

FINE VIEW

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

Advances in Glaucoma Surgical Management



Annette Chang Sims, MD

Glaucoma surgery can be an effective treatment option to lower eye pressure. Surgical options are usually presented to patients who do not have adequate eye pressure control despite using glaucoma eye drops. Advances in glaucoma filtration surgery are being made so the surgery is less invasive. This leads to faster healing times and less impact on postoperative visual acuity.

A new minimally invasive surgical device called Xen45 gel stent has recently been FDA approved. It involves using a 6 millimeter gel stent that is implanted through a small corneal incision to create a new path for fluid to flow out of the eye. This method has been approved as both initial surgery as well as refractory cases where previous surgical treatments have failed. It can



Magnified view Xen45; photo by Allergan

be done both at the time of cataract surgery or as a standalone case. The successful implantation of the device has been shown to reduce the reliance on glaucoma medications and lower eye pressure in eyes that have been unresponsive to maximum tolerated medical treatment.

The stent is so small and pliable the patient does not know it is

there. It allows aqueous fluid to flow from the anterior chamber of the eye into the subconjunctival space, thereby lowering the intraocular pressure. The stent is about as wide as a human hair and is well tolerated by the body. The surgery is performed in the operating suite with local anesthesia and IV conscious sedation. Patients are able to go home the same day as surgery.

With the advent of new surgical techniques and devices, glaucoma management has become more successful as new options emerge to lower eye pressure. Always be sure to ask what new technology is coming down the pipeline in eye care.



Xen45 inside the eye; photo by Allergan

Introducing Dr. Janet M. Lim, MD!

We are pleased to introduce Janet M. Lim, MD. Dr. Lim will join us in October 2017. She is a Clinical Assistant Professor of Ophthalmology and comes

to us from the University of Texas, Houston, where she has taught surgical techniques to Residents for the past three years. During that time, she also treated

patients in her vibrant private practice. You will appreciate her expertise in all aspects of eye care. For an appointment, please call us at 541-687-2110.



New Onset Flashing Lights and Floaters Need Evaluation



Richard Hoffman, MD, CPI

One of the more common visits we see in our practice are patients with a new onset of flashing lights and floaters. Although there are many causes for flashing lights and various causes for floaters, when the two features occur together, the cause is most likely a posterior vitreous detachment (PVD).

Vitreous is the gelatinous fluid that fills the posterior or back chamber of the eye, behind the crystalline lens. It is usually adherent to the retina or inner surface of the eye but may become detached due to trauma, surgery, or spontaneously with age. When the vitreous body detaches from the retina, patients will many times experience a

shower of new floaters and sometimes flashing lights off to the side. The floaters that are present in the vitreous body can be composed of pigment, blood cells, or fibrous material that was previously attached to the retina. Light from outside of the eye may not pass through these vitreous opacities resulting in shadows being cast onto the retina. The flashing lights are usually caused by vitreous traction on the retina.

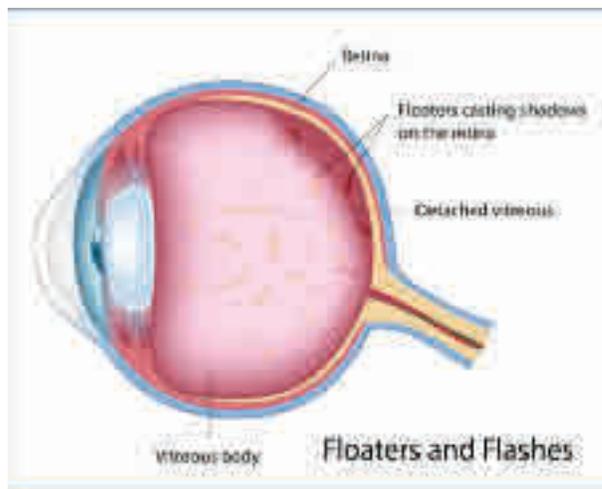
In most instances, PVDs are benign and do not need treatment. However, in a small percentage of patients, PVDs may cause a tear in the

retina. Retinal tears are serious because they can lead to retinal detachments which are potentially blinding if not treated. Retinal tears are easy to treat before they turn into retinal detachments using a diode laser to secure the region surrounding the tear—preventing the development of a retinal detachment. This is why it is

important to have the retina evaluated when symptoms of flashing lights or floaters develop. Of interest, over 90% of patients will develop a PVD in their second eye within three years of devel-

oping a PVD in their first eye.

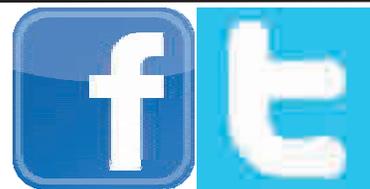
The floaters that are seen following a PVD will many times decrease in intensity after several months. Floaters that persist are many times only seen when looking at a bright background such as a computer screen or a bright sky out of a plane window. After a period of adaptation, most individuals learn to ignore the floaters and live with them. There are some patients who find the persistent floaters extremely annoying to the point that they interfere with daily activities. In these rare instances, it may be possible to vaporize the denser floaters with a



YAG laser or in select patients, a surgical procedure to remove all of the vitreous gel from the eye can be performed. Most persistent floaters, when mild, are best left alone.



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



Find us on Facebook and Twitter to see what we are up to!

What Patients are Saying About Us



Reading was becoming difficult. My vision was cloudy. Something had to be done. The word “doctor” sends chills down my spine. Dr. Hoffman told me I needed cataract surgery in both my eyes. On my first surgery day the care, attention and genuine concern I felt from the surgery staff gave me a sense of calm confidence.

After my first surgery, I immediately noticed a difference in the way I see colors; so much brighter! Now that Dr. Hoffman has fixed both my eyes, I can see further distance with more clarity and definition that I have ever been able to, even when I was younger. If I had three eyes, I would be back to schedule surgery on that one!

- Scott Schroers

I am a different person now after my cataract surgery. People in my life tell me I look happy and healthy and I feel that way, too.

My cataracts were very bad, Dr. Sims prepared me well for surgery. On my surgery day, the staff at the surgery center gave me cozy blankets to keep me warm and the attention made me feel like I was

home. It seems like it all was a wonderful dream. It was an amazing experience. I can see the TV well without glasses now and can even read the closed captions!

During the entire process, from before surgery to now, I have been very comfortable. I would recommend Dr. Sims. She is brilliant!

- Elvethea Deuchar



Meet & Greet our New Staff Members and Administrator



NEW FACES: (left to right) Paula, a fun-loving mother of two, says “no” to camping but “yes” to glamping. Ashley M. is completing her Bachelor's degree at OSU, but exclaims, “I will always be a Duck!” Sarah’s first child is due in September. Nate previously served in the US Marine Corps Reserves.



MORE NEW FACES (left to right): A native Oregonian, Lisa L. loves the beach and drives in the countryside. You will meet Lisa L. at the front desk when you check in for your appointment. Emily loves her new job in the business office and likes being active; say “hi” when you check out!



NEW PRACTICE ADMINISTRATOR: Bonnie Allen joined us last September. She holds a degree in Health Administration and previously worked as an administrator with Willamette Valley Cancer Institute.



Time to volunteer: We love our community and every year, we look for ways to pitch in and give back. In May, we focused our attention on Greenhill Humane Society. Our team, Eye Love Pets, donated time at Bark in the Park. The event is Greenhill’s annual fundraising run and walk. We, along with our canine companions, were proud to participate. This year, Bark in the Park raised more than \$100,000. According to the shelter’s website, in the past seven years, Greenhill has saved at least 90% of the animals in its care. Keep your eye out for us; you never know where we will show up next!

I. Howard Fine, MD
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Annette Chang Sims, MD

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RETURN SERVICE REQUESTED



DRS. FINE, HOFFMAN & SIMS: Travel, Teaching, Awards & Activities

October 2016: Chicago, IL: Drs. Hoffman and Sims taught courses at the annual American Academy of Ophthalmology meeting.

March 2017: Eugene, OR: Dr. Sims guest-lectured at the Investigations in Medical Physiology course for pre-med students at the University of Oregon. Her speech focused on medical and surgical treatments for ocular diseases.

April 2017: Eugene, OR: Dr. Hoffman awarded Best Eye Surgeon in the Readers' Choice Awards, sponsored by the Register Guard newspaper. This is the fourth year Dr. Hoffman has topped the category. Thank you for your vote of confidence!

May 2017: Los Angeles, CA: All our doctors attended the annual American Society of Cataract and Refractive Surgery meeting. Dr. Hoffman taught and moderated several courses, including a symposium on the complicated and challenging surgical cases he has experienced. He also completed his four year term as the head of the surgical video Film Festival.

Dr. Fine led a prestigious panel of cataract surgeons in a discussion to commemorate the 50th anniversary of phacoemulsification (see photo, right).



Los Angeles, CA, May 7, 2017, Dr. Fine participating in "50 Years of Phaco: Origins, Obstacles, Acceptance and What's Next?" Phacoemulsification, a surgical technique used to remove cataracts, was first performed in 1967 by Dr. Charles Kelman. The technique has become today's surgical standard. Dr. Fine used phaco during his more than 40 year career as a cataract surgeon.

Our staff is incredible! Here is what they have accomplished in just the past few months: Amber, Ophthalmic Surgical Assistant; Ashley S., Ophthalmic Coding Specialist; Nate & LaTina, Ophthalmic Scribe Certification; Megan & Rachel V., Certified Patient Service Specialist; LaTina, promoted, Surgery Coordinator; Megan, promoted, Director of Marketing. Congratulations to all!