

Get Your Shingles Vaccine Sooner!



By Richard Hoffman, MD, CPI

Shingles is a painful condition of the skin that is caused by the chicken pox virus. When we are young and contract the chicken pox, the virus stays dormant in our nerves after the infection clears but can recur years later as the shingles rash. This is more common to develop the older we become. The shingles or zoster rash can break out

anywhere on the body but most commonly develops along the back or sides. It can also break out along the face. When it breaks out on the forehead and eye it is termed herpes zoster ophthalmicus (HZO).

Before the blistering rash develops, patients may experience pain or tingling along the distribution of the nerve being affected. Patients may also have headache and fatigue. The rash affects one side of the body or the other and when it breaks out on the face or forehead, it does not cross the midline of the face. HZO can be particularly serious if the infection involves the actual eyeball. A zoster infection in the eye can lead to corneal scarring, ulceration, inflammation inside the eye, glaucoma, and in rare cases blindness.

Treatment is most effective when started early in the course of the disease and involves the use of oral antiviral medications. Involvement of the forehead necessitates an ophthalmic examination to rule out ocular involvement.

The best way to avoid the development of HZO is to not have a recur-

rence of shingles. A shingles vaccine is now available and decreases the chances of developing shingles and the complications associated with the recur-



Herpes zoster ophthalmicus (HZO)

rence of zoster. Current recommendations are for all individuals over the age of 60 to receive the immunization. However, I have seen enough patients in their 50s develop HZO with serious ocular complications that I now recommend that patients receive the vaccine in their 50s. I received mine at age 52.

Dropless Treatment Put to the Test

We are currently enrolling participants with glaucoma or high eye pressure in a research study called ARTEMIS. This study will research a prescription, branded medication that is approved for use in eye drops and has been used by millions of patients. In this study, this medication is being tested in an investigational dropless delivery system. To qualify for this study, participants must have glaucoma or high eye pressure in both eyes, be at

least 18 years old and not have had surgery for the glaucoma.

During the study, participants will receive study related eye exams and medication at no cost. Our doctors will provide thorough eye exams and check that the study medication is working. If you wish to see if you qualify for this study, please contact our Clinical Research Coordinator, Sue Stuhr at 541-687-2110.



Search

Dr. Fine, Hoffman & Sims

to see

what we are up to.



A Bump on the Lid

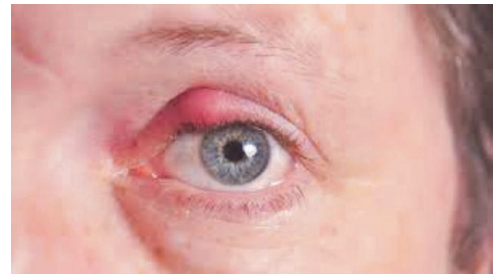
By Annette Chang Sims, MD

A frequent complaint bringing patients to the ophthalmologists' office is the unsightly presence of a sty. A sty is a nodule along the eyelid that appears red and elevated. It is caused by localized inflammation of a meibomian oil gland along the eyelid margin. Depending on where the blockage is, the bump may or may not cause pain. In medical speak, if the blockage is deep in the gland, we call it a chalazion. These tend to be painless. If the blockage is near the gland orifice, we call it a hordeolum. These tend to hurt.

local anesthetic, and the bump is incised so the contents of the blockage can be drained.

Many things cause the formation of a sty. Some people develop them when their eyelids get irritated from pollutants or pollen in the air. Some are predisposed to the formation of styes if the oil in the glands is thicker than average. A patient who has recurrent styes can be effectively treated using oral antibiotics. These options can be discussed with the doctor. Having a hordeolum or chalazion is annoying and cosmetically unappealing. We have several effective treatment options so if you develop one, call us.

Both the hordeolum and chalazion are initially treated the same way. Hot compresses are effective in unplugging the oil gland. Sometimes patients notice that the gland expresses or bursts. This is not dangerous and helps the bump eventually resolve on its own. Medicated ointment can also help the bump go away. Your doctor can prescribe this if needed. If conservative treatment fails, the doctor may perform an incision and drainage of the bump. This is done as an office procedure. The eyelid is made numb using a



Example of a chalazion



- ✓ Schedule an Appointment
- ✓ Renew your Medications
- ✓ Pay your Bill
- ✓ Tell us about your experience
- ✓ Ask our Office a Billing or Medical Question

Visit our website at <http://www.finemd.com>

Race for the Cure 2015



We invite you to join our Seeing Pink Race for the Cure team. The 5K fun run/walk is coming up on Sunday, October 4 in Eugene at Valley River Center. Our raffle quilt is almost finished (pictured right). We will be announcing the winner very soon.

We really appreciate your spirit and your support during our Pink Friday events. Our first one this year was on Friday, September 4 (pictured above). See you on Sunday, October 4!



Entire Team Passes OSC Test with Flying Colors!



Back row left to right: Suwana, Nichole A., Lisa, Brandy, Stephanie
 Front row left to right: Wendy, Rachel S., Sue, Christina, Ashley O., Sid, Tony
 Not pictured: Amber, Ashley S.

Congratulations to our entire clinical team! They have all completed their ophthalmic scribing certification.

The Joint Commission on Allied Health Personnel in Ophthalmology's (JCAHPO®) Ophthalmic Scribe Certification examination is designed to test the knowledge of creating and maintaining patient medical records under the supervision of an ophthalmologist. These records include the documentation of a comprehensive patient history, physical examination, medications, lab results, and other essential patient information.

This examination is comprised of 125 questions in five core content areas: history taking, ophthalmic patient services and education, ophthalmic terminology, medical ethics & legal issues, and the medical note/records.

Way to go team! We are so proud of you!

More Success Stories ...



I have never seen well all my life. Then, when I needed cataract surgery, I put it off as long as I

could. Dr. Hoffman took my cataracts out and fixed my vision. I have never seen so well! When I took that first bandage off a day or so after surgery, the colors popped! The colors are so bright now. I see shades of color, shadows and detail as I could not see before the surgery. I find cobwebs in my house and dirt I never knew existed. It helps me keep a cleaner and healthier house! I enjoy reading so much more, and now I can tackle the pile of mending. This is really so much more than I expected. — Ruth Miller



For the first time in my life, I can see through my left eye. I can also see distance and

drive without glasses. Dr. Sims is incredible. She performed cataract surgery in both my eyes. Dr. Sims told me that there had to be something she could do to help. How do you thank someone who has given you your sight? During the surgery, I was a bit nervous, and a gentleman held my hand. Even though it was surgery, I would do it again. I feel special when I visit Dr. Sims in her clinic. Patients and caring for them are a priority. Dr. Sims takes great care of me and my husband. I can't imagine going anywhere else for my eye care. —Jodie Muller



It became obvious to me I needed refractive lens exchange surgery or else I needed to grow

longer arms. I work as a contractor overseas and I have a job that cannot be done if I have to continuously put on and take off glasses. Dr. Sims performed my surgery and I am extremely pleased with the results. The surgery put everything into focus, plus it was very uneventful and short. The staff at Dr. Sims' office and at the surgery center were very professional and great. —Peter Salerno



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RETURN SERVICE REQUESTED



DRS. FINE, HOFFMAN & SIMS: Honors, Awards & Activities

July 20-24, 2015: As a member of BSM Consulting's Advisory Board, our administrator, Laurie, attended a planning session meeting, helping to provide ideas for products and service enhancements to support ophthalmology practices, in Tahoe, NV.

July 23-28, 2015: Dr. Fine, as part of the International Intraocular Implant Club, traveled to Scotland for that society's annual retreat and educational symposia where he shared his experienced in difficult and challenging surgical cases with the membership and participated in the conduction of society business.

August 13, 2015: Our management team attended a Principles of Lean for the Service Industry course held by the Emerald Valley High Performance Enterprise Consortium, where they learned about transformative change processes which support our culture of continuous improvement.

August 13-14, 2015: Dr. Hoffman, as Cataract Clinical Committee Chair, attended the American Society of Cata-

ract and Refractive Surgery's Executive Committee Retreat, where physician annual continuing education programming and resources were planned and society business conducted for the organization which supports anterior segment ophthalmology practices.

Welcome Aboard!

We would like to introduce you to our newest technician, Lisa. She is a certified ophthalmic technician with more

than 20 years of experience working in ophthalmology. We are very happy she has joined our team. We are sure you will be as pleased with her as we are.

Welcome Lisa!

