

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

patients are seeing a specialist who has the most experience and is able to offer all treatment options available in order to provide for the best visual outcomes.

Dr. Mastrota Presents at Vision Expo

Dr. Katherine Mastrota, Center Director of our New York office, was a presenter at the annual International Vision Expo held at the Jacob K. Javits Center in New York City. Dr. Mastrota took part in a coding and billing seminar during which she acted as a moderator. Additionally, as a member of the Optometric Dry Eye Society, she joined a panel of speakers to discuss the latest in theory and management of dry eye and ocular surface disease.

Dr. Grayson Presents at SECO



Dr. Douglas Grayson, and Dr. Christopher Quinn presented "Current Controversies in Glaucoma" to over 1,000 optometrists at last month's SECO International meeting. Omni continues our commitment to quality education for the optometric profession on a local, state and national level.

Take full advantage of all we have to offer!

2007 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 (732) 750-0400 x148, or elaines@omnieyeservices.com to register. Please check our website for updates on this year's schedule - www.omnieyeservices.com.

April 10th Tuesday Springfield Office 6:00-8:00 pm	How to Manage the Patient with Double Vision & Other Neurological Problems Frank Bucciero, O.D. 2 TPA	May 31st Thursday Parsippany Office 6:00-8:00 pm	Anterior Segment Grand Rounds Manan Shah, M.D. 2 TPA
May 22nd Tuesday Iselin Office 6:00-8:00 pm	Anterior/Posterior Segment - Part II George Veliky, O.D. 2 TPA		



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SPRING 2007

The Observer

EXTEND THE POWER OF YOUR PRACTICE

The Calm After the Storm

Months of preparation and it was all over in the blink of an eye. The written examination for oral pharmaceutical certification took place on Sunday March 4th across New Jersey. The examination was met with anxiety but turned out to be a fair assessment of New Jersey optometrist's knowledge of oral pharmaceuticals and pharmacologic concepts.

It has been an honor and a pleasure for Omni to support you all throughout the certification process. Thanks to your loyalty, we have been able to unconditionally support all New Jersey optometrists with our efforts in creating this legislation, as well as through our contributions and support for the certification course. Of the course attendees, those in the Omni referring doctor network enjoyed the additional benefit of being invited to attend an Omni sponsored review session. Led by each of our respected Center Directors, four sessions were given – one in each of our geographic areas. Over one hundred of our supporting optometrists attended the review courses. Thirty questions created by our staff were reviewed in great detail in preparation for the actual examination which was created and administered by the Pennsylvania College of Optometry and The State University of New York, State College of Optometry. The general consensus of all attendees was that the review was very helpful in their preparation for the actual examination.

Omni's role in the certification process is just another example of our support for the optometric profession. The vast majority of ophthalmologists have been and remain active opponents to your new ability to prescribe oral medications. They are unaware of the sacrifice you have made to your families, friends and practices in preparation to offer your patients the highest quality care. Remember, the staff at Omni Eye Services was there with you and, with your continued support, will continue to be with you as you utilize your new therapeutic privileges. Congratulations to all of you on this momentous accomplishment!!

Dr. Napolitano Changes Lives

A Patient's Testimonial

Adults with strabismus are often examined in your offices and their findings are documented, however, they are rarely offered a solution to their problem. On the flip

side, adult strabismus patients tend not to complain about their eye turn because after so many years of living with their condition they assume nothing can be done to correct their problem. The fact of the matter is these patients have many options available to them and their new found confidence and function postoperatively can be extraordinary.

"TJ" is a 35 year old gentleman who had a long history of an eye misalignment which was operated on in the past without success. Upon initial consultation, Dr. Joseph Napolitano, Omni's Chief of Adult and Pediatric Strabismus, diagnosed TJ with a large angle "A" pattern esotropia. After careful preoperative measurements and a discussion of the risks, benefits, and alternatives, TJ was agreeable to have muscle surgery. Dr. Napolitano performed bilateral medial rectus recessions with superior tendon transposition at Hackensack Hospital. TJ's postoperative course was uneventful and his deviation is now orthophoric in all fields of gaze.

Six months after TJ's surgery, he contacted our office via e-mail to relay how his life had changed since his procedure with Dr. Napolitano. "My eyes have totally free and aligned movement up, down, left, and right. I even have enhanced depth perception. I've read that depth perception is impossible to achieve if it isn't done by the age of 6. Of course I have no way of knowing how the rest of the world sees depth. But I know that my own depth perception has improved significantly. It's like I can see slightly around foreground objects to get a sense of space between the foreground and background. (It's) hard to describe. It's subtle but very cool when you see it for the first time at age 35. This surgery is in my Top 5 List of best things I've ever done."

As you can see, children are not the only patients with strabismus that should be corrected. Adults have options and can benefit from intervention. Misalignments with or without previous surgical intervention should be evaluated. Patients with long standing, stable ocular motor palsies can also be corrected. Those suffering from strabismus related to thyroid eye disease can also be candidates for muscle surgery. Dr. Napolitano is available in all of our centers, and would be honored to participate in the care of your adult and pediatric strabismus patients.

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Word on the Street

Is Surgeon Volume Really Related to Patient Outcomes?

Volume-outcome studies across medical subspecialties have found that surgeons who perform more procedures have better patient outcomes. However, up to this point, there have been few volume-outcome studies within ophthalmology. A recently published report in the May 2007 issue of Ophthalmology examined the relationship between a cataract surgeon's volume and adverse post operative events. The study examined groups of cataract surgeons in Ontario, Canada over a three year period. The surgeons were divided into groups depending on their case volume. The groupings were as follows: 50-250, 251-500, 501-1000, and >1000 cases per year. Adverse events were identified by tracking the billing activity for patients during the first two weeks of their post operative period. Adverse events were assigned to a surgeon if a particular procedure that could be associated with an adverse event was billed during this period. Procedures that were considered markers for adverse outcomes included vitrectomy, dislocated lens extraction, air or fluid exchange, vitreous aspiration or injection of medication. Since the province of Ontario has a universal insurance program, and billing outside the program is not permitted, the database gives an excellent record of a patient's procedures which is complete and reliable.

The study concluded that an inverse relationship existed between surgeon volume and adverse events. Specifically, the study found surgeons performing 50 to 250 cases had an adverse event rate of 0.8%. Those performing 251-500 surgeries had an adverse event rate of 0.4%. The 501-1000 annual cataract surgery case group had an adverse event rate of 0.2%. Finally, the highest volume group, those performing >1000 cases per year had an adverse event rate of just 0.1%.

With this data being published and in hand, it is all but required for you to take into consideration your cataract surgeon's annual case load prior to making a recommendation for your patients. Although serious complications continue to be the exception with modern cataract surgery, **would you want your patients to experience an 8 times greater risk of serious complication?** Geography and the occasional holiday gift basket should not

be part of your decision making process. The highest volume surgeon will provide you and your patients with superior, consistent results. It's no wonder that even the New Jersey optometrists who do not use Omni as a resource for their own patients on a regular basis, for whatever reason, seem to find their way to our centers when the time comes for their family members to undergo cataract extraction. Go figure!

Oral Pharmaceutical Forum

An oral antibiotic for recurrent corneal erosion?

The vast majority of corneal abrasions resulting from traumatic injuries heal without complications. The exception would be those patients who suffer from attacks of recurrent corneal erosion. These episodes are often painful for the patient and frustrating for the optometrist managing them. Poor adhesion of the overlying epithelium to Bowman's membrane is thought to be the cause of these erosions. Recurrent erosions are most often seen in patients injured with high carbon content material such as paper, wood or finger nails. These carbon base moieties disturb the stereochemistry of the anchoring fibrils and basement membrane of the basal epithelial cells.

Treatment options for recurrent corneal erosions span the gamut from simple lubrication to surgical intervention. Lubrication is generally the standard treatment, however, loose epithelium should always be removed due to its ability to impede healing. Hyperosmotic solutions and ointments may be prescribed if the patient should have an episode while using lubrication. Hyperosmotics theoretically promote the adherence of the epithelial cells to the underlying tissue layers. Application of an extended wear contact lens or pressure patching will reduce pain and encourage healing by eliminating lid interaction with the injured area. Surgical intervention includes anterior stromal puncture, diamond burr polishing, and excimer laser phototherapeutic keratectomy.

Oral medications that inhibit Metalloproteinase-9 and Interleukin-1 have been shown to be helpful in the management of recurrent corneal erosions. Metalloproteinase has been implicated in corneal tissue damage and cytokines such as Interleukin are inflammatory. Doxycycline has the ability to inhibit both of these substances resulting in more rapid resolution of the epithelial defect.

Additionally, Doxycycline tends to prevent further erosion episodes. The typical dose of Doxycycline for these patients is 50mg q12h for 60 days and when coupled with a topical steroid, results are often very successful. The majority of patients tolerate oral Doxycycline quite well, however, there are a few considerations when prescribing this medication. As a class, the Tetracyclines may cause nausea, vomiting, skin photosensitivity, vertigo, and optic nerve edema. Tetracyclines are contraindicated in children under eight years old and in pregnant or lactating women. These drugs should not be taken with dairy products or calcium supplements. Finally, there is some controversy concerning increased breast cancer risk in association with chronic oral tetracycline administration.

Retinal Observation



This is the left eye of a 27 year old female presenting to our office with the complaint of acute vision loss the night before. Her medical history was significant for a congenital cardiac defect and a non-functional pulmonary artery which were corrected with multiple surgeries ten years prior. Her vision measured hand motions in the inferior temporal visual field. Fundus examination revealed an edematous optic nerve and posterior pole, attenuated arteries, as well as a cherry red spot within the fovea. The patient was diagnosed with a central retinal artery occlusion. She underwent immediate vigorous ocular massage as well as an in office paracentesis in an attempt to increase perfusion pressure. The likely etiology of this patient's vascular event is embolic given her cardiac history, however, due to the uniqueness of the presentation, a complete blood work up was sent off in addition to the standard carotid artery and cardiac evaluation. Other potential differentials include collagen vascular / rheumatologic disease, hyper coagulability, blood dyscrasias, and the masqueraders such as Syphilis and Lyme disease.

Omni at Forefront of OCT Evolution

For years the Omni Eye Service's retinal service has utilized the Stratus OCT in order to provide images of the inner retinal layers. Recently we have updated and expanded our imaging capabilities through the acquisition of two RTVue-

100 ultra high speed, high resolution OCT retinal scanners developed by Optovue. This instrument is based on the next generation Fourier-Domain Optical Coherence technology just



emerging from clinical research. Original generation scanners are based on Time-Domain OCT technology. A-scan data is collected via an internal mechanical moving part which can perform 400 A-scans/second, ultimately creating an image of the retinal tissue. In comparison, the Fourier-Domain OCT acquires A-scan data through a CCD camera. This device can perform 26,000 A-scans/second. The very high speed acquisition time and this huge amount of data allows for extremely high resolution images of the retina and nerve fiber layer. Contact our Iselin or Rochelle Park centers for an in-house demonstration, or order the test for your patients and see for yourself!

Dr. Fox Showcases ICL Patients



During a recent seminar hosted by TLC, Dr. Martin Fox, Chief of Cornea and Refractive Surgery, discussed his experiences with implantable collamer lenses (ICLs). As a part of the presentation, actual patients were available for examination by attendees. These lenses are an exciting and safe option for patients outside LASIK or advanced surface treatment parameters. ICLs are implanted through a small corneal incision and placed between the anterior lens capsule and posterior iris. Patients must have an anterior chamber depth of at least 3mm with an angle open to at least grade two upon gonioscopic examination. A preoperative iridotomy is required to eliminate the potential for pupillary block.

With so many new refractive surgery options available to patients, it is reasonable to offer them the expertise available through a fellowship trained corneal specialist. Dr. Fox is capable of performing any refractive surgical procedure that your particular patient may require. Although his treatment of choice for patients within the proper parameters is IntraLase followed by a custom ablation, Dr. Fox is available and comfortable with advanced surface treatments, ICLs, and Intacs implantation. The art of refractive surgery is so much more than LASIK. Be sure your

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