

NEWSLETTER - SUMMER 2006

An Asian Spring

By Dr. I. Howard Fine

This spring I spent a little over a month in Asia attending three different meetings. I was a part of a group of ten American eye surgeons who, under the sponsorship of the Hawaiian Eye Foundation, of which I am a scientific advisory board member, presented the first phacoemulsification course in Vietnam. This was a course teaching Vietnamese surgeons the technique of small incision cataract surgery and intraocular lens implantation.



Dr. Fine joking with a Vietnamese eye surgeon.

Many Americans my age have mixed emotions about Vietnam, feeling somewhat guilty about America's participation in what was questionably an unnecessary war, and yet being patriotic and wanting to sponsor America's attempt to support freedom in all of its iterations throughout the world. I was delighted to find the Vietnamese, who are of a smaller stature, to be not only bright, energetic and hard-working, but sweet. I was also amazed to find that they have no animosity concerning what we call the Vietnamese War. When we asked about their feelings about the war, they asked which war: the Japanese War, the Chinese War, the French War, or the American War? The Vietnamese are in a situation not unlike the Chinese of being a communist society with a modified capitalistic economy. As a result, since citizens can work and earn as a result of their own efforts, it is a bustling economy and rapid growth and change are taking place. We were

delighted with our experiences there and the sites that we visited including some of the military bases that we all read so much about, such as Khe Sanh, the Marine barracks that fell, and Da Nang, where the Marine airfield was located, as well as Hanoi, where we had an opportunity to visit the Hanoi Hilton, where Senator John McCain was a prisoner of war. The Vietnamese suffered greatly under French oppression during the French occupation of that country and there was considerable evidence of that demonstrated at the Hanoi Hilton, which was originally built as a French prison for Vietnamese patriots.

I had the pleasure of being the chair faculty member of this course and it was a spectacular success. It involved over 220 Vietnamese surgeons and had not only lectures and demonstration videos, but also a wet lab where the Vietnamese surgeons could practice on animal eyes the new techniques we were teaching. They seemed very grateful for the course, and it is interesting how politics, medicine, and education can be an odd mixture. In the opening ceremony of the course, the president of the Vietnamese Ophthalmological Society indicated in his address that it was a wonderful thing for Vietnam to have a phacoemulsification course – it is the best thing that has happened to Vietnamese ophthalmology since the aggressors were kicked out of the south. The Americans, of course, are the aggressors and all ten of us faculty members were not sure how to respond.

After returning home for two weeks, I attended the annual meeting of the Asia-Pacific Society of Cataract and Refractive Surgery / Asia Pacific Academy of Ophthalmology meeting, held in Singapore. Singapore is a spectacular place, characterized by fantastic architecture. It is almost a fantasy land of incredible, beautiful buildings. Singapore is a city-state that functions better than most countries I have visited because it is very much ruled by law that the people all accept and obey. Everything seems to work, to work on time, and efficiently. It was amazing to have the customs official at passport control greet one of our American colleagues with a statement as she stamped his passport, “Welcome to Singapore, Mr. Karcher, and if I don’t see you before Tuesday, have a happy birthday.” She had noted his birthday on his passport and greeted him in that way. It is interesting that Singapore, which has no natural resources other than human beings, has one of the best economies in the world. It is a crime and drug-free area with an ability for women to walk alone at any hour of the day or night without fear of molestation.

The meeting itself was spectacular. I was able to give an address in the combined seminar by the Asia Pacific Society of Cataract and Refractive Surgery / American Society of Cataract and Refractive Surgery on the new, cutting-edge, techniques that Drs. Fine, Hoffman and Packer are using here in Eugene, called bimanual microincision phacoemulsification. I was also delighted to receive a Golden Orchid award from The Eye Institute of the National EyeCare Group for outstanding

contributions to ophthalmology in Singapore. I think the fact that we have had fellows coming from Singapore to learn in our practice was what stimulated that award. Two of our recent fellows, Christopher Khng, MD, and Zainah Alsagoff, MD, are doing a lot of the more complicated and challenging surgical cases in Singapore, which they learned here in our surgery center.

From Singapore, I went directly to Tokyo where I was, as a member of the American Society of Cataract and Refractive Surgery, a representative to the annual Japanese Society of Ophthalmology meeting in Tokyo. I was moderator of a joint symposium of the Japanese and American Societies of Cataract and Refractive Surgery, and there, I presented a paper on new and innovative ways to deal with some of the problems of cataract surgery on patients who have been taking Flomax, a commonly-used treatment for benign prostatic hypertrophy (BPH). Now that it is recognized, we have learned how to deal with the potential complications of Flomax and we have innovated several new techniques here in our surgery center, which we were happy to share with our Japanese colleagues. It was delightful to renew old friendships and greet colleagues that I have known for twenty years in this, my sixth or seventh, trip back to Japan.

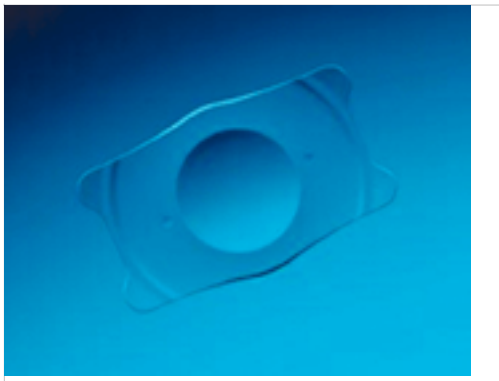
Asia is an extremely viable, energetic, progressive and vibrant mixture of countries which will increasingly have a leadership role in this century. We are delighted that the camaraderie and congeniality between Asian and American ophthalmologists is so strong.

Spectacular Results With Staar ICL By Richard S. Hoffman, MD

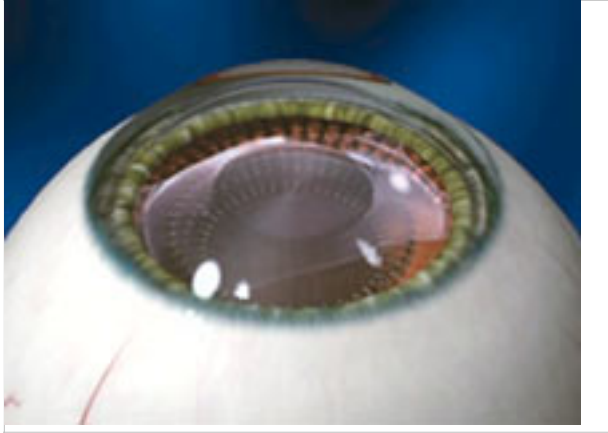


Richard S. Hoffman, M.D.

Recent FDA approval of the Staar Implantable Collamer Lens (ICL) adds a new refractive surgery option for our nearsighted patients. The ICL is a small intraocular lens made out of a highly biocompatible material termed Collamer. It is inserted into the eye through a microscopic incision and gently positioned in front of the eye's natural lens and behind the colored iris. The procedure takes 10-15 minutes and patients tend to have excellent acuity almost immediately afterward.



The ICL has been in development for over 10 years and tens of thousands have been implanted worldwide. Our practice was part of the original FDA clinical trials in the US and has the most extensive experience with this technology in the Pacific Northwest.



The ICL is approved for patients with nearsightedness in the range of -3.00 to -20.00 diopters. This is especially useful for refractive surgery patients with nearsightedness greater than -10.00 diopters who are outside the range of what can be safely corrected with a LASIK procedure. Current approved models of the ICL do not have astigmatism correction; however, astigmatism can be corrected at the same time the ICL is implanted with the use of small relaxing incisions in the cornea. Future models of the ICL will have nearsighted and astigmatic corrections within the lens and should be approved in the next 1-2 years.

We are very excited about offering this new technology to our patients - the results have been spectacular. Please call Tony Reynolds (687-2110) if you would like to determine if you are a candidate for this new procedure.

Refractions

What is a refraction?

The refraction is the portion of your eye exam that measures your ability to see an object at a specific distance. Our technicians perform refractometry. From the exam chair you look through the phoropter toward an eye chart. The phoropter contains lenses of different strengths and types that can be moved into view. Our technicians will ask you which view is clearer as they place different lenses in front of the eye ("Better one or better two?"). When you are able to read the chart most clearly, the technician makes note of the lenses used. This process takes time and patience due to the interaction required for the most accurate outcome.

Why is the test performed?

A refraction is not just for an eyeglass prescription, although a new prescription is often the byproduct of a refraction. The refraction is a critical part of any eye examination. It helps the doctor determine whether your vision is reduced by a

medical eye disease (such as cataract, macular degeneration, etc), and helps the doctor follow the progression of cataracts and other conditions.

When you experience, or we measure a change in vision, a refraction is necessary to determine the extent of visual change and possible reason. When the refraction is complete, the doctor compares the new information obtained to your vision with your current glasses. This helps determine whether or not vision changes are due to a need for a new glasses prescription or to a possible medical problem that needs further exploration.

Will your insurance pay for it?

Refraction has always been a non-covered service under the Medicare program. Medicare does not differentiate between “medical refractions” (as described above) and refractions performed solely for the purpose of providing glasses. As a result of Medicare not covering refractions, your secondary insurance to Medicare may also deny the charge. Our practice will submit this charge to Medicare on your behalf so that it can then be forwarded on to your secondary insurance carrier.

Other insurance plans vary depending on your individual benefit coverage. In our experience, unless you have vision benefit coverage your insurance will probably not cover the cost of refraction. Our practice will submit this charge to your insurance carrier on your behalf whether they cover the charge or not.

Please note that our refraction fee is \$45. If you know this charge will not be paid by your insurance carrier we ask that you make the payment at the time of service. If you have any questions about refractions, please don't hesitate to call our office.

New Faces



Michelle is our new Receptionist and Business Office Assistant. She has lived in Eugene for 4 years with her 5 cats and 1 dog, who all bring her much joy. She cherishes spending time with her daughter and precious granddaughter, along with enjoying the great outdoors and quiet time.

Unbelievable!

Michael Schlosser had LASIK with Dr. Hoffman. Before LASIK, his uncorrected vision was 20/400 in both eyes. Now his uncorrected vision is 20/20 in his right eye and 20/15 in his left. Mr. Schlosser was delighted with the results: “My new vision is unbelievable! I wish I could have had LASIK years ago. The vision is better now than when I was wearing my contacts. Amazing!”

All The Way From Italy...



Eleni Papaioannou, on the right, with her sister, Antigone Koukoumanos, who was with her during every step of the surgery.

I heard about Dr. Fine from a local ophthalmologist in Italy, where I live. When I went in to find out if I was a candidate for the Implantable Collamer Lens (ICL), my ophthalmologist suggested that I see Dr. Fine in the United States. I had my family call a high-profile refractive surgery clinic in Canada to get more information about the ICL and they also referred me to Dr. Fine. That's when I knew he was the doctor to see for my eye correction.

I was both nervous and excited at the same time before coming in, but after meeting Dr. Fine and staff, I felt comfortable and just really excited.

Everyone was so caring and thorough during the entire experience, from gathering information, meeting the staff and doctor, scheduling and having the surgery. The procedure was painless.

My vision today is much better than I ever anticipated. My quality of vision has improved more than just having the ability to go without contacts and glasses. Images are larger and contrast is clearer. My depth perception and my peripheral vision are so much better.

I would like to thank Dr. Fine and the entire staff with all of my heart.