

FINE VIEW

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

Everything You Ever Wanted to Know About *Migraine Auras*



By Richard Hoffman, MD CPI

Migraine auras experienced for the first time can be frightening. Migraine headaches are a common phenomenon with approximately 3.2 million Americans suffering from the chronic condition. The headaches are usually one-sided and can be associated with nausea, light sensitivity, and sensitivity to sound.

In a classic migraine, the headache is preceded by a visual aura of flashing or scintillating lights that can be colored, prismatic shaped and many times block the view behind the visual aberrations until the aura disappears. Migraine auras usually last for 15-20 minutes and are then followed by a severe one-sided

headache that can last for hours. When this sequence of events transpires, it is easy to make a diagnosis of migraine.

There are many people who will develop a migraine aura without the subsequent headache, and this makes the event harder to diagnose and more frightening to the patient. If a patient is not familiar with the migraine aura, they may think that they are having a stroke or they might believe that they are losing vision from a retinal detachment or a more serious event.

A migraine aura classically starts as a small shimmering or blind spot in an individual's central or peripheral field of vision. The blind spot will slowly expand and intensify and many times becomes "C" shaped off to the side. The aura may have jagged colored lines behind more jagged lines in what has been described as a fortification scotoma. Fortification describes a defensive wall or fence and many times these fences would be built in layers behind one another as a military defense. Scotoma is a term that means blind spot. The scintillating or sparkling fortifications are difficult to see through and many patients describe not being able to see half of someone's face that they are viewing. As time passes, the "C" shaped blind spot will move over to the side and out over the individual's shoulder where it is no

longer apparent.

Many patients will believe that the visual disturbance is occurring in one eye because they are seeing it off to the right or the left of their visual field. However, migraines and migraine auras are actually a disturbance in the electrical signals of the brain and not the eye. Visual phenomena that originate in the brain will affect both eyes and one way to confirm that the flashing lights are coming from the brain and not the eye is to check and see where the visual disturbance is in space with each eye. If it is a migraine aura, the patient will see the scintillating lights off to one



side with one eye closed, and off to the same side with the other eye closed.

Migraines can be started by stress, bright lights, and sometimes certain foods such as red wine, aged cheeses, nuts, chocolate, and nitrates in preserved meats. We tend to see more migraine auras in the month of December - can you guess why?



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New Ophthalmic Equipment Improves Our Patient Care!



By Annette Chang Sims, MD

The next generation of diagnostic tools used in our office is helping our physicians to more accurately achieve diagnoses and prognoses.

Arriving at a medical diagnosis can be challenging at times. For example dry eyes, Sjogrens disease, ocular allergies and conjunctivitis may have overlapping signs and symptoms. When a patient comes in with dry, itchy, irritated eyes, we can now measure tear osmolarity in the office using a handheld device. This device, called Tearlab, helps determine the clinical severity of dry eyes. There is a similar diagnostic tool that is being released soon to determine Sjogrens disease. The same type of technology can be used when suspecting an infection. A tear sample can be tested to determine within minutes if a

patient has viral conjunctivitis, also known as "pink eye."

Our office now also offers genetic testing for macular degeneration. This testing can be useful in many ways. It can help patients who are concerned about their own eye health who have a strong family history of the disease. For patients who have already been diagnosed with macular degeneration, it can give them an idea of the timeline of progression. It can also tell the doctor if the patient's clinical disease process should be watched more closely with more frequent eye exams.

Achieving a quick and accurate diagnosis helps patient care. These new tools have been shown to help target patient treatment with efficiency and accuracy.

RACE FOR THE CURE 2014 EUGENE

We had so much fun this year participating in the Susan G. Komen Race for the Cure as our "Seeing Pink" team raised money for the cause. For a second year in a row, our quilt raffle winner was a breast cancer survivor. Thank you for your support and contributions. We could not have done this without you!



Staff members enjoying the race



October 12, 2014, Seeing Pink team gathers just before the start of the race



2014 Race for the Cure quilt, made by Brandy, one of our ophthalmic technicians



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

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Comfort, Careful and Kind

Everyone is a little bit frightened going into any kind of surgery. So was I. But, I must tell you, I had fun in the operating room during both my cataract surgeries. Dr. Sims and her staff were calm and peaceful, and that put me at ease. I was so comfortable the nurses and I started singing! The staff also handled me very gently. I have arthritis in my shoulder, and they were very careful. Plus, I got to choose what I wanted for a snack afterwards. Dr. Sims removed cataracts from both my eyes this summer, and now I cannot believe I can see as well as I do. I would recommend

Dr. Sims to anyone who is having trouble with their eyesight. I had a wonderful experience and now I can see!

—Peggy Hodges



Smooth Surgery and Phenomenal Results!



Dr. Hoffman performed my LASIK surgery in May. Back then I was not seeing very well. I was 20/200 in both eyes, which means that I was seeing 20 feet

away from me, what others with better vision could see at 200 feet. Now, I am seeing 20/20 ... perfect vision. It is a phenomenal outcome. And the surgery was so smooth. Everyone took care of me and made me feel comfortable and delivered on what they said they would do. I would recommend Dr. Hoffman and his staff. In fact, I already have!

—Luke Dedic



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

New Faces & New Opportunities at our Eugene Clinic

We have added some new faces to our staff and we would like to formally introduce you to:



Sid

Sid, Ophthalmic Assistant – she has an accounting background, and has extensive experience in optome-

try. She really enjoys working with the diverse group of people who walk through our office every day.

Stephanie, CPOA—she was going to school to become an elementary school teacher when she found optometry,



Stephanie, CPOA

which then led her to ophthalmology. She is always looking to learn more about the wonders of our eyes.

Rachel V. has moved from check-in receptionist to the business office. You



Rachel V.

will still be working with her when you schedule appointment and call the office with questions.



Sue, COT, OCS

And Sue, who has been with our clinic for almost 15 years now, has added clinical research coordinator to her technician position as lead scribe.



I. Howard Fine, MD
Richard S. Hoffman, MD, CPI
Annette Chang Sims, MD

PHYSICIANS AND SURGEONS
OPHTHALMOLOGY

1550 Oak Street, Suite 5
Eugene, Oregon 97401-7701

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

September 13-17, 2014: London, England

This fall Drs. Fine and Hoffman attended the European Society of Cataract and Refractive Surgery meeting in London, England. Dr. Hoffman taught several courses.

October 18-21, 2014: Chicago, IL

Dr. Hoffman traveled to Chicago to participate in the American Academy of Ophthalmology (AAO) meeting in October. Dr. Hoffman taught two courses and lectured in three symposia.

Laurie, our practice administrator, also attended AAO this year. She led the Practice Management Sub-specialty Session which helps technicians who are moving into management positions. She also participated in the Ophthalmic Women Leaders (OWL) Board meeting. Laurie joined about 300 other walkers and runners at this year's Run for Vision to



Laurie (center) & fellow OWLs

raise money to benefit the Eye Bank Association of America. They generated more than \$16,000, which helps eye banks around the nation secure tissue needed for eye surgeries and transplants.

September-November, 2014

Dr. Hoffman has completed his 10-year recertification with the American Board of Ophthalmology. He had to take an extensive written exam, complete several assessment tools and attend multiple courses in order to finish the certification process. When doctors are board certified, they have demonstrated the knowledge, skills and experience necessary to deliver high standards of patient care. Congratulations Dr. Hoffman!

Congratulations to our entire front office staff. They each completed a rigorous recertification process for their Certified Patient Services Specialist designations. They completed several online courses and have demonstrated a high degree of skill in customer service and medical business office processes.

We would like to spotlight several technicians and front office staffers who have recertified and completed their Ophthalmic Coding Specialist exams: Suwana, Rachel S., Laura, Ricki and Wendy. Go team!