

FINE VIEW

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

Strategies For Improving Ocular Allergy Symptoms

By Annette Chang Sims

It is that time of year when seasonal allergies, for many, are at their worst. When it comes to eyes, symptoms can range from being a nuisance to unbearable. Typically an allergy sufferer will complain of itching, redness, burning, tearing, irritation and eyelid swelling.

There are several over-the-counter eye drops available help alleviate symptoms. These include anti-itch drops and artificial tears. Refrigerating an artificial tear prior to instillation can bring immediate relief to burning eyes. Cold compresses can help eyelid swelling and irritation. Avoid rubbing your eyes as this can make symptoms worse.

In addition to topical allergy drops, there are techniques you can adopt which may control your ocular symp-

toms. Reducing exposure to allergens is important. Try to limit your time outdoors. It is recommended you shower after being outside to wash away allergens. Also wash your bed sheets regularly as pollen can make its way there. Although it might feel nice to have the windows open, it's better to keep them shut and turn on your air conditioning and use an air filtration system if available. During days of high pollen counts, it's best to keep your car windows closed as well.

If these techniques do not provide adequate relief, prescription medications may be indicated. There are a number of effective topical steroid, antihistamine and anti-inflammatory treatments available. Don't feel as if you need to just put up with allergy symptoms.

There are ways to make the eyes feel better!



Annette Chang Sims, MD

And The Winner Is ...



Dr. Hoffmann is delighted to be the number one eye surgeon in the Eugene-Springfield area, as voted by the readers of the Register Guard newspaper.

The publication asked its readers to name their favorite local businesses and more than 15,000 people responded by nominating and voting.

Dr. Hoffmann thanks everyone who contributed to his nomination and first place finish.

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Still
Going
Strong!

Dr. Fine continues to see patients on a regular basis at our Eugene clinic. He is available for appointments on Wednesday mornings. Dr. Fine began our practice back in 1970. When you see him, you will benefit from his decades of knowledge and leadership. Dr. Fine no longer performs surgery, but if you need new glasses, or are not seeing as well as you would like, you will get his undivided focus. Call us at 541-687-2110 or 1-800-452-2040.

Clearer Vision Now or Later; The Choice is Yours!



Richard S. Hoffman, MD, CPI

At the time of cataract surgery, various methods are available to treat pre-existing astigmatism in order to improve a patient's final vision.

Astigmatism is a refractive error of the human eye that results from light images not being focused onto the back of the eye at one point. When an individual is nearsighted or farsighted and they do not have astigmatism, light images are focused either in front or behind the retina at one point. When astigmatism is present, the light images are usually focused to two points rather than one. This "doubling" of the focal points results in "doubling" or shadowing of images in addition to blurring of the image.

The most common cause for astigmatism resides in the human cornea which is the clear outer surface of the eye. When the cornea has more of a football -shaped surface than a baseball-shaped surface, it creates two focal points around the retina. This results from the curve of the cornea in one direction having more or less light bending power in it than the curve 90 degrees away.

Astigmatism can be reduced or eliminated at the time of cataract surgery by one of two means. One technique involves the placement of relaxing incisions in the cornea where the white part of the eye meets the colored part of the eye. These relaxing incisions help to give the cornea more of a baseball shape rather than the astigmatic football shape. Another popular method for reducing astigmatism involves the placement of an intraocular lens (IOL) that has built into it various amounts of astigmatism correction, depending on the patient's magnitude of corneal astigmatism. These implants can correct a patient's vision to reduce any nearsightedness or farsightedness, in addition to their astigmatism giving them excellent uncorrected distance vision. There are



Intraocular lens (IOL)

now four different IOL companies that provide astigmatism correcting (or toric) IOL implants in the US. Toric IOLs have the advantage of being able to correct much larger magnitudes of astigmatism than corneal relaxing incisions.

Astigmatism does not have to be corrected at the time of cataract surgery. It can be left alone and treated after the surgery with astigmatism correction in postoperative glasses. A patient's final visual acuity with the astigmatism correction in their glasses should be the same as if they had the correction performed with toric IOLs. The advantage of having the toric IOLs is that the unaided vision (without glasses) will be much better than the vision without glasses if no surgical astigmatism treatment is provided.

No ASTIGMATISM

see

HORIZONTAL

see

VERTICAL

see

New Faces at Drs. Fine, Hoffman & Sims

We would like to introduce you to two new staff members:

Rachel is our check-in receptionist. She is a Eugene native and comes to us with a wealth of customer service experience.



Rachel

Christopher is our newest ophthalmic assistant. He has recently moved to Oregon from Florida and has extensive medical assisting knowledge.



Welcome Rachel and Christopher!



Your Comments are important to us.

TAKE OUR PATIENT SURVEY

Visit www.finemd.com
and tell us what you think!

Introducing the Clinical Trial for the HumanOptics Artificial Iris Prosthesis

“Safety and Effectiveness of the CustomFlexTM Artificial Iris Prosthesis for the Treatment of Iris Defects” (ClinicalTrials.gov Identifier NCT01860612)

Drs Richard S. Hoffman and Annette Chang Sims have been selected as investigators at one of 12 investigative sites participating in the clinical trial for the HumanOptics Artificial Iris Prosthesis.

The human iris controls the amount of light entering the back portion of the eye. Images formed from this light are projected onto the back of the eye, then converted to electrical energy and sent to the brain where sight occurs. The absence of all or a portion of the iris can significantly reduce the quality of an image projected onto the back of the eye, which in turn can significantly diminish sight. The purpose of this clinical study is to evaluate the safety and effectiveness of the artificial iris prosthesis in eyes with partial or total iris loss.

Common causes of partial or total iris loss include trauma, diseases, drugs and congenital anomalies. Visual symptoms

associated with damaged, incomplete or absent irises can range from mild disturbances when in special lighting conditions, to non-functional vision. The HumanOptics CustomFlexTM Artificial Iris Prosthesis is designed to create an artificial pupil, thereby reducing or eliminating light that can cause glare, halos, photophobia (sensitivity to light) and other visual disturbances.

Treatments for partial to total iris loss in the United States vary depending on the amount of remaining iris as well as the condition of surrounding tissues and visual potential. They include a range from doing nothing, to prescribing custom colored contact lenses or surgically recreating the iris/pupil using sutures to draw the remaining iris together. For many, these treatments perform satisfactorily and patients function with minimal effects to their daily life. Others, however, do not benefit from available treatments and experience a significant reduction in their

quality of life.

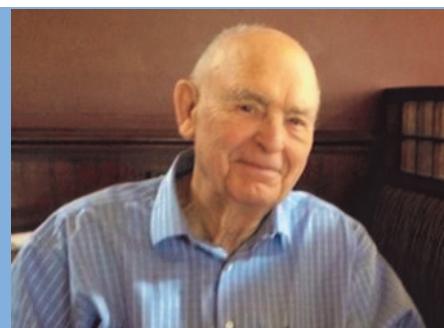
This artificial iris is an investigational device and has not been approved by the Food and Drug Administration



Before and after photographs

(FDA) for general use in the United States.

For more information about this clinical trial, please contact our Clinical Research Department at 541-687-2110.



Alvin Lindley

My Vision is Wonderful

Dr. Hoffman performed my cataract surgery about three years ago, and I continue to have success with my eyesight. My vision is as close to 20/20 as you can get and it is wonderful. The surgery went well; no complications or problems. I felt no discomfort and nothing bothered me; it was very easy. Now I stand out among my friends as the one who doesn't need glasses and I am 85 years old! Alvin Lindley, patient

Glasses Tolerated For 50 Years; Not Anymore!

I have never liked to wear glasses, but I have worn them for 50 years.

When my eye doctors told me about Dr. Hoffman and his exceptional surgical skills, I scheduled an appointment and travelled from Bandon to Eugene for an eye exam. Dr. Hoffman explained to me the different surgical options, and I decided to have a refractive lens exchange in both my eyes. The surgery is the same one he performs for the removal of cataracts.

Dr. Hoffman removed my natural lenses and replaced them. It was a quick surgery and I experienced no pain. I drove to Eugene, had the surgery, stayed overnight and saw Dr. Hoffman the next day. Then I could see very well

to drive back home to Bandon. While I was in Eugene, I was treated well by everyone at Dr. Hoffman's clinic and surgery center. The people there, care. I would do it again in a minute. My vision without glasses is wonderful! Julie Agee, patient



Julie Agee

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

RETURN SERVICE REQUESTED



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

In April, our doctors and staff attended the annual meeting of the American Society of Cataract and Refractive Surgery (ASCRS) in Boston, MA.

While there Dr. Hoffman was the lead judge of the film festival. Eye surgeons from around the globe submit their

surgical footage. The judging committee examines each film under a wide range of criteria. Dr. Hoffman has had several award winning surgery videos and he was delighted to be such a big part of the festival this year. He also taught several courses, includ-

ing one on handling difficult and challenging cases in cataract surgery.

Dr. Sims spoke to residents and younger surgeons about assessing job opportunities.

Dr. Fine participated in a one-of-its-kind seminar at ASCRS this year. He is on a panel which is working to bring ophthalmologists together with optometrists to help coordinate patient care. The idea is a relatively new one which could facilitate more efficient patient care; something we are very interested in pursuing.

Laurie, our clinic administrator taught in a course which helped other administrators become certified ophthalmic executives. She also participated on a panel titled, "Leadership Tips for Women," in addition to collaborating in a presentation on payor contracting.

Tina and Brandy, representing our research department, presented to other clinical research coordinators about how they can train their technicians in the nuances of integrating electronic medical records with protocols when completing clinical studies.

Congratulations to Wendy, who is now a Certified Ophthalmic Assistant, and Ashley S. who achieved certification as an Ophthalmic Coding Specialist. We are so proud of all our technician team members. Each one is certified or is working toward certification. We encourage our entire staff to complete classes and continuing education courses. Because they keep themselves up to date with the latest techniques and technology, you receive superior care and service when you walk through our doors.



Richard Hoffman, MD
such a big part of the festival this year.
He also taught several courses, includ-