OCOS General Meeting

2 Hrs CE & Dinner Free *

Monday, Oct 1st
6:30—9:30 pm

“Intacs & The Future of Corneal Cross-Linking for Corneal Ectatic Disease”
With Jonathan Ramin Pirnazar, MD

Scott's Seafood
Costa Mesa, CA

RSVP at www.ocos.org by 9/24

* FREE if you bring a non-member OD!!!
$45 for members and nonmembers
$65 at the door

Free Valet Parking with Validation!
As the crowd came to its feet and everyone began to leave, I said to myself, “Whew I’m glad that’s over!” For those of you who don’t know me I don’t really enjoy being the center of attention and holding the microphone is like screeching nails on a chalkboard. There had been months of preparation for this 7 hour event and it had gone by in a flash or at least that is what it felt like. I’m not going to lie to you; there was a little stress the day of as well.

But then I started to realize that here on this perfect Sunday we had had a culmination of what optometry has transformed into. That day we had optometrists meeting pharmaceutical representatives, we had OD’s interacting with MD’s and genuinely getting along, we had students volunteering their time to hang out with real world optometrists (and free lunch), we had cutting edge technology presented to us through lectures, we had fresh graduates lecturing about brain trauma, and of course we had awesome food.

When I stood there at the end of that meeting I was proud. Not only was I proud of myself and our team but also of our profession. I felt the buzz in the air of the mingling of minds, of the camaraderie between all the doctors whether MD or OD, and of the friendships or the business partners that were about to be forged. This thing we call optometry is bigger than any one of us could have ever dreamed of. It is a compilation of people like you and me, it is a feeling of doing good for those who struggle with visual demands, and it’s an industry powerhouse that companies seek to court for profit. We are the frontline of eye care and loving it. Optometry is now one of the fastest growing professions of the decade. According to US News, it is the third largest independent healthcare profession. And furthermore people trust us to be the entry point into the healthcare system. Insurance companies want their members to see an optometrist first.

This is unbelievable stuff, people. Twenty years ago this type of healthcare delivery was unheard of. I’ve had numerous interactions with some of our more seasoned members expressing to me how unbelievable it is that surgical companies now market to us directly or how pharmaceutical companies also cater to us. They are flabbergasted that they have their own pharmaceutical representative who tends to their practice regularly. Again, twenty years ago these things were unheard of.

Now I know optometry is not without its faults. What profession is? Anyone can take the negative and run with it but it takes hard work and perseverance to follow one’s vision. I am proud of our work, our progression, of our forged coalitions, and of course I am proud of our members. Its good to be where you are wanted, isn’t it?

Chris Vargas, OD
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To Dilate or Not To Dilate: That is the Question

So a patient comes into your office as usual, but today you have been running a bit behind because an earlier patient, Ms. McDonald, wanted to talk to you in detail about the pros and cons of wearing glasses vs. contacts and of several types of contact lenses. The patient now presenting is a 40 year old man coming in for a routine eye exam. Should you dilate him? If you do not, then you would surely save some time. But is it possible that you might miss something and it would come back to bite you? Let me preface this by saying that I am on a professional review committee for a large vision care plan, and I have had the duty to review many malpractice claims over the years.

At the Orange County Eye Institute, I routinely dilate all of my patients at least once every one or two years, depending on the necessity. I do not discriminate based on age or medical condition. Many of you might be shaking your heads and saying, “Poor Dr. Salib...he is wasting his time...he probably only sees ten patients on a busy day.” Possibly, but let me make my case for dilation.

First of all, while it certainly adds a bit of time that the patient stays in your office, if you can have your staff dilate the patient and have them wait in a room that is NOT an exam room, and then rotate them into a room once they are dilated, it might actually make things faster. It is much easier and faster for me to look at the optic nerves with my 66 D lens and the retina with my 20 D lens than trying to peer into their undilated pupils with a 90 D lens or practically touching my face to theirs trying to look in with a direct ophthalmoscope. Plus, I don’t have to worry about contracting whatever illness my patients might have by getting too close, and my back will not hurt as I contort myself to get the best view. I used to be at a very busy practice where I would see about 50 patients a day, many of which were dilated.

Some of you might have fancy fundus cameras that see out to the periphery. How accurate are they? Are the images always clear? Can you always see the periphery clearly? Would you be able to pick up on small microaneurysms for a borderline diabetic or arteriovenous nicking on a hypertensive patient? Would you be able to see baring of the optic nerve vessels in early glaucoma? How about subtle retinoschisis on a child? While these camera systems are good, there is nothing quite like a direct magnified view with your fundus lens of choice.

What kind of conditions might be helped by dilating? Definitely flashes and floaters require a mandatory dilation with extensive and careful observation of the retinal periphery. If there is one item that is most frequently cited in malpractice claims, it is a missed retinal tear leading to a retinal detachment. How about glaucoma? I routinely will see patients who have seen other eye doctors who have never been diagnosed with glaucoma, but who have very suspicious looking nerves. There is nothing quite as sharp and detailed in 3D as a view you get from a dilated exam with a 66 D lens when looking at the nerve with a slit lamp microscope. I look for enlargement of the nerves (greater than 0.5 C/D ratios), thinning, notching, baring of the vessels, hemorrhages, and nerve fiber layer loss, to name a few.

How about other retinal conditions such as tumors, retinoschisis, macroaneurysms, retinitis pigmentosa, retinal vein occlusions, nevi, drusen, lattice degeneration, snowbanks, etc? Many of these things can lead you to diagnose systemic conditions that the patients have that they never were aware of. Besides
the nerve and the retina, it is always helpful to dilate to look at the lens and zonules of an eye. Perhaps a zonular dehiscence, posterior synechia, or a focal cataract would be missed if the patient were not dilated. You might even diagnose something like Marfan’s syndrome by looking at their lens, which could save their life by directing them to proper care.

I therefore strongly encourage that a dilated exam be performed on all patients, regardless of age or condition on a routine basis. It would certainly be worth your while in the long run, and would surely benefit the patients. At the Orange County Eye Institute, we are always available to help with any abnormal findings on your exams or a curbside consult. Happy Dilating!

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**Collagen Cross-Linking Update**

Corneal collagen cross-linking (CXL) is being performed by surgeons at Harvard Eye Associates and has shown encouraging results in slowing or stopping progressive keratoconus or post-refractive surgery corneal ectasia.

CXL is currently in its third stage of FDA clinical trials, and results are promising. Since its introduction in 2006, thousands of patients around the world have been successfully treated with CXL. The biggest benefit of CXL is that many patients who would need a corneal transplant due to progressive keratoconus or corneal ectasia are able to manage their conditions without surgical intervention.

The surgeons at Harvard Eye Associates expect CXL to be approved by the FDA, and we will certainly provide this minimally invasive treatment to our corneal patients.

To refer a patient for evaluation for collagen cross-linking, please contact the research department at Harvard Eye Associates at 949.900.5248 or email research@harvardeye.com.

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**Breakthrough in Partial Thickness Corneal Transplants:**

**Descemet’s stripping automated endothelial keratoplasty -DMAEK**

Corneal transplants are ultimately unavoidable for some patients. For Fuchs’ patients, we have seen penetrating keratoplasty (PK) lead to Descemet’s stripping automated endothelial keratoplasty (DSEA). Now, a new corneal transplant procedure is being performed: Descemet’s Membrane Automated Endothelial Keratoplasty, or DMAEK. This procedure can lead to faster recovery times, lower chance of rejection, and often result in better post-op visual acuity.

DMAEK is similar to DSEA in that they are both cornea-sparing transplants. As with DSEA, only the damaged cell layer is replaced. The major difference is that the transplant tissue used in DMAEK is only one cell layer thick. Through using less stroma, the visual acuity is often sharper. Because less transplant tissue is used, there is also a much lower chance of rejection. The eye is left much stronger and more resistant to injury because the cornea is essentially left intact.

John Hovanesian, M.D. of Harvard Eye Associates was the first surgeon in Southern California to perform corneal endothelial transplantation in 2006. “DMAEK is the future in corneal transplantation for Fuchs’ dystrophy, bullous keratopathy, iridocorneal endothelial (ICE) syndrome, and other endothelial disorders,” says Dr. Hovanesian.
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.

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Age-Related Macular Degeneration (AMD) is the leading cause of blindness in the elderly. The treatment of wet AMD has evolved from nothing, to laser therapy, to anti-VEGF injections. The latter has been shown to prevent progression in 95% of cases and improve vision in 40% of cases when using Lucentis. However, many patients do not get this treatment early enough to benefit.

A recent study (Renate et al: Time To First Treatment: The Significance of Early Treatment of Exudative Age-Related Macular Degeneration Retina 32(7):1260–1264, 2012) investigated whether the time span between initial symptoms and treatment with ranibizumab (Lucentis) in patients with exudative age-related macular degeneration has an effect on visual outcome. 45 patients with exudative AMD were divided into 3 groups depending on the duration of visual symptoms—Group I: <1 month, Group II: 1 month to 6 months, and Group III: >6 months. Best-corrected visual acuity, clinical ophthalmologic examination, and central retinal thickness as measured by OCT were recorded at baseline and 2 months later. Fluorescein angiography was performed at baseline. Treatment consisted of 2 intravitreal injections of 1.25 mg of ranibizumab (Lucentis) at baseline and after 4 weeks.

In all groups, a reduction of retinal thickness was observed. Shorter disease duration, as estimated by persistence of visual symptoms, was correlated with a better visual outcome after treatment. Patients in Group I demonstrated a significant increase in best-corrected visual acuity ($P = 0.007$). Patients of Group II ($P = 0.095$) and Group III ($P = 0.271$) still achieved a visual improvement in best-corrected visual acuity, albeit not statistically significant. The mean change in best-corrected visual acuity was $0.08 \pm 0.1$ in all patients and was not statistically significant between groups ($P = 0.87$).

In conclusion, the duration of visual symptoms <1 month before treatment is associated with a better visual outcome. Thus, treatment of new-onset wet age-related macular degeneration should be initiated as soon as possible. We at the VMR Institute in Huntington Beach are available 24 hours a day, 365 days a year to meet the needs of your patients in this regard.
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