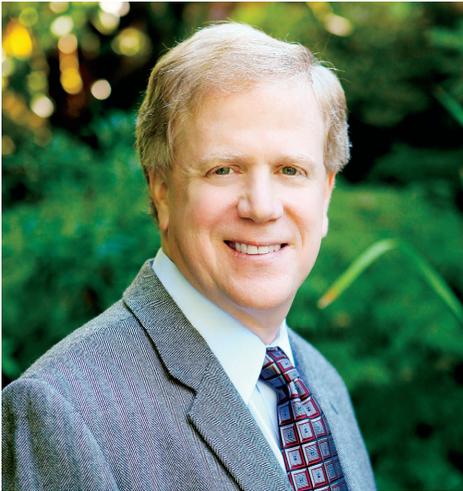


FINE VIEW

"Committed to providing the most technologically advanced, cost-effective patient care, with the highest quality of professionalism."

Meibomian Gland Dysfunction Causes Dry Eye Symptoms

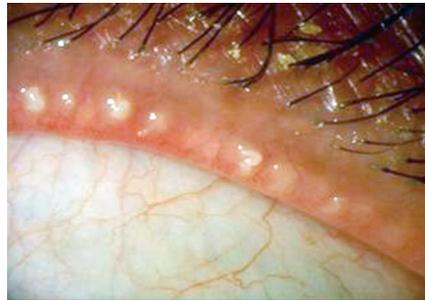


Richard S. Hoffman, MD

The vast majority of people with dry eye complaints of burning, tearing, redness, and a gritty sensation to the eyes, have these due to a lack of adequate aqueous tear production. Human tears are actually composed of three layers when they are functioning on the eye surface. The deepest layer is made of mucin. Above the mucin layer is the aqueous (salt water) layer which is the thickest layer. Lining the surface of the aqueous layer is a thin oily layer that helps avoid evaporation of the aqueous layer. A deficiency of any of these three layers

will cause dry eye symptoms.

The meibomian glands are the oil secreting structures that lie within the upper and lower eyelids. The meibomian glands secrete the oily material onto the surface of the eye that prevents excessive evaporation of the saline layer. Any dysfunction of the meibomian glands will produce dry eye symptoms. These symptoms can occur even in the presence of adequate aqueous tear production. In young healthy individuals, the meibomian secretions are thin and oily, similar to the consistency of olive oil. However, when the glands become dysfunctional, the secretions become thicker and may have a texture similar to toothpaste.



Meibomian gland dysfunction (MGD) can be easily diagnosed by evaluating

the amount of time it takes the tear oil layer to start to break apart when examined through our office microscopes. In addition, the consistency of the secretions can be examined by pushing on the eyelids to see if the glands secrete clear oil or thick toothpaste.

There are several different means of treating MGD. Hot compresses and eyelid massage used daily can help melt the thick secretions and allow them to drain out of the glands easier. Omega-3 fatty acids taken orally have also been shown to be beneficial by changing the consistency of the fatty acids in the glands to ones that have a more oily consistency. Oral and topical antibiotics in the tetracycline family have been shown to have an anti-inflammatory effect on the glands and contribute to better meibomian gland function.

Any or all of these treatments can be combined to help restore the glands to their best functioning status. If you have dry eye symptoms that are not relieved with artificial tears, have your eyelids evaluated carefully for the possibility of MGD.

Same Excellence in Eye Care with a New Name and Look

We are pleased to announce Dr. Annette Chang Sims as our new practice partner. You will be seeing more of her in the coming months and years.

Dr. Sims first joined the practice November 2010. She specializes in the diagnosis, medical management and surgical treatment of glaucoma. She is expertly trained in performing advanced glaucoma procedures including multiple modalities of laser treat-

ment and surgery, in addition to being an extraordinary cataract and refractive surgeon. Dr. Sims is available for all your eye care needs including consultations as well as routine eye exams for glasses and contact lenses. To schedule an appointment to see Dr. Sims, please call us at 541-687-2110.

All of us at Drs. Fine, Hoffman & Sims look forward to caring for you and your eyes.



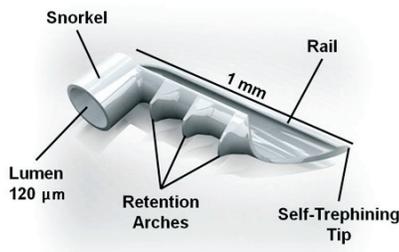
Drs. I. Howard Fine, Richard S. Hoffman and Annette Chang Sims

Innovative Ideas Lead to New Treatment Options for Patients

By Annette Chang Sims, MD

iStent Trabecular Micro-Bypass Stent for Glaucoma patients

Surgical glaucoma treatment has traditionally involved techniques with extended periods of postoperative healing and potential complications. This has pushed for the development of surgical devices that are minimally invasive to lower eye pressure. The newest of such



devices approved by the FDA is the iStent Trabecular Micro-Bypass Stent. This stent is used during cataract surgery to create better outflow of aqueous fluid into the trabecular meshwork.

The stent is so small in size the patient cannot see it or feel it. Patients who have been studied thus far could reduce or eliminate their glaucoma medications.

In order to qualify for the procedure, patients should have visually significant cataract formation and open angle glaucoma or ocular hypertension. If you carry these diagnoses and would like to be considered a candidate for the procedure, please call the office. Dr. Hoffman and I will start implanting the devices very soon.

Genetic Testing for Macular Degeneration (AMD)

Macular degeneration is a disease process that causes non-painful central vision loss. It comes in two forms, wet and dry. Dry AMD results in a slow deterioration of central vision. There are currently no medical treatments for dry AMD. Wet AMD can progress quickly and can be treated. We now better understand the genetic risk fac-

tors associated with the development of AMD. This has led to the development of a laboratory test for patients over the age of 60 with dry AMD to determine their risk of developing wet AMD. It is a genetic test that involves collecting a DNA sample from the inside of your mouth. Be sure to ask your doctor if you are interested in genetic testing for AMD.



Annette Chang Sims, MD



Visit www.finemd.com and tell us what you think!

Child's Amblyopia Detected at a Routine School Vision Screening

By Amber Ambroziatis, COT, OCT

My son Aydin was in kindergarten when he could only read the 20/70 line with his left eye at the school vision screening. I didn't believe it. I assist in comprehensive eye exams and I was sure I would have noticed signs of a vision concern in my son. Yet, I took Aydin to see Dr. Hoffman.

At that visit, Dr. Hoffman confirmed the school's findings and diagnosed Aydin with refractive amblyopia in his left eye. This meant Aydin's brain received a blurred image due to a refractive error in his left eye and his better seeing right eye took over and ignored the blurred image. Doctors can treat

amblyopia if it is diagnosed at a young age, usually under seven years. If not found early, vision loss is permanent and patients become overly dependent on their good-seeing eye.

Treatment in Aydin's case was wearing glasses and patching his good, stronger eye. This forced his weaker eye to work on its own. Now, the hardest part was explaining to my five year old son the importance of wearing a patch. Dr. Hoffman had a solution. He told Aydin that he had to play video games longer while he wore his patch. What young boy wouldn't want that advice!

We continually saw improvement in Aydin's vision. Eventually, Aydin's left

eye strengthened to 20/25 and he no longer needed patching. Aydin did wear glasses through third grade. He is now 10 years old, has nearly perfect vision and no longer needs glasses.



Amber and Aydin

Helping the Hungry Proves Rewarding For All

The staff here at Drs. Fine, Hoffman and Sims try to find some way to show appreciation each year during the holiday season.

In December, we volunteered our time at Food for Lane County (FFLC). FFLC is a non-profit food bank that provides food to 28 emergency local food pantries. Our staff and family members donated 48 hours of service as a group sorting a few thousand cans of food and dry goods which had been collected during the U.S. Postal Service December donated food drives. The group also packaged regionally grown

bulk barley and lentils into family-sized packets along with a seasoning packet for making soup or chili, called Farm to Table.

The pace was rapid. The results weighed in at hundreds of pounds. The reward was priceless—high energy (after a full 8 hour work day) “get-it-done” cooperation with fellow staff members while volunteering our time in the name of Drs. Fine, Hoffman and Sims, and all the while doing good for our community.



Staff and family members of Drs. Fine, Hoffman & Sims donating time at Food For Lane



You can now find us on Facebook and Twitter.

Just search Fine, Hoffman & Sims and see what we're up to.



Great Experience



Bruce Totten, patient

What a great experience. Dr. Sims is a very good ophthalmologist and I'm very glad she is my doctor. She did a fine job with my surgery. My vision before cataract surgery was blurry making it hard to see sports programs on TV. Now my vision is better than 20/20. My quality of life has greatly improved. If I break my glasses I don't have to worry because I see pretty well without them.

Dr. Sims' staff was nice and pleasant. Nobody wants to have surgery. If you need it, Dr. Sims is who you need to see!

New! Patient Portal



Click here!

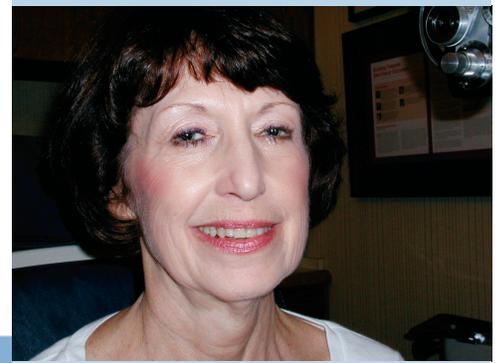
- Schedule an Appointment
- Renew Your Medications
- Pay Your Bill
- Ask Our Office A Billing or Medical Question
- Tell Us About Your Experience

- The Expert View Blog
- Fine View Newsletters
- Learn About Our Research Programs & How You Can Participate
- View our Ads



Scan the QR code above with your smartphone to visit our website.

Ease and Confidence



Pamela Leonard, patient

Dr. Sims was easy to communicate with and made my choice to have the surgery much easier with her in-depth explanations. My vision was poor, especially when driving at night. The idea of having surgery on my eyes made me fearful, but after experiencing the first eye surgery I felt a sense of ease and confidence. I'm now able to drive at night and go without glasses for the first time since I was 14 years old. If you need it (surgery), do it. What a wonderful doctor and staff!

I. Howard Fine, M.D.
Richard S. Hoffman, M.D.
Annette C. Sims, M.D.

PHYSICIANS AND SURGEONS
OPHTHALMOLOGY

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RETURN SERVICE REQUESTED



DRS. FINE, HOFFMAN & SIMS: HONORS, AWARDS & WELCOME

Our staff and doctors continually improve their education and experience in ophthalmology and share their knowledge with others. Here are some of our most recent accomplishments:

I. Howard Fine, MD and Richard S. Hoffman, MD, are among the top 5% of doctors in the nation. This is according to Best Doctors in America which is a list of doctors chosen by other doctors as leaders. They must be clinically and academically accomplished; affiliated with national and global centers of excellence, and leaders in the practice of medicine as teachers and researchers.

Laurie Brown, COMT, COE, our practice administrator, graduated from Northwest Christian University with a Bachelor of Arts degree *summa cum laude* in Business Administration and received the Victor P. Morris Award for excellence in academics and leadership. She is

now working toward her masters degree.

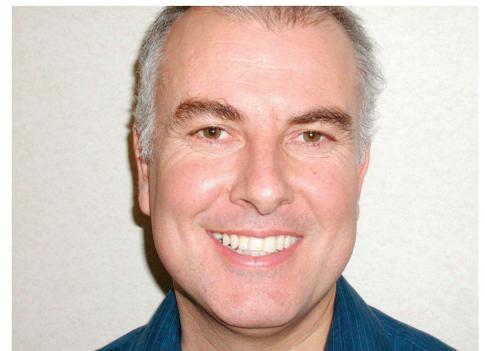
Six staff members have completed the requirements to renew their credentials or to become for the first time Ophthalmic Coding Specialists. The next time you see us, please congratulate Brandy, Jon, Sue, Tony, Tina and Christina. They each successfully navigated a training course and passed a rigorous test to qualify. Our practice is staffed with experts who work to ensure your visit is coded correctly to your medical or vision insurance provider.

Our newest technician, Donnie, has recently and successfully completed his exam, making him our newest Certified Ophthalmic Assistant.

Christina is a new face you will see at the Surgery Coordinator desk. She has been with our practice for three years as the front desk receptionist, then insurance

coordinator. During your next visit, please take a moment to welcome her to her new position.

Please join us in welcoming Dr. Alejandro Cerda from Chile to our practice. He is completing a fellowship and will be with us through June. You may see him as he joins Drs. Fine, Hoffman and Sims during patient exams.



Dr. Alejandro Cerda, Chile