior refractive surgery, there are some extra refractive surgery considerations to be aware of:

### 1. Diffuse Lamellar Keratitis

After every successful LASIK procedure, there is a potential space (the flap interface) where inflammatory cells can collect after a traumatic event to form diffuse lamellar keratitis (DLK). This condition was formerly known as sands of the Sahara.

Although rare, DLK can occur years after the procedure. The mechanism of actions requires the traumatic event to produce an inflammatory response. This inflammatory response, by definition, initiates a white blood cell (WBC) infiltration of the affected tissue. In this case it is the cornea. These WBC’s typically migrate via the path of least resistance; in this situation, the flap interface.

This condition requires immediate treatment. It is very common to follow these patients daily to monitor the resolution of DLK. Commonly, a strong topical steroid is used frequently while the patient is awake until the condition resolves. **Tapering the steroid is a must, as well as constant monitoring of the IOP.**

Remember, DLK is an acute condition and typically resolves within one week. If you notice ANYTHING out of the ordinary, please refer the patient to the TLC center.

### 2. Flap Displacement

In the case of a traumatic post LASIK patient, pay close attention to the flap. It does not matter how long ago the procedure was, the patient can displace the flap when enough energy is delivered to the eye in the case of trauma. This is more common in the first week but there is literature that shows evidence of traumatic flap slippage over 10 years out. Always note and document the appearance of the flap and if there are striae present in both direct and indirect illumination. The hallmark sign of a flap with large striae is the appearance of an open “gutter” at the flap edge.

### 3. Referral Considerations

In cases of traumatic ocular events, remember that the eye is a complete system and injury to any part of it can cause visual dysfunction. Even though your concern may be the post LASIK flap, remember the other ocular structures and refer to subspecialists when needed. Examine your trauma patient fully and completely. Every Optometrist should have a short list of referral points in case of emergency. This should include Cornea, Glaucoma, Retina, Neuro- Ophthalmology and Oculo-Plastics.

Remember that the incidence of these post traumatic conditions is less than 1% and will most likely never happen in your career, and that your Clinical Director and surgeon are ALWAYS here to support you and your patient. When in doubt, call us!
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