

NEWSLETTER - FALL 2003

Teaching Surgeons Here at Home



I. Howard Fine, MD, shares a laugh during the didactic lecture portion of the course.

On Saturday, August 23rd, Drs. Fine, Hoffman and Packer directed the first course in the world concentrating on teaching surgeons transitioning to bimanual micro-incision phacoemulsification. This is a new method of doing cataract surgery through incisions about one-half the size of the previous 2.5mm size incisions. The smaller incisions lead to added safety and provide a very stable intraocular environment during the removal of a cataract. This new technique has been developed by many people, and Drs. Fine, Hoffman and Packer have had a major impact on the evolution of the technique in terms of refining phacoemulsification parameters on a variety of manufacturers' machines, and more importantly, in the development of instrumentation for use within the eye during this process.

For this first course, we partnered with Advanced Medical Optics (AMO), a major manufacturer of phacoemulsification equipment and intraocular lenses, who sponsored the course. AMO invited their high volume surgeons from throughout North America and one from Paris, France, the professor and chairman of the department at the University of Paris. About 25 surgeons took part in the program, which included three hours of didactic lectures explaining the evolution, development and current status of bimanual micro-incision phaco, and also surveyed the future as intraocular lenses capable of being implanted through these tiny incisions are continuing to evolve. We then used videotaped cases to document and illustrate the points of lecture. During the lecture, we also included an introduction to the use of capsular tension rings, which are used to add safety

to patients in whom the connection of a cataract to the wall of the eye is weakened.



Mark Packer, M.D. answers questions after surgery.

Following completion of the didactic portion of the course, each of Drs. Fine, Hoffman and Packer performed a live surgery conveyed via closed circuit television to the optical shop of our clinic, which was turned into an auditorium for this course. Afterward, each of the participants had an opportunity to examine, under the slit lamp, the three immediate post-operative patients, as well as six other patients who had been operated in the past, each of whom represented a difficult and unusual challenge at the time of surgery, which was best handled by bimanual micro-incision phacoemulsification.

After a luncheon, each of the 25 participants had an opportunity to perform this surgical procedure using all of the instrumentation that we have developed, which was brought for their use by the companies with whom we worked in the development of these instruments. AMO provided 5 phacoemulsification machines for use in animals, and each surgeon had an opportunity to practice all of the maneuvers involved in this new procedure on animal eyes.



Richard Hoffman, MD, assists a course member during the wet lab portion of the course.

At the completion of the course, each of the participants were asked to evaluate the effectiveness and value of the course. This is commonly done in Continuing Medical Education courses for physicians as it enables the educators and the manufacturers to continuously update and refine their courses in order to be as relevant as possible. I have participated in hundreds of courses internationally on every component of cataract surgery, and these were the best evaluations that I have ever seen. Without exception, each of the participants rated it as an excellent course, and many indicated it was the best Continuing Medical Education course in which they had participated, and almost all indicated they planned to return to their own clinics and start performing this procedure.

We are now making plans for continuous work with AMO and other manufacturers in producing more of these courses in order to help doctors provide a better surgical procedure for their patients. Once again, Drs. Fine, Hoffman and Packer, are happy to be at the leading edge of the art and science of cataract surgery.

Promotions and Honors

By Sherrie Brunell, Administrative Assistant

Dr. Hoffman has been promoted to the position of Clinical Associate Professor at Oregon Health & Science University, where he has served as a Clinical Instructor in the School of Medicine's Department of Ophthalmology for the past 7 years. Dr. Hoffman is the only fellowship-trained corneal specialist in Lane County. He has extensive experience in corneal transplantation and excimer laser refractive surgery, and has conducted research in corneal disease, wound healing, ocular oncology and other topics.

Dr. Packer was also recently honored by being selected to participate in the American Academy of Ophthalmology Leadership Development Program for 2003-2004. As a member of the Leadership Development Program, he will be spearheading projects in such areas as communication, public service, public relations and training of physicians.

Finally, in June, Dr. Fine was honored to give his eleventh named lectureship, in honor of Marvin Kwitko, a well-known Canadian ophthalmologist. His presentation entitled, "Refractive Lens Exchange", was very well received. We are very proud of our doctors!

New Medication May Benefit Dry Eye Patients By Richard S. Hoffman, MD



Richard S. Hoffman, M.D.

Recent FDA approval of the eye drop Restasis™ has given ophthalmologists a new effective tool for treating the dry eye condition. Dry eyes can result from aging, menopause, allergies, environmental stresses, ocular surgery, and oral medications. Current accepted treatments for dry eye include lubrication with artificial tears, tear conservation with punctal occlusion (plugs or surgery), or lifestyle changes by moving to an environment with more moisture or eliminating certain oral medications.

Restasis is a unique medication for dry eye in that it treats the underlying problem contributing to the dry eye condition – ocular surface inflammation. Reduction of ocular surface inflammation has been demonstrated in many patients to result in increased tear production and improved ocular comfort and ocular surface health.

Restasis consists of the immunosuppressant cyclosporine 0.05% within an oil emulsion that aids in its absorption into the ocular surface. The medication is used only twice a day and will usually start to have its beneficial effect in 1-2 months. Side effects of the medication include localized stinging and burning in some individuals. None of the medication has been found to be absorbed into the bloodstream so it has no effects other than those on the eye. Recent studies have demonstrated improvements in baseline tear secretion scores in 59% of treated patients with 15% of treated patients having profound improvements in their tear production.

Unfortunately, the medication is expensive and can cost \$50-100 per month depending on the method of instillation. Fortunately, we understand, it is on most insurance pharmacy plans. Most patients who have benefited from Restasis have found it to be well worth the expense since they can decrease or eliminate the artificial tears that they were previously using every 1-2 hours. The medication does need to be used indefinitely since discontinuation will ultimately result in return of the ocular surface inflammation and an associated decrease in tear production.

The best candidates for Restasis are patients with moderate to severe dry eyes who are requiring artificial tears more than four times a day in order to achieve ocular comfort. If you believe you might benefit from this new medication, call for an appointment or mention Restasis at your next routine eye exam.

"Technical" Achievements



Marcos Fandino

We are very proud of our technicians and are pleased to share their latest accomplishments in certification. Marcos Fandino was awarded the Certified Ophthalmic Assistant credential after successfully passing his written exam.

Established in 1969, the Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), is an international nonprofit corporation that certifies and provides continuing educational opportunities to ophthalmic allied health professionals. JCAHPO is accredited by the National Commission for Certifying Agencies (NCCA). Their mission is to “Enhance the quality and availability of ophthalmic patient care by promoting the value of qualified allied health personnel and by providing certification and continuing education.”

Congratulations, Marcos! We are proud of you!

Spectacular Results! By Michael Potter



Michael Potter and Son

I went to Dr. Fine for a second opinion regarding a difficult and challenging cataract surgery. Previous eye surgery done elsewhere years ago had left unpleasant memories, so I went in with a healthy dose of skepticism and anxiety. I asked a lot of questions and discovered differences in the approach contemplated by Dr. Fine. This resulted in many hours of research, not only of the various differences but also of Dr. Fine. The more research I did, the more impressed I became. After weeks of researching and asking follow-up questions, I finally decided on Dr. Fine for the surgery.

The surgery was performed under topical anesthesia and was due to the complicated nature. As it turned out, the surgery and recovery were much easier than all the research and debate over who would perform the surgery warranted. There was virtually no discomfort from the time the surgery started through the recovery period. I even went on my first mountain bike ride 4 days after surgery with complete confidence.

So how did it turn out? The improvement is not just good, it is spectacular! For the first time ever I can see my 5 year old son out of that eye and see him with nearly 20/20 vision. I want to thank not only Dr. Fine (who knocked the ball out of the park), but the entire staff for their patience (I asked a lot of questions!), professionalism, and obvious dedication to upholding the highest standards. What started out with anxiety has turned out to be one of the most wonderful experiences I have ever had.