

NEWSLETTER - SUMMER 2011

Eye Rubbing Feels Good But Is Not Good For You By Richard S. Hoffman, MD



Richard S. Hoffman, M.D.

Keratoconus is a degenerative condition of the human cornea in which progressive thinning and change in the shape of cornea develop with time. There is a wide range of clinical presentations of keratoconus ranging from barely perceptible changes to frank cone formation of the cornea requiring corneal transplantation. Keratoconus affects roughly one person in a thousand and it appears to have multiple causes that are both environmental and genetic. Individuals with keratoconus typically develop progressive nearsightedness and astigmatism resulting in blurring and shadowing of images. The condition can be easily treated with glasses or rigid gas-permeable contact lenses.

Despite considerable research, the exact cause for keratoconus remains unknown. One of the possible environmental factors that may contribute to the formation of keratoconus is aggressive eye rubbing. There appears to be a strong association of eye rubbing with keratoconus. Originally this was felt to be a symptom of keratoconus in that patients who developed the degenerative condition might rub their eyes due to the irritation of the eyelids from the cone-shaped cornea. The assumption here was that the keratoconus developed first and the eye rubbing occurred secondarily as a reaction to the condition. However, more evidence is accumulating that suggests that the act of eye rubbing may actually cause keratoconus in susceptible patients. The observation that keratoconus is associated with allergic type conditions such as asthma and eczema lends credence to the theory that allergy-prone individuals may be causing the corneal degeneration through aggressive eye rubbing. Other observations in individuals with Down Syndrome or retinal dystrophies who have

been demonstrated to rub one or both eyes since birth and then develop keratoconus in the rubbed eyes also suggests the causal association.

Does this mean that eye rubbing is dangerous? In general, occasional eye rubbing is fine as long as it not excessive and aggressive. If you have been diagnosed with keratoconus, then eye rubbing should be eliminated. I personally have seen keratoconic patients whose disease progression has slowed or stopped after eye rubbing was halted.

What You Can Learn From Your Family by Annette Sims, M.D.



Annette Sims, M.D

As a glaucoma specialist, patients often ask me, “Should I be worried about my kids getting glaucoma now that I have it?” It is a great question since identifying risk factors such as family history is an important task in maintaining good eye health. My answer depends on the type of glaucoma the patient has. Most people are not aware there are many different types of glaucoma requiring different types of treatment. Patients may develop glaucoma from eye trauma, angle closure, retinal detachment, eye tumors, uveitis, diabetes, hyperthyroidism or prolonged corticosteroid use. Treatment options include eye drops to control eye pressure, lasers and various types of surgery. One of the more common forms of glaucoma is open angle glaucoma. There are still many unanswered questions about the genetics of open angle glaucoma. A few gene loci have been detected, but there is not a blood test at this time to check for glaucoma. One thing we know is siblings of patients diagnosed with open angle glaucoma have a tenfold increased risk of developing glaucoma over their lifetime. The Baltimore Eye Survey, a major study

published in 1994, showed family history to be an important risk factor in open angle glaucoma. It was associated more highly in siblings than in parents or children. The results of the study support the screening for glaucoma in family members of patients with the disease.

What about macular degeneration? Macular degeneration appears to be hereditary in some families but not in others. We believe if you have a family history of macular degeneration, you have four times the risk of developing macular degeneration. There has been some research that claims if you have a first degree relative with late stage macular degeneration, you may develop macular degeneration at an increased rate at a younger age. The cause of macular degeneration is unknown. Risk factors that have been identified aside from family history are smoking, obesity, Caucasian race and age.

Lastly, if your parents had cataract surgery, will you need cataract surgery as well? Cataracts develop for a variety of reasons. They include long-term exposure to ultraviolet light, exposure to radiation, chromosomal disorders, trauma or systemic diseases such as diabetes. The most common form of cataracts is from advanced age called nuclear sclerosis. The Beaver Dam Eye Study looked to determine whether nuclear sclerosis could be explained by inheritance of a major gene. The findings suggested that several genes of modest effect may influence development of cataract. But the progression of cataract formation occurs in conjunction with environmental factors, most notably cigarette smoking. Other studies have highlighted the importance of blocking ocular exposure to ultraviolet light. In summary the etiology of cataract formation is complex, with environmental factors being just as important as family history.

In short, if you have one of the above mentioned ocular diseases, discuss this with family members. It may be a good idea to encourage them to have a screening eye exam.

Honors and Achievements



What do George Lucas, Steven Spielberg and our own Dr. Richard Hoffman have in common? They are all visionaries in the world of film. We are very proud to announce Dr. Hoffman as the grand prize winner at this year's film festival at the Annual Symposium of the American Society of Cataract and Refractive Surgery (ASCRS) in March. Dr. Hoffman's submission titled, "Minimally Invasive External Mini-Glaucoma Shunt Implantation without Conjunctival Dissection," showcases his breakthrough technique for implanting a glaucoma shunt with minimal impact on the patient. This can quicken a patient's recovery time and it may also improve the overall outcome of the surgery.

Dr. Hoffman's award is cast from the same mold from which the Oscars are made for the Academy of Motion Picture Arts and Sciences. You can check out Dr. Hoffman's "Ascar" on display in our lobby showcase.

Dr. Fine is honored and delighted to be selected as this year's recipient of the International Intraocular Implant Club's Medal and Lecture. Dr. Fine will accept the award at the club's annual meeting in conjunction with the European Society of Cataract and Refractive Surgery in Vienna, Austria this coming September. Dr. Fine was president of the IIIC from 2008-2010.

Serving Our Community Brandy Hunt, COA



Community is important to the FIHOPA staff. As an ongoing tradition, we donate our time to support local organizations. This year we volunteered at Food For Lane County. In January, a team of employees and family members spent an evening readying food for distribution. It was a big success. We discovered we work well as a team in any given environment, and we look forward to our next volunteering adventure.

Congratulations!



Brandy Hunt, is our newest Certified Ophthalmic Assistant (COA). Brandy began her career with us in 2005, working in the front office. She has been a technician in the clinic for the past two years. The COA certification is the first in a series of three exams which we encourage our technicians to complete. The process enables our clinical staff to provide exceptional care. In order to become certified, each staff member must meet criteria and demonstrate ophthalmic knowledge and expertise. We are very proud our entire clinical staff is now certified.

Laura Reynolds is now an Ophthalmic Coding Specialist (OCS), and Ricki Shipway, Michelle Ryan and Suwana Smith have successfully renewed their OCS credentials. All four passed a 100 question exam which is designed to thoroughly test the coding knowledge of all professionals in ophthalmology,

including physicians, coders/billers, ophthalmic medical personnel, office managers, administrators, consultants, and optometrists.

Testimonials

Over the Moon



Dear Dr. Packer and “grand crew”: Truly, I’m over the moon with the results of my cataract surgery. 20/20 from near to eternity! No glasses for the first time in 62 of 74 years. As an artist, I’ve always been in love with color, but now it’s extraordinary, truly spectacular! I’d heard cataract surgery is a breeze; I found it a life changing event. My husband was so impressed with my results and the marvelous care I’ve received from Dr. Packer and staff, he had his cataract event in December. **Frederica Stowell**

Drs. Fine, Hoffman, & Packer Travel/Teaching Schedule —

January to May 2011

January 16-21: Maui, HI

Dr. Packer and our practice administrator, Laurie Brown, headed to Hawaii in January for the annual Royal Hawaiian Eye meeting and their teaching schedules were so packed, they didn’t see much of that famous Hawaiian sunshine.

Dr. Packer spoke on a wide variety of topics including successfully integrating electronic medical records computer software into ophthalmology practices, and using the latest in technology to maximize outcomes for patients having refractive lens surgery.

Laurie shared our practice’s experience in reducing patient wait times by increasing visit efficiency; she also moderated a session highlighting challenges and advantages medical practices are finding with social networking sites such as FaceBook.

February 4-5: Rosemont, IL

In February, Dr. Packer attended the Joint meeting of the Illinois Association of Ophthalmology and the Chicago Ophthalmological Society. He shared his expertise in refractive lens surgery and detailed his techniques for handling a variety of difficult and challenging surgical cases.

February 11-15: St. Thomas, US Virgin Islands

Dr. Packer spoke on femtosecond laser cataract surgery at the annual Caribbean Eye meeting. The femtosecond laser is one of the new and emerging technologies present in cataract surgery today. The precision it offers promises to improve outcomes for patients who undergo cataract surgery.

February 24-27: Athens, Greece

In February, Dr. Fine once again packed his suitcase and headed east. This time he travelled to Greece for the 25th Annual International Meeting of the Hellenic Society of Intraocular Implant and Refractive Surgery. While at the meeting, Dr. Fine received the prestigious Kelman Award in appreciation of his great contributions to ophthalmic surgery as a surgeon and teacher. During his Kelman lecture, Dr. Fine explained his simple solutions to the complex problems he has seen in cataract surgery during his 40 years as an ophthalmologist and cataract surgeon.

March 8: Eugene, OR

Dr. Sims was a Guest Lecturer at the University of Oregon Human Physiology Course. She taught a course on Clinical Evaluation & Surgical Treatment of Eye Diseases.

March 25-29: San Diego, CA

As March roared in like a lion, our doctors were hard at work on their teaching presentations for the Annual Symposium of the American Society of Cataract and Refractive Surgery (ASCRS) held in San Diego, CA.

Dr. Fine lectured on a variety of topics, including the proper and safe way to construct a clear corneal incision for cataract surgery. Dr. Hoffman organized and led a course detailing ways a cataract surgeon can successfully maneuver through difficult and challenging cases during cataract surgery. Dr. Packer hosted multiple courses, one of which focused on the new and emerging technology and techniques available today for cataract and refractive surgery. Dr. Packer utilized the TruVision 3-D video system for one of his advanced cataract surgery techniques lectures this year.

Our clinic administrator, Laurie Brown, also showcased our practice in her courses at this year's ASCRS meeting. She spoke mainly about the behind the scenes

organization which makes our practice so unique, as well as our electronic medical records success.

March 31-April 1: Bulgaria

Immediately after the ASCRS meeting in San Diego, Dr. Packer hopped aboard a plane and headed halfway across the world to Sofia, Bulgaria. There he gained experience with a new glaucoma implant.

May 20: Wake Forest University, Winston-Salem, NC

Dr. Fine travelled to North Carolina in May to attend the annual meeting of the Wake Forest University Eye Center. While there he gave the Richard G. Weaver lecture, "Simple Solutions to Complex Problems in Cataract Surgery." Dr. Fine's presentation centered on his own rational approaches to challenging situations he encountered during surgery, and his innovative solutions that led to very desirable results.