



FALL 2006

EXTEND THE POWER OF YOUR PRACTICE

The Observer

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school vision screenings as well as the Special Olympics Opening Eyes Program.

Dr. Neeta Kapoor graduated from Case Western Reserve University with her undergraduate degree in Bio Medical Engineering. She continued her education at the Ohio State University College of Optometry where she received her Doctor of Optometry as well as her Masters of Vision Science. Dr. Kapoor's special interest includes myopia progression. In 2003 she completed a summer research program at the National Eye Institute studying risk factors associated with the progression of myopia in adults. Dr. Kapoor attended the American Academy of Optometry meeting in 2004 and presented many of her findings relating to myopia progression.

Because of your continued support, Omni is pleased to have the opportunity to take part in the education of the next generation of Optometrists. Please help us welcome Drs. Dixon and Kapoor to our group.

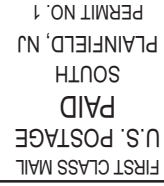
Take full advantage of all we have to offer!

2006 CONTINUING EDUCATION SCHEDULE

We would like to invite you to earn your credits through the many continuing education courses offered by OMNI Eye Services. Supporting optometrists will take precedence given limited seating. If you are interested in attending any of our Continuing Education courses, please contact Elaine Schultz at (973) 538-7400 or elaines@omnieyeservices.com to register.

November 16th	Thursday Iselin Office 6:00-8:00 pm
Keratoconus & Surgical Options	2 TPA
November 30th	Thursday Rochelle Park Office 6:00-8:00 pm
Glaucoma Grand Rounds	2 TPA

Please check out our newly designed website!
www.omnieyeservices.com
 The 2007 CE Schedule will be posted soon



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Ophthalmology Continues 25 Year Fight

Intralase: Safe and Efficient

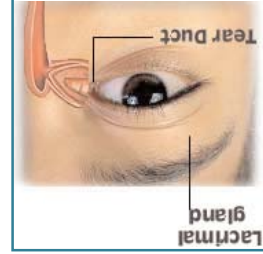
For the past twenty years, the surgeons at Omni Eye Services, more than any other providers in the state, can attest to the efficient and high quality care that is delivered when a co-management model is utilized. Our surgeons devote their time to do what they do best and in turn our co-managing doctors, when appropriate, provide the attentive post operative care that their patients expect from their primary eye care provider. Patients are the main beneficiary receiving the best care from both types of providers. With such a long history of successful outcomes, the proposed elimination of surgical co-management by the New Jersey State Board of Medical Examiners during their August meeting would ignore the needs of the patient.

The regulation under consideration states that post surgical care may only be delegated by the operating surgeon to another surgeon with at least equivalent training. "Non-physicians" would be prohibited from assuming postoperative care unless multiple very specific conditions were met. Upon reviewing the proposal, the only instances where co-management by an optometrist would be permissible are based on geography and the availability of the surgeon. According to the proposal, co-management with a "non physician" would be permissible only under "limited" circumstances. Examples of these situations include instances where the surgery is performed in a remote area of the state or in a health professional shortage area, when the surgeon practices in a remote area, if the surgery is performed at a site away from the patient's residence or while they are traveling / vacationing, where a second illness develops that prevents the patient from traveling, and finally when the operating surgeon is on leave after surgery. Perhaps the most disturbing aspect of the proposal is that patient choice and the surgeon's judgment regarding the appropriateness of co-managed care is eliminated.

The need for this proposed regulation is completely unfounded. The development of the regulation is simply another attempt by the New Jersey Academy of Ophthalmology and their members to restrict the practice of optometry. Omni will continue to aggressively defend your patient's right to choose the provider they wish to provide post-operative care when the surgeon has determined it is appropriate.

Word on the Street

"Any advice on intracanalicular verses standard punctal plugs?"



Punctal occlusion is an excellent management option for your dry eye patients who have failed to find relief with other treatment modalities. Occlusion is also an option for patients with refractory keratitis and can be helpful in assisting your LASIK patients experiencing dry eye symptoms during their post operative course. Which plug you choose depends on the length of time occlusion will be required as well as the patient's anatomy. There are a variety of plugs in existence to meet the needs of most patients. There are short and long acting collagen plugs for temporary occlusion. There are a variety of silicon plugs designed for permanent occlusion each with different shapes and delivery systems. There are also expandable plugs which conform to the patient's canaliculus when hydrated or warmed. The choice of punctal plug really depends on the situation.

Medenium of Irvine, CA carries the SmartPlug. These ridged plugs are to be placed in the vertical canaliculus

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and expand at body temperature to the patient's punctum. Eagle Vision has silicon plugs of 0.1mm increments and has recently introduced the SuperEagle which does not require sizing. Lactimedics is the manufacturer of the Herrick line of plugs. These are intracanalicular and are available in permanent and medium term dissolvable that last six months. Oasis has added an intracanalicular hydrophilic plug, the Form Fit, to their line of silicon punctal plugs. The Form Fit is available in one size and expands when in contact with tears. Odyssey Medical manufactures the Parasol silicon plug that is hollow allowing it to adjust to the patient's puncta for greater comfort. Surgical Specialties Corp. of Reading, PA has the UltraPlug product line. Their line offers an extended-wear synthetic absorbable plug, a collagen absorbable plug and a silicone plug. Finally, Cynacon is the distributor of the new Quintess plug. It is made from silicon rubber and features indentations in its cap to capture excess tears maximizing comfort.

It is important to keep in mind that punctal plugs are medical devices that can cause potential complications. Patients may experience problems such as epiphora, foreign body sensation, pyogenic granulomas, and even chronic canaliculitis due to punctal plug placement. Some patients may require surgical removal of the plug by an oculoplastic surgeon if you are unable to recover it; particularly in cases of intracanalicular placement. A full discussion of the risks, benefits and alternatives to punctal occlusion should always be related to your patients and documented in your chart prior to the insertion of these devices.

Oral Steroids

Oral Pharmaceutical Forum

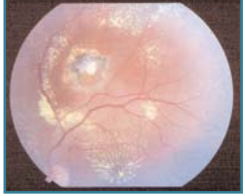
steroids in the management of some of the more severe ocular inflammatory processes.

Steroids produce their anti-inflammatory effect by disrupting the metabolism of arachidonic acid. Steroids suppress the activation of phospholipase A2 thereby decreasing the release of arachidonic acid. It is the end products of arachidonic acid such as prostaglandins, thromboxanes and leukotrienes that have been implicated in the inflammatory response. Besides their anti-inflammatory effect, steroids have many other effects on the body including hyperglycemia, water retention, increasing blood pressure, and decreasing immune mechanisms. With such wide reaching effects on the body it is no wonder there are a multitude of adverse effects from exogenously administered steroids. Systemic side effects of steroids include adrenal insufficiency, gastric ulcers, cushingoid syndrome, reduced immunity, hyperglycemia, delayed wound healing, mood changes as well as having effects on the blood constituents. Ocular side effects of systemic steroids mirror those of topically applied steroids which include posterior subcapsular cataracts and increased intra ocular pressure.

Some ocular conditions which may require oral steroids for their management include uveitis, contact dermatitis, scleritis, and arteritic anterior ischemic optic neuropathy. The most commonly prescribed oral steroid is Prednisone. This drug is available generically and is very inexpensive. Prednisone is available in 1, 2.5, 5, 10, 20 and 50 mg tablets. A typical initial daily dose is 40 to 60 mg. Once a therapeutic response is obtained a tapering schedule over a one to two week period should be started. Prednisone should be taken with meals to reduce gastric distress. Methylprednisolone is an alternative to Prednisone and is available in 2, 4, 8, 16, 24 and 32 mg tablets. It is also available as the Medrol "dosepak". This blister package has six 4mg tablets (24mg total) that are taken on the first day. Over the next six days the number of tablets take is reduced by one creating a tapering schedule. Methylprednisone is generally less effective than Prednisone however, the "dosepak" makes it very convenient for the patient to follow their dosing schedule. As practitioners we must keep in mind that treatment with steroids is generally palliative rather than curative. In addition, short courses of steroids have few systemic complications.

However, prolonged steroid usage can produce serious toxic effects.

Retinal Observation



Right eye of a patient diagnosed with a retinal macroaneurysm. The area of the aneurysm has been treated with focal laser. Notice the residual ring of lipid surrounding the treated area and the radiating star pattern of lipid deposition within the macula. This star deposition is due to the structural pattern of the axons within the macular region, Henle's layer. This patient presented with 20/60 vision and recovered 20/20 vision post treatment.

Omni Chosen for Ophthalmic Drug Study

Bausch and Lomb have invited Omni to take part in a multi center study to investigate the efficacy of their new fluorquinolone ISV-403. Now in phase III clinical trials, this medication is available in topical formulation only which will allow for less bacterial resistance to develop compared to ophthalmic drugs with an oral formulation. The study is designed as a randomized double masked trial that will compare the efficacy of ISV-403 to Vigamox ophthalmic solution in the treatment of bacterial conjunctivitis. Subjects must be one year old or older and have clinical signs of bacterial conjunctivitis. Acute bulbar injection as well as purulent discharge will need to be obtained. Initial conjunctival cultures will be obtained to confirm diagnosis followed by serial cultures to track the response to the drug.

Dr. Joseph Napolitano, Omni's pediatric and adult strabismus specialist, will act as the study's principle investigator. Maria Lovizio, Omni's operations manager, will be the study's coordinator. Subjects will receive fifty dollars per visit for each of the three visits involved in the study. If any of your bacterial conjunctivitis patients are interested in taking part in this investigation please contact Maria Lovizio at (732) 750-0400 ext 110.

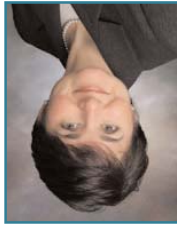
George Veliky Published in Review



Dr. George Veliky, the Center Director of our Iselin office, has recently published a feature article in the July 15, 2006 edition of Review of Optometry entitled "How to Break an Acute Attack of Angle Closure Glaucoma". His article focused on not only acute angle closure glaucoma but all facets of the mechanisms and helpful examination techniques were presented in Dr. Veliky's piece. This article is required reading for all practitioners providing glaucoma care. Kudos to Dr. Veliky for bringing this often misunderstood process to light.

Mastrola 50 Most Influential

Dr. Kathy Mastrola, Omni's New York center director, has been named one of 2006's 50 most influential women in the optical field. This appointment is in recognition of the diverse contributions made by professional women throughout the eye care field. Congratulations to Dr. Mastrola on her achievement.



Omni Welcomes New Residents

All of us here at Omni would like to welcome our two new optometric residents for the 2006/2007 academic year. Dr. Markitta S. Jemerson-Dixon and Dr. Neeta G. Kapoor have joined our group on July 1, 2006 and have already impressed our staff with their abilities.

Dr. Markitta Jemerson-Dixon completed her under graduate work at Montclair State University here in New Jersey. She received her doctorate in optometry from the Pennsylvania College of Optometry. During her time at PCO, Dr. Dixon was involved with the National Optometric Student Association as well as the Student Optometric Service to Humanity. In 2004 Dr. Dixon traveled to Guatemala on a SOSH mission to provide eye care to the underserved. In addition Dr. Dixon has volunteered at multiple elementary

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