

FINE VIEW

We are committed to providing the most technologically advanced, cost-effective and efficient patient-centered care, with the highest quality of professionalism.

Not all Glaucoma is the Same; Treatment Differs

By Annette Chang Sims, MD



Glaucoma is a chronic disease of the eye. It occurs when eye pressure increases to the point where it damages the optic nerve, and a patient experiences vision loss. The most common

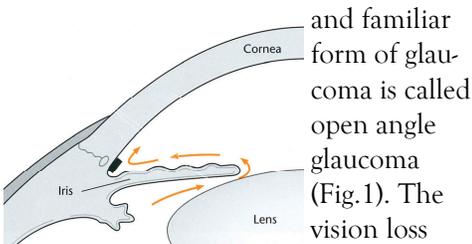


Fig. 1: open angle glaucoma

and familiar form of glaucoma is called open angle glaucoma (Fig. 1). The vision loss occurs slowly and may be imperceptible to the patient. Patients are treated with medicine that comes in the form of eye drops.

There is another form of the disease called angle closure glaucoma (Fig. 2).

Patients who are diagnosed with this kind of glaucoma experience vision loss at a rapid pace. Sometimes a patient may have narrow angles inside their

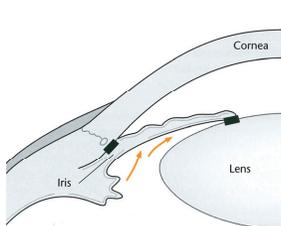


Fig. 2: angle closure glaucoma

eye, which can cause an accumulation of aqueous fluid, causing eye pressure to increase to levels which can damage the optic nerve and lead to vision loss. These narrow angles inside the eye can predispose a patient to developing an acute angle closure attack. During an attack, a patient's eye pressure rapidly elevates. A patient may suffer from profound eye pain and dramatic decrease in vision. The patient also may experience headaches, nausea or an upset stomach.

To prevent a glaucoma attack, we assess the eye for narrow angles. This can be done at a machine called a slit lamp (pictured below). If the eye appears suspect for narrow angles, we can put a mirrored contact lens, a gonioscope



slit lamp



gonioscope

(pictured below) on the eye to better assess the angle anatomy. This process is called gonioscopy. If gonioscopy confirms narrow angles, we may suggest performing a procedure called laser peripheral iridotomy. This procedure can help prevent a glaucoma attack. During a laser peripheral iridotomy, the laser makes a microscopic hole in the iris of the eye to help the aqueous fluid communicate better from behind and in front of the iris. With better communication, the aqueous fluid cannot rapidly build up in one chamber and cause elevated eye pressure. If a patient develops angle closure glaucoma, he or she would be treated with laser peripheral iridotomy to lower the eye pressure. It is important to understand the same laser procedure can be used to both prevent and treat an acute angle closure attack.

The laser is a well-tolerated procedure and it lasts only a few minutes. A few patients may experience bleeding or inflammation which can be treated effectively with steroid eye drops. The good news is patients who are prophylactically treated with a laser peripheral iridotomy may not develop glaucoma in the future.

If you have been diagnosed with glaucoma, it is important to know if you have open angle or closed angle as the treatment options may vary.

We now offer Dropless Cataract Surgery™. "Dropless" is a new treatment option for patients undergoing cataract surgery which reduces or eliminates the need for costly prescription eye drops. It is a triple win-making the cataract surgery postop course easier for patients to

comply with, while reducing expense for both patients and their insurance companies. For more information on Dropless Cataract Surgery or to learn more about the other services we offer, call us at (541) 687-2110 or visit us at www.finemd.com.



Wavefront Analyzer May Improve Your Results

By Richard Hoffman, MD, CPI



Everyone eventually develops cataracts if they live long enough. Cataract surgery involves the removal of the cloudy crystalline lens of the eye and replacement with an artificial lens implant. One of the nice aspects of cataract surgery is that we can calculate a lens implant that will focus the eye almost perfectly for distance vision. Most cataract patients do not require glasses to see well at a distance or only require a weak glasses prescription to give good distance vision.

These intraocular lens (IOL) calculations are relatively straightforward in the vast majority of patients. One

group of patients that are not straightforward are those who have undergone previous refractive surgery and then require cataract surgery as they age. We are seeing more and more of these patients who had undergone radial keratotomy (RK), photorefractive keratectomy (PRK), or laser in-situ keratomileusis (LASIK), who had excellent vision following their refractive surgery but are now developing cataracts and requiring surgery.

When we calculate the IOL for cataract surgery, we measure the length of the eye and the curvature of the cornea in order to determine the IOL power. In patients who have had RK, PRK, or LASIK, the measurement of the corneal curvature is a little bit more challenging and the IOL powers can be too strong or too weak making glasses more likely following the cataract surgery.

We continue to get better at calculating these IOL powers by using more sophisticated corneal topography maps and by using multiple IOL calculation formulas specifically designed for patients who have had previous refractive surgery. Another very useful device is an intraoperative wavefront analyzer. This device attaches to our operating microscope and measures the optics of



intraoperative wavefront analyzer

the eye during surgery, after the cataract has been removed. By averaging all of the IOL calculation formulas and confirming the final power choice with the intraoperative wavefront analyzer, we have gotten much better at achieving a final refractive result that is satisfactory for these challenging patients.

The wavefront analyzer is not useful for previous RK patients due to their corneas changing shape at the time of cataract surgery due to changes in pressure inside the eye. The analyzer is very useful for previous PRK and LASIK patients whose corneas remain unchanged in shape during cataract surgery. If you have had previous refractive surgery or if you are interested in increasing your likelihood of not needing glasses for good distance vision, ask us about utilizing the wavefront analyzer at the time of your surgery.

“Dr. Sims is a Peach!”

Dr. Sims performed cataract surgery in both my eyes. She did the left eye first, then a week later she operated on my right eye. I was scared to death because I had never talked to anyone about the entire process. But once it started, it was so pleasant! The staff in the surgery center is so nice and happy. They explained everything that was going on and were very helpful. They created a loving atmosphere for each surgery and it was all good, including the snacks afterwards!

Both surgeries were short and smooth. Now, I see better than I have in years. I am amazed at how bright everything is! I would highly recommend Dr. Sims if you are contemplating cataract surgery. Dr. Sims is a peach! She is a one-of-a-kind person, and her staff is so pleasant and fantastic.



Patricia Reed



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

ASCRS 2015

April 17-21, 2015: San Diego, CA: Our clinic administrator, Laurie Brown, is this year's recipient of the Catalyst Award. It recognizes Laurie's leadership in supporting the advancement of women and the award is sponsored by Ophthalmic Women Leaders (OWL), a national ophthalmic society. Laurie was honored at this year's American Society of Cataract & Refractive Surgery (ASCRS) meeting. Dr. Hoffman led his popular course, Difficult and Challenging Cases in Cataract Surgery. He also chaired and hosted the ASCRS Film Festival which highlights surgical videos submitted by doctors from around the world. Dr. Sims taught several courses and filled-in at the last-minute as a presenter on a course about advanced ophthalmic pharmacology. **Photos left to right top: Laurie accepts her award, Dr. Hoffman as the Film Festival Chair, Dr. Sims teaching. Left to right bottom: Laurie presenting, practice dinner**



Clearing the Confusion: Vision Insurance versus Medical Insurance



We in ophthalmology are fascinated with eyes. The human eye is a very sophisticated system of cell layers and fluid which, when everything works as it

should, allows us to fully enjoy the world around us. However, our eyes do create some complicated situations when it comes to insurance.

You may have heard us ask, "Are you using your vision insurance or your medical insurance today?" The eye is the only part of the human body that can be covered by two types of insurance: medical insurance and vision insurance. Not all medical insurance policies come with vision insurance. Some of our patients have only medical insurance, some have only vision insurance, and some of our patients have both medical and vision insurance.

If you come to see us for an eye disease or condition, you will use your medical insurance. Examples include your yearly diabetic eye exam, visits to check the conditions of your cataracts, dry eyes, glaucoma, keratoconus, or any one or more of the medical conditions which we can experience. If you have symptoms of any kind, your visit would fall under medical insurance because you

will be medically evaluated for diagnosis and possible treatment. Those are just a few of the instances you would use your medical insurance when you visit our clinic.

If you are coming in only because you need additional contact lenses, or it is time to get a new pair of glasses, your visit matches the vision insurance benefit criteria.

These types of insurance operate in different ways. Medical insurance plans often times include a deductible which must be met before the insurance plan will pay a portion of the claim. Also, you may have co-payments for preventive care. Some plans will require you to get a referral from your primary care physician (PCP) before you can come see an eye doctor.



Vision insurance usually does not have a deductible. It usually requires very little out of pocket expense for you and usually does not require you to get a referral. You may only have a set amount of money to spend for your vision benefits. Each vision insurance company outlines its benefits differently. It is a good idea for you to call your vision insurance company before scheduling an appointment with us so

you understand what is covered. Using vision insurance is similar to a preventive care screening; should our doctors see something requiring medical evaluation, they will ask you to return under your medical insurance for evaluation to help you use the insurance you purchased separately.

We perform both vision and medical exams; however there are major differences. During a vision exam, our doctors most likely will not dilate your eyes as it is not needed for glasses or contact lenses. During a comprehensive medical exam, we do normally dilate your eyes. The view of the back part of your eye gives our doctors valuable information when they are evaluating symptoms or treating your eyes for any new or ongoing medical condition you may have.

We understand insurance can be very confusing and it complicates matters further when there are two types of insurance which cover eyes. It is important you know the difference so you can give us the proper information. We can then communicate accurate information to your insurance company, and you will get full use of the benefits you have purchased from either your medical or vision insurance company, or both.

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RETURN SERVICE REQUESTED



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

February 13, 2015 Eugene: Dr. Sims guest lectured in the course for students with type 1 diabetes at the University of Oregon. She spoke about the ocular physiology and pathology associated with the disease.

February 28, 2015 Eugene: Dr. Sims was spoke at the 25th Annual Lane County Nurse Practitioner Symposium. She focused on the diagnosis and treatment for ocular trauma.

March 10, 2015 Eugene: Dr. Sims lectured at the University of Oregon's Investigations in Medical Physiology course. She instructed students on the diagnosis and treatment of eye diseases and introduced them to ophthalmic surgery.

April 17-21, 2015 San Diego, CA: Drs. Fine, Hoffman & Sims traveled to San Diego to teach at the American Society of Cataract & Refractive Surgery annual meeting. (Details on page 3)

April 9, 2015 Eugene: The readers of the Register Guard named Dr. Hoffman the number one eye surgeon in the



Eugene/Springfield Metro area for a second year in a row! Dr. Sims also placed. Thank you for your nomination, your votes and your continued support!



We are so proud of our entire staff. Here is what they have accomplished since January:

Christina, Sid and Stephanie earned their Certified Ophthalmic Assistant (COA) designations.

Tony, Ashley S., Brandy, Stephanie, Sid, Chris, Christina, Wendy Rachel S. and Suwanna each earned their Ophthalmic Scribing Certification (OSC).

Tony, Nicol W., Chris, Stephanie, Sid and Nichole A. earned their Ophthalmic Coding Specialist (OCS) certification.

Sue earned her Certified Clinical Research Coordinator (CCRC) credential.

Congratulations all!



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to see
what we are up to.



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