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**CORNEAL CROSS-LINKING AWAITS GOVERNMENT APPROVAL**



By Richard S. Hoffman, MD

A revolutionary treatment for various corneal diseases currently awaits approval within the US. This treatment is termed corneal collagen cross-linking (CXL) and it has the potential of completely changing how surgeons treat keratoconus and other mechanical corneal problems. Keratoconus is a degenerative process in the cornea whereby progressive thinning of the corneal layers ultimately results in an unstable cornea that yields extremely poor visual acuity due to its irregular shape. Current treatment for

keratoconus includes glasses and contact lenses for the early stages of the disease and corneal splints and transplants for the later stages.

CXL offers the potential to treat an eye at risk for keratoconus with UV light and a photosensitizer in order to increase the mechanical strength of the cornea and slow down or eliminate the degenerative process. Human corneas contain collagen fibers that are bonded or cross-linked to other surrounding fibers. In our youth there are fewer bonds than are present when we are older. And in our youth, the cornea is much more elastic than it is in advanced age. CXL allows the ability to create additional collagen bonds that stiffen and strengthen the cornea without changing its clarity. In this way, individuals who appear to be developing keratoconus can be treated to "freeze" their cornea in a shape that still allows for good vision. Individuals who have moderate keratoconus have also been found to benefit from CXL with reduced astigmatism and nearsightedness in addition to stabilization of their corneal degeneration.

The procedure is performed using a riboflavin solution as the photosensitizer and UV-A radiation. After soaking the cornea in the riboflavin solution for nearly 30 minutes, the UVA light is applied close to the cornea

for 30 additional minutes to initiate the cross-linking. Following the procedure, patients take antibiotic drops to prevent infection.

There are perhaps 200,000 Americans a year who might benefit from CXL. In addition, this procedure would allow certain patients who might not be good candidates for refractive surgery to proceed with excimer



Cornea being treated for cross-linking

laser surgery with greater safety.

CXL is available in many countries outside of the US but is currently not FDA approved within the US. We are looking forward to eventual FDA approval of this revolutionary technology and the ability to offer it to our appropriate patients.

**TRAILBLAZING A NEW PATH IN CUSTOMER SERVICE FOR PATIENTS**



We are pleased to announce our front office staff is now certified in patient service. Several members of our team are the first in the nation to achieve the Certified Patient Service Specialist (CPSS) credential. They each completed several online courses and successfully passed an all-inclusive test.

They will now continue their learning with additional classes, either online or at annual teaching conferences.

The CPSS program is offered by BSM Consulting, a premiere health care industry consulting firm located in Nevada. The company has an extensive online educational program and we use it to keep certifications active and updated for our entire staff.



back: Laurie, Laura, Tony, and Jennifer  
front: Ricki, Christina, Brenna, Carolyn and Joan



**YOU CAN NOW FIND US ON FACEBOOK AND TWITTER.  
JUST SEARCH FINE, HOFFMAN AND PACKER AND SEE WHAT WE'RE UP TO.**



# PROVIDING LASER CATARACT SURGERY TO THE POOR OF PERU



By Mark Packer, MD, FACS, CPI

As a rule, the latest and greatest new technology first becomes available to the haves in this world, and only much later, if at all, to the have-nots. One exception to this rule may be health care within the developed world, where government programs such as Medicare provide for people from all walks of life; but even in our American democracy studies have shown differences in access to care based on gender, race and socioeconomic status. Outside of the developed world, access to any care is extremely limited among the poor, and access to the latest technological breakthroughs remains a dream. Nevertheless, in rare instances, a happy coincidence may arise and make a dream come true.

I recently wrote in this newsletter about the femtosecond laser, and its ability to improve the safety and effectiveness of cataract surgery. Over the past two years I

have presented papers at major international scientific conferences reporting data that show enhanced outcomes with laser surgery. Perhaps surprisingly, most of this data comes from investigational sites outside the United States. In fact, submissions to the US FDA increasingly incorporate data gathered at "OUS" (Outside United States) sites. This trend reflects the relative cost of doing clinical research here versus doing it in other countries.

A couple of years ago I was visiting the Florida headquarters of one of the companies pioneering femtosecond laser technology, a company called LensAR. At the time they were looking for a new site outside the US for clinical research, and I had an idea. A friend of mine, a cataract surgeon in Pennsylvania, Frank Bucci, had established a charity clinic in Lima, Peru, called Instituto de Ojos Sacre Cuore (Sacred Heart Eye Institute). Frank had shown me pictures of the clinic taken during a visit from Bill Clinton, whose foundation provides support for Frank's work. The modern state-of-the-art equipment and beautiful facility impressed me. I suggested that LensAR contact Frank.

Things worked out, and this March, 2012, my idea came to fruition as I and a handful of leading surgeons from around the world traveled to Lima to treat cataract patients with the LensAR laser for the first time. The patients were truly destitute, poor people from the outskirts of Lima, a vast desert city along the coast of Peru. They were transported by the clinic's minibus from their ramshackle hillside dwellings into the city to receive the gift of sight, and their cataracts were among the most severe and debilitating I have ever seen. In a moment of divine justice, these most vulnerable patients received the most technologically

advanced surgery available in the world today.

By the end of the day LensAR had achieved its goal of providing experience to key international opinion leaders in cataract surgery, the patients had regained the ability to function independently and enjoy their lives, and I had experienced an epiphany of knowledge, skill and love. LensAR expects final approval from the US FDA this year, and I am looking forward to making this revolutionary new technology available here.



Dr. Packer performing his first femtosecond laser cataract surgery, March, Lima, Peru. He is one of the first surgeons in the world to use the LensAR Laser, which will become available to doctors later this year.

For more information on Instituto de Ojos Sacre Cuore, visit <http://www.clintonfoundation.org/what-we-do/clinton-giustra-sustainable-growth-initiative/i/shared-vision-a-partnership-to-provide-ataract-surgeries-in-peru>. For more information on LensAR, visit <http://www.lensar.com/>. To view photos of the event in Lima, visit [https://www.facebook.com/pages/Fine-Hoffman-and-Packer/185321559380?ref=tn\\_tnmn](https://www.facebook.com/pages/Fine-Hoffman-and-Packer/185321559380?ref=tn_tnmn).

## STAFF MEMBER'S GRANDSON BENEFITS FROM EYE MUSCLE SURGERY



Surgery team: Amber, surgery assistant; Jayne, mother; Dr. & Mrs. Packer

A percentage of children are born with weak eye muscles, causing the eyes to cross. This condition is called strabismus. Strabismus can cause life-long problems for patients who do not receive treatment. Eye doctors sometimes use patches or surgery to fix the condition. Dr. Packer has extensive experience with pediatric patients and strabismus cases. He recently performed strabismus surgery on the young grandson of our long-time surgery coordinator, Joan. His mother, Jayne, had the same procedure when she was young. We all are pleased the outcome is a great success!

Before



After



# QUESTION OF THE DAY: SUPPLEMENTS FOR THE EYE, DO THEY WORK?

By Annette Chang Sims, MD

I am frequently asked about nutritional supplements for the eyes. These days it is hard not to notice the plethora of nutritional supplements on the market that promote eye health. This leads to the question, “Do they work?” The most current research on vitamins looks at macular degeneration. A recent large study was called Age-Related Eye Disease Study (AREDS). It found using a combination of high dose vitamin C, Vitamin E, Zinc and Beta carotene could decrease the risk of disease progression by twenty-five percent. It is important to understand this study looked at patients with clinical evidence of macular degeneration. It did not suggest the vitamins could prevent the onset of macular degeneration.

Lutein is getting a lot of attention at the moment. Lutein is a carotenoid found in the macula. Research is currently being performed

to determine if lutein supplementation affects macular health. However the current body of evidence is insufficient to know if taking lutein actually benefits eye health. Dry eyes have been shown to benefit from the addition of Omega-3 fatty acids such as fish oil and flaxseed oil. Dry eye symptoms include burning, tearing, foreign body sensation, eye fatigue and intermittent blurry vision. Omega-3’s increase the oil output from the glands along the eyelids that lubricate the eye surface.

There are many other supplements on the market that have not been mentioned. Many of those have yet to be adequately researched. Always let your doctor know the supplements you are taking, and consult your doctor before starting a new one. Although nutritional supplements have increased in popularity, keep in mind most of the vitamins and minerals needed to stay healthy can be found in everyday foods. A diet rich in fruits, vegetables and lean meat is good for eye health!

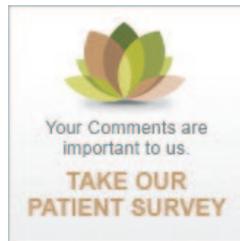


“MY VISION IS THE BEST  
IT HAS EVER BEEN”



Patient, Gordon Ruddick

Recently, I developed cataracts and knew they were affecting my vision. I had my surgery in March. I can now see 20/20 from a distance of three feet without glasses! I use readers for computer and actual close-up reading. I am driving without glasses for the first time ever. The process was quick. I was actually able to drive the next day. Dr. Sims really knew what she was doing and provided great counsel. The first two weeks were a time of transition, but now everything has smoothed out. What are the best things about the end result? First, I am much less dependent on glasses. Second, my vision is the best it has ever been, and third, I can now wear really cool “aviator” sunglasses.



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## EARLY DETECTION IS CRITICAL FOR A CHILD’S EYESIGHT

Our daughter, Bailey, was diagnosed at the age of 9 months with ectopia lentis et pupillae, which means the lenses and pupils in her eyes were displaced leaving her extremely near-sighted. She went through various treatments as a young child, and had eye surgery at the age of three. We live in Montana, and took yearly trips to Seattle to see Bailey’s eye surgeon. When she needed surgery again, at the age of 14, her ophthalmologist recommended she visit Dr. Packer. Our first visit with Dr. Packer convinced us we were with the right doctor at the right time in Bailey’s life. Dr. Packer removed the lens in her left eye, put a stabilizing ring inside her capsule and removed her astigmatism. He also sutured a multifocal lens to her iris. Early detection is why Bailey can see 20/30 today. Fifteen years later we realize the importance of those first check-ups in Bailey’s life. The staff, the nurses and Dr. Packer were all so amazing.

Thank you to Dr. Packer and all at the Oregon Eye Surgery Center for all you did for our daughter, Bailey.  
Becky and Bret Hughes





I. Howard Fine, M.D.  
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Mark Packer, M.D., F.A.C.S., C.P.I.  
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## DRS. FINE, HOFFMAN, PACKER & SIMS: TRAVEL/TEACHING SCHEDULE February 2012-May 2012

**FEBRUARY 3-8, 2012: CAYMAN ISLANDS** – Dr. Packer presented papers on femtosecond laser assisted cataract surgery and new intraocular lens materials at the American College of Eye Surgeons meeting on Grand Cayman.

**FEBRUARY 9-10, 2012: HOUSTON, TX** – Dr. Packer is honored to follow in the footsteps of many famous ophthalmologists who have given the Everett L. Goar Memorial Lecture at the Houston Ophthalmology Society meeting.

**FEBRUARY 9-12, 2012: NEW ORLEANS, LA** – Dr. Hoffman's courses at this year's New Orleans Academy of Ophthalmology meeting focused on his management of de-centered intraocular lenses, difficult and challenging cases he has faced in cataract surgery and his innovative techniques for scleral fixation and minimally invasive glaucoma surgery.

**FEBRUARY 27-MARCH 2, 2012: NEW YORK CITY, NY** – Dr. Packer met with ophthalmic industry leaders and researchers regarding the rapidly evolving technology and techniques in Minimally Invasive Glaucoma Surgery (MIGS) at the American Glaucoma Society meeting.

**APRIL 2-3, 2012: NEW YORK CITY, NY** – Dr. Fine was selected as a guest lecturer this year at New York University's Grand Rounds. Dr. Fine's presentation detailed his own simple solutions to the complex problems in cataract surgery. Dr. Fine also spoke to members of the Keratorefractive Society and residents at Downstate Medical Center.

**MARCH 9, 2012: PORTLAND, OR** – Our clinic administrator, Laurie Brown, and lead clinical technician, Peggy taught a scribing course at this year's Oregon Academy of Ophthalmology program. Laurie also spoke on the benefits of certification for allied health personnel.

**MARCH 19-23: LIMA, PERU** – Dr. Packer traveled as an international Guest Speaker to the Congreso Internacional de Circugia Refractive, Cataracta y Glaucoma. Dr. Packer gave well-received presentations and performed live cataract surgery.

**APRIL 2-6, 2012: HUE, VIETNAM** – Dr. Packer served as Cataract Section Chief for the Imperial City Eye Meeting. This is an educational outreach endeavor of the Hawaiian Eye Foundation.

**APRIL 20-24, 2012: CHICAGO, IL** – At the annual ASCRS meeting, Dr. Fine taught his techniques for handling difficult and challenging cases in cataract surgery. He also participated in a first ever symposium specifically for fellows, residents who are just starting their careers.

Dr. Hoffman moderated a course on phacoemulsification in difficult and challenging cases to a standing-room only crowd of cataract surgeons. He also accepted a position on the editorial board of the prestigious Journal of Cataract and Refractive Surgery.

Dr. Packer gave a total of 13 formal presentations, including scientific papers on femtosecond laser cataract surgery and freedom from glasses with multifocal intraocular lens designs.

Dr. Sims lectured on adding a glaucoma specialist into a cataract ophthalmology practice. Dr. Sims and our clinic administrator, Laurie Brown, led a roundtable discussion which included hot topics for private practice professionals for the Ophthalmic Women Leaders Group. Dr. Sims joined Dr. Fine at the resident and fellow symposium to host a lunchtime discussion and provide career advice. Laurie spoke to Certified Ophthalmic Executive candidates about management information systems, she helped lead a panel discussion for health care administrators and she team-taught a course on ophthalmic scribing with Brandy, one of our technicians.

**MAY 17-21, 2012: SEATTLE, WA** – Dr. Packer presented lectures on refractive lens surgery and difficult and challenging cases in cataract surgery for the membership of the Washington Academy of Eye Physicians and Surgeons. He also provided Grand Rounds as a visiting professor at the University of Washington Eye Institute.

**MAY 30-JUNE 2, 2012: SAO PAULO, BRAZIL** – Dr. Fine, who is the International Speaker Coordinator this year for the Brazilian International Congress of Cataract and Refractive Surgery, also taught courses at the meeting. He detailed his simple solutions to complex problems he encountered during his more than 40 year career as a cataract surgeon.

Dr. Hoffman's lecture topics included: new preoperative testing equipment available, femtosecond laser cataract surgery, new refractive surgery technology and difficult and challenging cataract surgical techniques.