

Omni Eye Services is proud to be a major contributor and supporter of the Oral Pharmaceutical Certification Course

**2008 CONTINUING EDUCATION SCHEDULE**

We would like to invite you to earn your credits through the many continuing education courses offered by Omni Eye Services. If you are interested in attending any of our Continuing Education courses, please contact Elaine Schultz at (732) 750-0400 x148, or [elaines@omnieyeservices.com](mailto:elaines@omnieyeservices.com) to register. Please check our website for updates on this year's schedule - [www.omnieyeservices.com](http://www.omnieyeservices.com).

<b>March 18th</b> Tuesday Rochelle Park Office 6:00-8:00 pm	<b>Anterior Segment Grand Rounds</b> Mike Veliky, O.D. 2 TPA	<b>September 24th</b> Wednesday Parsippany Office 6:00-8:00 pm	<b>Glaucoma: Unusual Case Presentations</b> John Insinga, O.D., F.A.A.O. 2 TPA
<b>March 25th</b> Tuesday Parsippany Office 6:00-8:00 pm	<b>Caring for the Diabetic Patient: From Diagnosis to Follow Up</b> John Insinga, O.D., F.A.A.O. 2 TPA	<b>October 7th</b> Tuesday Iselin Office 6:00-8:00 pm	<b>Perioperative Care of the Modern Cataract Patient</b> George Veliky, O.D. 2 TPA
<b>May 14th</b> Wednesday 7:00 am - 4:00 pm	<b>Spring Symposium</b> Woodbridge Hilton Iselin, NJ 8 COPE Credits Pending	<b>November 18th</b> Tuesday Rochelle Park Office 6:00-8:00 pm	<b>Glaucoma Grand Rounds</b> Mike Veliky, O.D. 2 TPA

**Take full advantage of all we have to offer!**

# The Observer

WINTER 2008

EXTEND THE POWER OF YOUR PRACTICE

## Doctors ... Heal Themselves A Referring Optometrist's Story

As primary eye care providers, optometrists spend the majority of their days providing eye care to others. As a result, we often neglect to have our own eyes examined regularly. Nothing illustrates this more than a recent experience presented by one of our referring doctors. After experiencing transient floaters for months with the retention of 20/20, Dr. W's symptoms suddenly worsened to the point of experiencing dark arcs of light in her peripheral vision. She immediately contacted our office for a retinal consultation. Upon the completion of her evaluation it turned out Dr W. had a large retinal tear super temporally in the right eye with a localized retinal detachment. In the left eye there was a shallow retinal detachment superiorly extending four clock hours with associated holes. "I was completely blown away, to the point of feeling suddenly faint in the exam chair. I knew I was in good hands and that he (Dr. Wisotsky) came highly recommended as an excellent clinician and surgeon." Dr. W. immediately underwent laser treatment to wall off the sub retinal fluid. Unfortunately, Dr. W. developed an epiretinal membrane with macular puckering. "I woke one morning and reached for my glasses. I looked at them and thought someone had stepped on them because the typically rectangular frame now looked like a peculiar trapezoid with swerved temples. When I put them on, I noticed the rectangular mirrors in front of me were distorted in an S-shaped pattern. Panic-stricken, I called my eye surgeon." Dr. W. ultimately required a pars plana vitrectomy with epiretinal membrane stripping followed by retinal reattachment surgery and finally a cataract extraction. "My dear friends and colleagues: Please schedule YOUR annual eye exam. We are not immune from ocular disease. Our sight is too precious to lose. We must practice what we preach."

## Optometrists Complete Oral Pharmaceutical Certification

The staff at Omni would like to extend congratulations to the latest group of optometrists who have completed their oral pharmaceutical certification. To date, hundreds of New Jersey optometrists have completed the oral pharmaceutical credentialing process. Your achievement is an indication of the commitment you have made to

your patients and our profession.

As an organization, Omni Eye Services is proud to have been instrumental in the passing of this latest scope of practice expansion. We hope that our efforts on the legislative front and in the lecture hall have assisted you in becoming orally certified. Congratulations to all, and thank you for supporting our practice.

## Word on the Street

**"I would love to hear your opinion and experiences with Toric IOLs"**

There is no doubt about it, modern cataract surgery has become more and more of a refractive procedure over the past five years. Driven by new technology, patient demands, and Medicare rulings, optometrists must provide their patients with guidance in terms of today's intraocular lens (IOL) options. Optometrists must also seek out a surgeon who can provide consistently flawless surgical results with the comfort level and proficiency to implant and troubleshoot these sophisticated IOLs. Your IOL selection must be based on your patient's ocular anatomy, visual demands and expectations.

Up until recently, corneal astigmatism has been the enemy of an emmetropic outcome. Limbal relaxing incisions (LRIs) can correct astigmatic error to some degree, but results can be unpredictable and variable. There is new hope for these patients with the advent of newer generation toric intraocular lenses. The majority of our experience up to this point has been with the Acrysoft Toric by Alcon. This one piece acrylic IOL is available in three astigmatic powers that can correct 1.00, 1.55, or 2.06 diopters of astigmatism at the spectacle plane. The spherical component of the IOL is available in half diopter steps from 30.00 down to 6.00 diopters. Axis orientation is guided by markings on the IOL surface that coincides with the lense's haptics.

When considering a patient's candidacy for a toric IOL, their astigmatic error must be categorized as either lenticular or corneal. Lenticular astigmatism will obviously be corrected by removing the cataract. It is the corneal astigmatism that will be corrected by the toric IOL. When measuring the amount and axis of the corneal astigmatism, it is critical to be accurate in order to ensure proper IOL power selection and positioning. Multiple measurements with various instruments are recommended. Manual keratometry, IOL Master

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keratometry, and corneal topography should all be within 0.25 diopters of each other. Additionally, irregular astigmatism must be ruled out to ensure a successful outcome with these IOLs. Any eye that does not have the classic bow tie pattern on topography should not be implanted with a toric IOL. Once measurements are obtained, power calculations need to be performed. A vector analysis needs to be run taking corneal astigmatism and surgically induced astigmatism into consideration.

Post-operative outcomes thus far have been nothing short of amazing. This IOL option is an excellent choice for astigmatic patients who want to achieve excellent uncorrected distance acuity. Similar to the presbyopia correcting IOLs, toric IOLs are not covered by the patient's medical insurance. However, from the experiences we have had, it is well worth the out of pocket investment. Contact your local Center Director for additional information regarding the Acrysoft Toric IOL and patient requirements for implantation.

**Oral Pharmaceutical Forum**

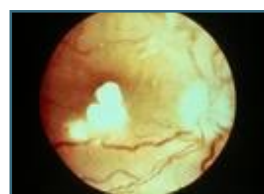
**Methylprednisolone**

Oral corticosteroids are used to manage a variety of conditions, with ocular inflammation being no exception. All corticosteroids have similar side effects including weight gain, bone loss, acceleration of coronary disease, diabetes, suppression of the immune response, psychosis, and of course cataracts and glaucoma. Methylprednisolone is available in a tablet form as well as a parenteral preparation which may be delivered intramuscularly or intravenously. Brand names of methylprednisolone are Medrol and Solu-Medrol. Methylprednisolone and prednisone have very similar anti-inflammatory effectiveness. The major difference between the two drugs is that prednisone can only be administered orally. The one feature that makes methylprednisolone useful to the therapeutic optometrist is that it is supplied in a "dose pack". A methylprednisolone dose pack contains twenty one 4mg tablets packaged in a blister pack card for simple pre-programmed dosing with an automatic tapering schedule. The patient takes six tablets on day one and continues taking one less each day for the next five days. Prescribing a methylprednisolone dose pack is a convenient way to deliver a moderate dose of systemic

steroid over a short course of time. Acute conditions of the eye and/or the surrounding adnexa that require only short term therapy are examples of conditions where this medication could be useful.

**Retinal Observation**

A 26 year old woman was referred to our center with a complaint of sudden, painless loss of vision in her right eye for approximately four days. Her medical history was significant for Hepatitis C. She was on no medications. The patient's ocular history was noncontributory. Her social history was significant for previous IV drug abuse. Upon examination, her acuity measured counting fingers at one foot in the right eye and 20/20 in the left. There was no afferent papillary defect present on pupil examination. Slit lamp examination was unremarkable. Applanation tonometry measured 15 mmHg bilaterally. Dilated examination was significant for a dense, localized vitritis centered over the macular region. The left eye was



essentially normal. When presented with these clinical findings in a patient with a history of IV drug abuse, an infectious process must be considered. The medical literature does contain cases of fungal endophthalmitis in patients with a history of IV drug abuse. Our patient was immediately scheduled for a pars plana vitrectomy to provide a vitreal sample for laboratory testing. The sample was culture positive for *Candida albicans*.

This patient presented with a very peculiar vitreoretinal process. Her vision prognosis is very poor, however, her condition has been stabilized thanks to the timely referral by her optometrist.

**Rochelle Park Center Expanding**

In order to better serve your patients, Omni will be expanding the Rochelle Park center. It is a short distance from our current location, exactly one mile on West Passaic Street. Our new home will be at 218 Route 17 North. Although the building has a Route 17 address, the building has a convenient entrance on West Passaic Street.

This location offers your patients ample parking in front of the building, as well as on an adjacent parking deck. We are confident that our new

location will be more convenient, as well as comfortable for your patients. New map cards will be mailed out as we get closer to the move date.

We plan to be up and running in our new location by early spring, and plan to host an open house reception soon after. Looking forward to seeing you there!

**Drs. Mastrota and Quinn Presenting at SECO**

The Southeastern Educational Congress of Optometry (SECO) meeting has long been considered by many to be one of the world's premier Optometry conferences. This year, Drs. Katherine Mastrota and Christopher Quinn will be attending the meeting in Atlanta, Georgia from February 27 to March 2. They will be educating attendees on cutaneous conditions with regard to their effects on the eye. Dr. Mastrota will also be presenting ocular allergic reactions to a large audience of optometric technicians.



**Dr. Insinga Presenting at NJSOP Winter CE**

Dr. Insinga will be a featured speaker at the upcoming Winter CE program sponsored by the New Jersey Society of Optometric Physicians. The meeting will be held at the Princeton Hyatt on Sunday, March 2, 2008. Dr. Insinga will be presenting a detailed discussion on the ophthalmic care of the diabetic patient.

**Omni Sponsored All Day CE Event**

Omni will be hosting our annual spring all day continuing education seminar on Wednesday, May 14, 2008. The meeting will be held at the Woodbridge Hilton from 7:00 am to 4:00 pm. Lectures will be in a quick fire format featuring all of our clinical staff in addition to special guest lectures. Registration is limited. Contact Elaine Schultz, Omni's Marketing Director, for more information at 732-750-0400.

**Staff Spotlight:**

**Mrs. Maria Moy**

We would like to introduce you to a new addition within the Omni Observer entitled "Staff Spotlight". This column will feature an Omni staff member who has provided our practice and your patients with outstanding service. This portion of the Observer will allow us to commend staff members who have been critical in our mission of providing excellence in all aspects of patient care. Additionally, this will give our referring doctor network the ability to put a face with a name when interacting with our extraordinary staff members.

Mrs. Maria Moy has been on staff here at Omni for more than eight years. Maria came on board as a front desk advocate, where her abilities to coordinate and organize proved to be most impressive. She was promoted to surgical coordinator for our retina service where her skills continued to develop. Over the years, Maria has also been involved with our billing department to assist in charge entry to ensure errors from satellite offices were minimized. Recently, Maria has been promoted once again to Front Desk Supervisor. Maria is very excited about her new position – she will be in charge of all front desk staff, training and policy. Our organization is fortunate to have such a loyal and talented employee to offer your patients the best possible experience while visiting our practice.

When not providing exceptional service here at Omni, Maria's interest includes traveling, cooking, art history, spending time with family and friends.



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