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PACIFIC VISION INSTITUTE
Life in Focus

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Pacific Vision Institute Introduces NEW Annual

Optometric CE Program

(25 hours CE, 21 TPA)

Figure 1. Pacific Vision Institute Annual Optometric CE Program will provide 21 TPA hours and will cover the following CE topics – Systemic Diseases and Medications, Ocular Infalmmation, Ocular Infections, Glaucoma, and Pain Management.

The spirit of innovation in the field of eye care is stronger than ever. Diagnostic and treatment options for ocular conditions are constantly evolving. At Pacific Vision Institute, we are passionate about bringing innovation and excellence in clinical care and research to the Bay Area optometric community. Starting this year, we are proud to introduce the annual continuing education Pacific Vision Institute Optometric CE Program. Each year, the program will provide the participants with 25 hours of CE credit (21 TPA and 4 other). The hours will be spread over four sessions, held once a quarter, on a Friday, at one of the landmark San Francisco locations. Invited guest faculty from throughout the US and abroad will present their experience, compare the effectiveness of diagnostic and treatment modalities, and will share their pearls in the management of anterior segment, cornea, binocular vision, glaucoma, retina, uveitis, orbital, and neurological ocular conditions. The faculty will include ODs, MDs, and PhDs who will cover the latest trends, the hot topics, the controversies and the preferred practice patterns in clinical care and therapeutics.

Our Annual San Francisco Cornea, Cataract, and Refractive Surgery Symposium is now part of the Pacific Vision Institute Optometric CE Program. The Symposium (Spring CE session) will be held on Friday, April 24th at the Ritz Carlton Hotel in San Francisco. To register, please call (415) 922-9500 or go on-line at www.symposiumsf.com.

Summer CE session will be held on Friday, July 24th and Fall CE session will be held on Friday, October 23rd at one of the top hotels in San Francisco. Next year, the sessions will continue once a quarter, with 6 to 7 CE

hours per sessions. Some of the upcoming topics will include

- results from national and international studies of collagen crosslinking for treatment of keratoconus
- diagnosis, follow up, and management of ocular and orbital tumors
- new modalities of uveitis treatment with systemic and topical medications
- managing chronic conditions of the ocular surface
- diagnosing common and uncommon ocular infections
- when to initiate therapy with IOP lowering medications
- how to evaluate glaucoma progression
- results of the latest studies on vascular endothelial growth factor inhibitors
- diagnosing and treating ocular manifestations of diabetes and other systemic diseases
- clinical indications for topical steroid use
- pain management and new ophthalmic analgesics
- interesting cases in clinical practice

By the end of each year, the participants in the Pacific Vision Institute Optometric CE Program should obtain 25 hours of CE credit (21 TPA).

As Lens and Cataract Surgery became refractive surgery, we aim for the same precision and accuracy in these patients as we do for our LASIK and PRK patients

Lens density can be quantified with Pentacam

We are used to qualitative assessment of lens density at the slit lamp using clear, trace, 1+ through 4+ grading system. How do we show the patient their lens? How do we monitor changes in the lens and/or progression of opacities? Slit lamp photos can be used, but the assessment remains qualitative. With Oculus Pentacam (Figure 2), the quantitative assessment is possible. It allows for accurate demonstration to the patient and for accurate follow up to monitor progression of opacities. It is also helpful in evaluating the optical axis of older patients who present for laser vision correction consultation. If opacities are detected, lens-based procedures, rather than corneal corrections, are recommended.

GUIDELINES for laser vision correction in pseudophakic patients

Cataract and lens replacement surgery has become refractive surgery. Just as patients who undergo laser vision correction or ICL, pseudophakic patients want a predictable outcome, typically with minimal need for glasses. This is particularly true for patients who elected to proceed with presbyopic IOL. At PVI, we use the following guidelines for doing laser vision correction enhancement on pseudophakic patients:

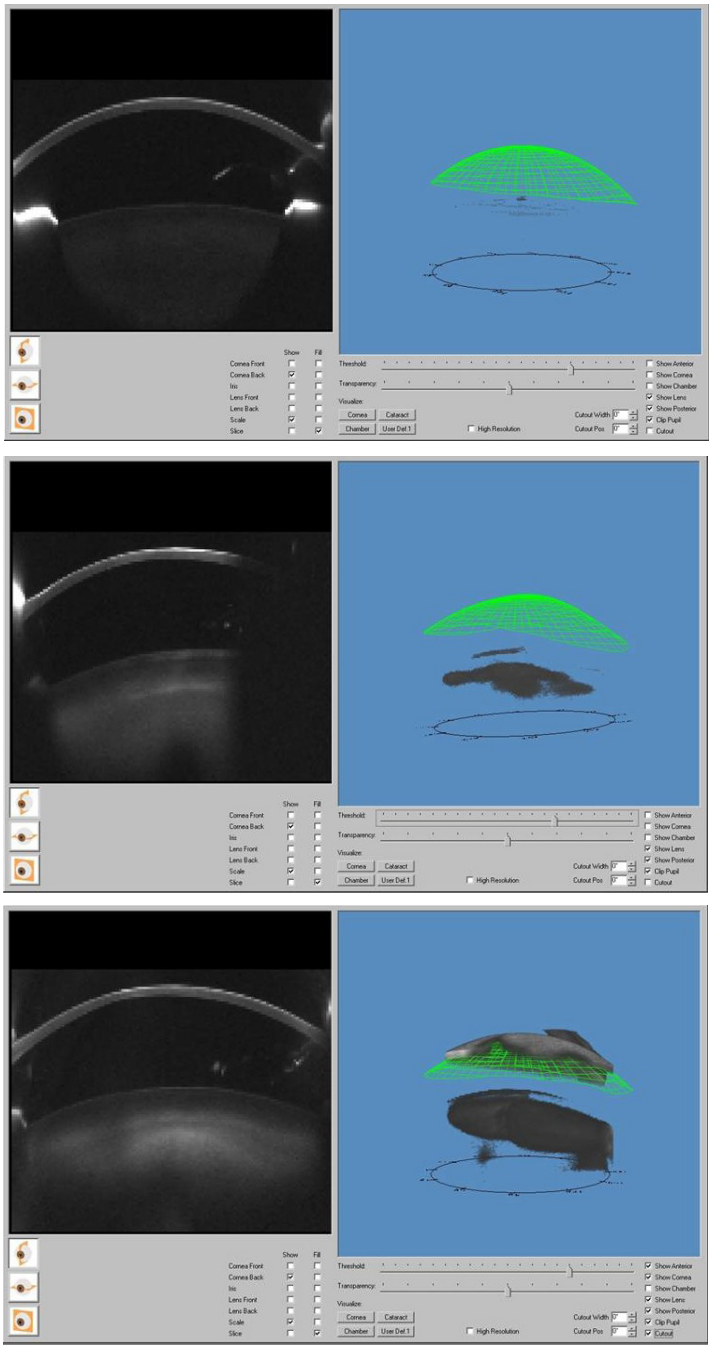


Figure 2. (A) Lens is clear in a 30-year old patient, density on Pentacam is minimal and the numeric measurement of this opacity with Pentacam is 0.2. (B) This lens is described as 2+ NS on slit lamp examination. The opacity on Pentacam is measured at 12.1. (C) This lens is described as 3+NS. The opacity on Pentacam is measured at 13.7.

#1 Be sure the IOL is going to stay in the eye

If IOL exchange is considered, you wouldn't want to perform LVC. We recommend refracting early during postoperative period. Once the lens position stabilizes (may take a few weeks for accommodating lens), refractive outcome is assessed. If significant under or over-correction is detected, IOL exchange may be considered

rather than LVC. Patients with multifocal lenses who may be not be able to neuroadapt to multifocality after months of trying, may also be considered for IOL exchange. LVC may be performed to fine tune result, if necessary.

#2 Perform YAG before LVC

By opening posterior capsule, YAG can shift effective lens position and alter the refraction, especially with the Crystalens. If LVC is considered, YAG should be performed first, even in the absence of significant posterior capsular opacity. Refraction should be assessed after YAG and after it stabilizes, then LVC can be performed.

#3 Try intended correction in contact lenses or glasses before LVC

This will confirm that correcting the refractive error justifies the procedure. If there are AMD, CME, and/or problems with the optic nerve, excimer laser will not improve vision.

This is an opportunity to try different power "add" to determine what the patient will tolerate. ReStor may require less corneal "add" than ReZOOM. A +1.00D LVC on the non-dominant eye in a patient with ZeZOOM will typically result in good distance, intermediate, and near vision.

RESULTS of laser vision correction in pseudophakic patients

About 20% of pseudophakic patients elect to have laser vision correction enhancement to fine tune their outcome. LVC needs to be available to these patients so that they are satisfied with their outcomes. Typically, there are two indications for LVC in pseudophakic patients – correction of small refractive error or improvement of near vision by creating monovision. The results of LVC in pseudophakic patients are similar to LVC in primary patients, providing the guidelines described above are adhered to. 80-90% of patients are within 0.5D of intended correction. Older patients have more corneal surface considerations, such as epithelial basement membrane dystrophy (Figure 3) and tear film instability. They are often better candidates for PRK than LASIK.

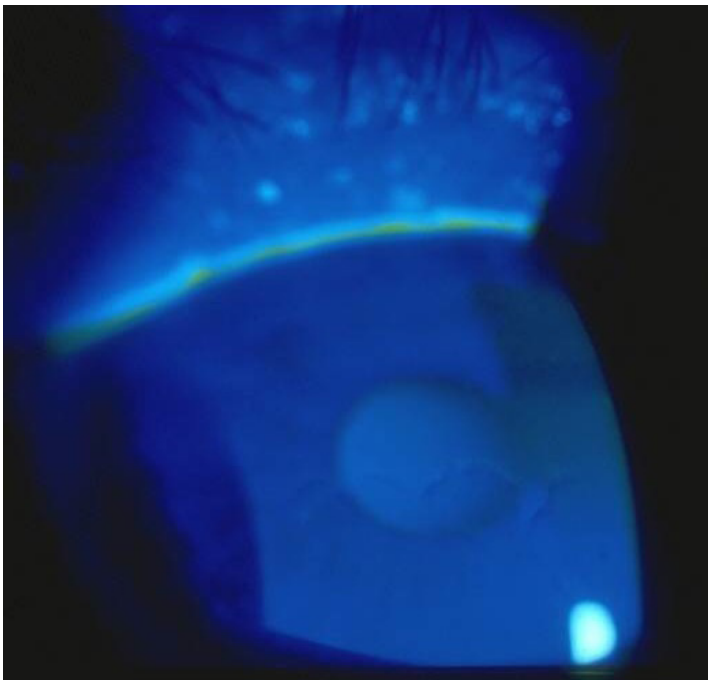
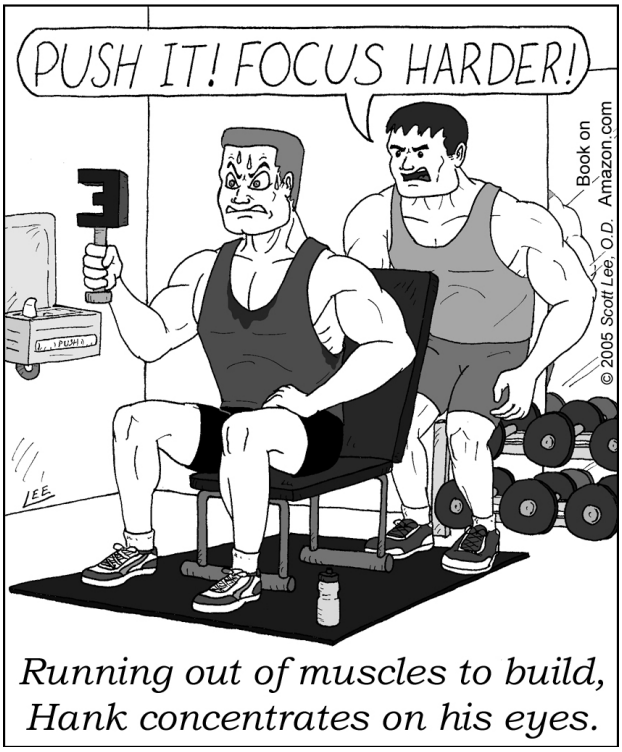


Figure 3. Map lines seen with blue light slit lamp examination of fluorescein covered corneal surface. This patient is a candidate for PRK rather than LASIK.

Pacific Vision Institute Annual Optometric CE Program

04/24/09	Spring Session PVI Optometric CE Program (8th Annual San Francisco Cataract and Refractive Surgery Symposium, Ritz Carlton Hotel, San Francisco, CA – REGISTER TODAY at 415-922-9500 or on-line at www.symposiumsf.com
07/24/09	Summer Session PVI Optometric CE Program
10/23/09	Fall Session PVI Optometric CE Program

Sight Gags *by Scott Lee, O.D.*



Running out of muscles to build, Hank concentrates on his eyes.

Scott F. Lee, O.D., Editor-in-Chief, eFocus.
Contact information: drlee@pacificvision.org, 415.922.9500