

NEWSLETTER - WINTER 2011

Shingles in the Eye By Richard S. Hoffman, MD



Richard S. Hoffman, M.D.

Nine out of ten adults have had the chicken pox early in life and although we recover quickly from the original infection, the virus can remain dormant in our nerves for many years and become reactivated later in life. When the virus is reactivated, it produces a painful rash termed shingles. Shingles can break out anywhere on the body but when it occurs around the eye it is termed herpes zoster ophthalmicus (HZO). Zoster or shingles involving the eye can be a serious event. Usually tingling, severe pain or a headache develops before the characteristic rash is seen. Since pain develops before the rash, shingles can be hard to diagnose early in the course of the illness. The rash is made up of many small red blisters that involve one side of the forehead. If the side of the nose is also involved there is a greater likelihood that the inside of the eye will be infected also.

Inflammation inside the eye occurs in about 40% of patients with HZO. Involvement of the eye may develop many weeks following the beginning of the rash outbreak. Intraocular infection may affect the cornea, iris, retina, or the optic nerve. Treatment for shingles is usually in the form of oral antiviral medications and the sooner treatment is begun the better. In addition to oral pills, topical steroid drops may be needed to treat intraocular inflammation. Despite adequate treatment, many patients may develop recurrent corneal inflammation, glaucoma, cataracts, and permanently dilated pupils. In rare instances, blindness from retinal or optic nerve involvement can develop. Some patients will also develop chronic pain in the area of the previous rash for months or years following resolution of the infection.

When the blisters break-out, patients are usually considered contagious and should avoid individuals who have not had a previous exposure to the chicken pox virus. Once the blisters crust over, the individual is no longer contagious. The recent development and use of the chicken pox vaccine in children will hopefully reduce the incidence of shingles in the future. Time will tell.

Welcome to Annette Chang Sims, MD



Drs. Fine, Hoffman and Packer are delighted to welcome to our practice Annette Chang Sims, MD. Dr. Sims received her Bachelor of Science degree with General Honors from the University of Chicago in 1997. She graduated from the University of South Florida College of Medicine in 2002 and continued in Tampa to serve her Internship in Internal Medicine, Residency in Ophthalmology and Fellowship in Glaucoma, serving as Chief Resident from 2005 to 2006. Dr. Sims achieved Board Certification from the American Board of Ophthalmology in 2007. She has already provided technologically advanced, personalized ophthalmic care in the Eugene-Springfield area for the past three years. Dr. Sims will continue to perform surgery at Oregon Eye Surgery Center, located conveniently in our building at 1550 Oak St., Eugene, and will also continue to operate at RiverBend Sacred Heart Medical Center.

Dr. Sims brings to our practice specialized expertise in the diagnosis, medical management and surgical treatment of glaucoma. Glaucoma is a group of eye disorders that share a distinct type of optic nerve damage, which can lead to

blindness. Elevated intraocular pressure is frequently, but not always, associated with glaucoma. Glaucoma of all types is one of the leading causes of legal blindness in the United States. Primary openangle glaucoma (POAG) represents a significant public health problem. In the United States, the overall prevalence of open-angle glaucoma for adults over 40 is estimated to be 1.86%. Openangle glaucoma (not including the major forms of secondary open-angle glaucoma, pseudoexfoliation glaucoma and pigmentary glaucoma) affects an estimated 2.22 million people in the United States, and that number is expected to increase to 3.3 million in 2020 as the population ages. About half of those with glaucoma may be unaware that they have the disease because at first it causes only subtle, gradual changes in peripheral vision. In the United States, more than 7 million medical office visits occur each year for monitoring patients with glaucoma and patients at risk for developing glaucoma. Glaucoma represents an area of active research in both diagnosis and treatment.

While she specializes in glaucoma, Dr. Sims does not limit her practice exclusively to those with the members has a history of glaucoma, there is no one more qualified in our area to provide the expert care and reassuring knowledge that you need. You may call our office at 541 687 2110 to schedule an appointment to see Dr. Sims.

Honors and Achievements

Congratulations to Mark Packer, MD, FACS, CPI!

In September, Dr. Packer successfully completed an examination documenting professional and educational achievement and has fulfilled the prescribed standard of performance and conduct required to earn the designation of Certified Physician Investigator (CPI) as determined by the Association of Pharmaceutical Physician Investigators (APPI) CPI Exam Committee. The CPI designation is further evidence that Dr. Packer subscribes to the promotion and advancement of the highest ethical standards and practices in the clinical research profession.

Congratulations to Dr. Hoffman!

Lions Eye Bank of Oregon honored Dr. Hoffman with the Foundation's Helen Keller Knights of the Blind award. This is in recognition for the work of local individuals who have contributed significantly to the vision community either through performing surgeries for the Patient Care Program or through use of tissue from the Eye Bank.

Congratulations to Belinda, Business Office Manager!

Belinda C. Baldwin, CPC, CPMA, OCS has been awarded the Certified

Professional Medical Auditor (CPMA) credential after successfully passing the national certification examination. This certification is sponsored by the American Academy of Professional Coders (AAPC), a nationally renowned organization that is the largest coding professional network in the country.

As a Certified Professional Medical Auditor, she has joined a highly skilled network of professionals who will be able to use the knowledge of coding, compliance and regulatory guidelines to help keep our practice compliant with government and insurance payer regulations and policies. Having highly skilled and credentialed employees helps us to give you the best care possible. Great job, Belinda!

Research Corner

By Tina Callina, COMT, CCRC Director of Clinical Research

What happens during a clinical trial?



The clinical trial process depends on the kind of trial being conducted. The clinical trial team includes doctors, technicians and nurses as well as other health care professionals. They check the health of the participant at the beginning of the trial, give specific instructions for participating in the trial, and monitor the participant carefully during the trial.

Some clinical trials involve more tests and doctor visits than the participant would normally have for an illness or condition. For all types of trials, the participant works with a research team. Clinical trial participation is most successful when the protocol is carefully followed and there is frequent contact with the research staff.

Testimonials

Why was I even nervous?



I was a little surprised, when a few months ago I came for my yearly eye check with Dr. Fine, and was told, that I needed cataract surgery. I had only noticed problems with reading subtitles when watching TV. I had so many questions, and went online to be more informed before I saw Dr. Packer, who would do the surgery on my left eye. Dr. Packer very patiently listened to all my questions, taking time to reassure me, as I was a little nervous about the whole procedure. He informed me “The procedure itself only takes about 15 minutes, and you will be given some medication, so you will be comfortable.” The answers satisfied me, so I decided to go ahead and have the surgery.

Besides Dr. Packer all the staff was extremely helpful, especially Tony Reynolds, who answered even more of my concerns. The day of the surgery arrived, and everything went extremely well.

The operation room staff was efficient, kind and caring. So, why was I even nervous about this? Two weeks later I had the cataract removed and an astigmatism correction done on my right eye. Of course it also was a total success. So much so, that to my surprise, soon I was able to read small letters without my glasses. I had also discovered how sharp, clear and bright everything looked with vivid colors. Wow. What a world. At my post up check, I was astonished to hear, from Dr. Packer, that I didn’t need glasses anymore. I couldn’t believe it. Really? What a joy. Now, I have some store bought glasses, that I use, if I come across some fine print, but otherwise all is well.

I am extremely grateful to Dr. Packer and all the staff, for their excellent care, and expertise. When I told Dr. Packer that God has blessed him with a wonderful gift, he agreed, but also smiled and said, “Well, I had a little something to do with it”, and he certainly did. I feel fortunate to be a recipient of his expertise that he gives to all his patients in this community. ***Thank you, Helga Naggygyor***

Taking the lasik plunge



Nine years ago, after having developed an allergy to contact lenses, I was resigned to a life of glasses, which for me, was neither particularly aesthetically-pleasing nor practical given my active lifestyle. But I was also sufficiently anxious about the prospect of vision correction through surgery that I didn't expect I would ever take the Lasik plunge. In 2004, Dr. Packer and his wonderful team convinced me otherwise. They were extremely patient with all of my questions and concerns. My procedure was quick and painless. I walked into the procedure so near-sighted that I couldn't see who was right in front of me, and walked out with perfect vision, which remains six years later. I am now both more comfortable in my glasses-free skin and able to play Ultimate Frisbee without expensive glasses flying off of my face. I would highly recommend Dr. Packer to anybody considering Lasik.

Jennifer Thomas, M.S., CCC-SLP Speech-Language Pathologist

Unbelievable!



I first noticed my vision was worse when I went for my vision test to renew my driver's license. I then went to see my optometrist to get an update on my glasses prescription and was told the reason for my poor vision was macular degeneration.

It was explained to me that macular degeneration causes permanent decreased vision. I was devastated by the news so I decided to get a second opinion. I was pleasantly surprised to find out that I didn't have macular degeneration but instead a cataract forming in each eye.

At the time of my visit Dr. Packer explained what I could expect following cataract surgery and that he was involved in a clinical trial that may not only correct my distance vision but possibly the near and everything in between. I went from the possibility of not being able to improve my vision to the possibility of seeing really well at all distances. I couldn't wait!

The surgery process was easier than I thought. I was able to see really well immediately following surgery just like it use to be years ago. I can even read really well without the aid of glasses. I definitely recommend the procedure to everyone who has cataracts and would like to go without glasses all the time.

Dr. Packer and staff were wonderful to me. I felt so comfortable, like visiting friends. I owe my eyesight to Dr. Packer and his staff. I can now see to do photography, painting, drawing, golfing, and shoot pool without glasses. **Michael Walker**

Drs. Fine, Hoffman, & Packer Travel/Teaching Schedule —

July through December 2010

August 30-September 1: Vienna, Austria

Dr. Packer visited Dr. Michael Amon in Vienna to investigate a fascinating new lens implant designed to reduce the need for glasses for patients who may have had cataract surgery years ago.

September 4-8: Paris, France

With a backdrop that includes such famous landmarks as the Eiffel Tower and the Arch de Triumph, Drs. Fine, Hoffman and Packer focused their attention on teaching at the annual European Society of Cataract and Refractive Surgery meeting. Dr. Packer taught several courses and served as an expert refractive cataract surgery panelist. He also presented two papers; one of them centered on his findings in using wavefront technology to help reduce the need for patients to undergo postoperative enhancements following cataract surgery. This innovative technology uses light rays to help correct refractive errors more precisely than ever before.

Dr. Fine worked closely with Jorge Alio, MD of Spain to orchestrate a course on Microincision Cataract Surgery. Dr. Fine also lectured about ways surgeons can tackle sticky situations in cataract surgery, and in turn improve patient outcomes, by using several different bimanual phacoemulsification techniques.

September 24-26: Bar Harbor, ME

Dr. Hoffman shared his expertise with ophthalmologists in Maine at the 9th Annual Downeast Ophthalmology Symposium in Bar Harbor, which is on Maine's central coast. There, Dr. Hoffman detailed how he handles difficult and challenging cases in cataract surgery using biaxial phacoemulsification techniques. He also taught surgeons how to manage decentered intraocular lens implants and shared the latest multifocal lens options for patients today.

October 16-19: Chicago, IL

Drs. Fine, Hoffman and Packer continued their busy teaching schedules when they travelled to the annual American Academy of Ophthalmology meeting. Dr. Hoffman lectured about his innovative technique for scleral fixation of intraocular lens implants in front of nearly five thousand ophthalmologists and surgeons from around the world. He also lectured in numerous skills transfer and instructional courses.

Dr. Packer instructed surgeons from all around the world on his innovative techniques in cataract and refractive surgery. He also met with research sponsors and contributed his expertise on the Preferred Practice Panel committee which works to document best practices in ophthalmic care as a physician reference.

Dr. Fine participated in six different instructional courses and also participated in a debate with several international ophthalmology doctors and surgeons. Dr. Fine argued in favor of inserting an additional intraocular lens into an eye, rather than a laser procedure to correct unexpected refractive errors which can sometimes result following cataract surgery. After the debate, votes cast by the audience showed an overwhelming support of Dr. Fine's position.

Our administrator, Laurie Brown and technicians Peggy Coffman, Amber Ambrozaitis, and Brandy Hunt gave two courses to ophthalmic assistants on the subject of scribing as a clinical first assistant. They shared their valuable experience and knowledge of how to assist doctors accurately and efficiently in this age of electronic medical records. It is a large practice shift for many in the field to use their highly trained staff efficiently to ensure complete recording of medical visit information into the computer system.

November 30: University of Oregon, Eugene

Dr. Fine was delighted to participate as a guest lecturer in the Human Anatomy course at the University of Oregon. This marks the eighth consecutive year Dr.

Fine has contributed his expertise to the class. He engaged students in an entertaining discussion about how surgeons change human anatomy to correct visual defects in the eye.