

The Observer



SUMMER 2006 EXTEND THE POWER OF YOUR PRACTICE

Farwell to the Residents of 2006

July traditionally marks the end of the year for our optometric residents. As part of OMNI's commitment to optometric education, this has been our 15th year of providing an accredited residency training program. Your continued support makes this program a success. This year's residents have been particularly talented and it is with great regret that we bid them farewell. The hard work and dedication of Drs. Carly Crapenzano, Allison LaFata, and David Paden was truly amazing. The entire staff at OMNI has enjoyed watching these young optometrists grow professionally and personally. The experience these doctors have gained over this past year may take some of their peers a lifetime in practice to obtain. We are proud to call these fine optometrists colleges and wish them nothing but success in their future endeavors.

Spring Symposium a Success

On May 17th OMNI Eye Services in cooperation with The Laser Center hosted their annual spring symposium at the Olde Mill Inn of Basking Ridge. The event was a huge success with over 150 optometrists from across New Jersey attending. Participants received eight hours of CPE approved continuing education while enjoying the comfort of the Olde Mill Inn. Lectures were delivered in a rapid fire format allowing for diversity of subject matter. Topics included strabismus and infectious processes as well as updates in retina, refractive surgery and intraocular lens technology. The symposium concluded with a guest lecture, Kenneth Lebow, OD, who approached the nuances of contact lens fitting for the atypical cornea. Attendees provided a thirty dollar donation which will be used to support the Mid Jersey Optometric Society. Thank you to all who made this event such a success!

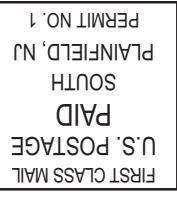


Take full advantage of all we have to offer!

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.

September 19th	Tuesday	Iselin Office	6:00-8:00 pm
September 26th	Tuesday	Rochelle Park Office	6:00-8:00 pm
September 16th	Thursday	Iselin Office	6:00-8:00 pm
November 16th	Thursday	Iselin Office	6:00-8:00 pm
November 30th	Thursday	Rochelle Park Office	6:00-8:00 pm



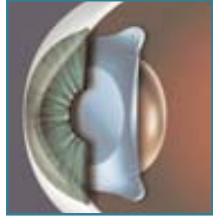
OMNI Eye Services
485 Route 1 South, Bldg. A
Iselin, New Jersey 08830

Don't Just Take Our Word For It...

the patients you refer for specialty care?

A recent article in the June 2006 issue of Primary Care Optometry News (PCON) concerning refractive surgery illustrates the exact phenomenon OMNI has been created to counteract. The piece discusses the changes occurring in the practice of refractive surgery management by optometrists. Aggressive marketing campaigns by refractive surgery providers as well as patient word of mouth has created refractive surgery practices with a higher proportion of patients being self referred when compared to those referred by an optometrist. The same refractive surgery centers that counted on optometric referrals to become established seem to be thriving on the acquaintances and family members of your original patients. When a practice is willing to see these self referred patients "off the street", optometric referrals begin to be less critical for success. You may be saying to yourself, "My patients are loyal, they would never do that to me" but the reality is there has been a reduction in the percentage of doctor referred patients within many refractive surgery centers.

Dr. Fox, Chief of Cornea and Refractive Surgery, has begun implanting the Star Vidian ICL (Implantable Collamer Lens) in patients outside the range of traditional LASIK. The Vidian ICL can be implanted through a small corneal incision and does not require iris fixation. Dr. Fox is pleased to offer your patients all options for the surgical treatment of refractive disorders. The Vidian ICL is positioned between the iris and anterior lens capsule. Candidates must have an angle open to grade two or more with gonioscopy. The lens is made of a highly biocompatible material that is easily rolled and delivered through a small corneal incision. It is important for your patients to be cared for by a surgeon who can offer them all options for surgical refractive management so the most appropriate procedure can be offered to each individual patient. Please contact your local center director for information regarding this exciting refractive surgery option.



Vidian ICL Launched at TLC

If this trend was not disturbing enough, apply this concept to your local ophthalmology group that is providing primary care and has added a dispensary. The same patients that you refer, in addition to those generated by word of mouth and advertising, may be assimilated permanently into these practices never to be seen by you again or at all for that matter. This phenomenon has been seen many times over and leaves us all to wonder about our patients whom seem to be "lost to follow up". No matter what your mode of optometric practice, the fact that more and more ophthalmology practices are adding dispensaries to their offices is concerning. For the private practice optometrist the concern is obvious, the more competition for your patients the higher the risk to your practice. As an employed optometrist the concerns are equally disturbing. If ophthalmology continues their initiative as the "go to" profession for all eye care needs were does that leave you?

It is critical for your practice and for the future of optometry as a profession to research your referral sources. Are your resources aggressively marketing to the public? Does your local ophthalmologist support anti-optometry efforts through their financial support? Does he or she have a dispensary that will serve as a draw for are useful or even necessary in the primary care setting.

With eye care becoming more and more technology oriented, it can be very difficult to decide which devices are useful or even necessary in the primary care setting.

Word on the Street



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Consultative Optometrist



Continued from page 1

With the ground breaking findings contained in the Ocular Hypertension Treatment Study (OHTS), it would be almost impossible to argue against having a pachymeter in your office no matter what your mode of practice. Corneal thickness has been shown to be an independent variable for the development of glaucoma. For all intra ocular pressure ranges, patients with thinner corneas have been shown to be at higher risk for glaucoma conversion. Knowing a patient's pachymetry measurements also helps determine if their intraocular pressure is being measured artificially high or low. Thinner corneas have higher than measured intra ocular pressure and thicker corneal have lower than measured pressures. Outside of glaucoma risk evaluation, pachymetry is useful in answering the daily question "Can I have laser treatment?" Depending on refractive error, corneal thickness is critical in determining candidacy for LASIK surgery given corneal bed requirements after flap creation (see Visian ICL Launched at TLC).

Should you be performing pachymetry? The answer is a resounding YES. Whether you are treating glaucoma in your office or not, you need to get a sense of what your patient's risk factors are in order to guide referrals. The cost of acquiring this technology is minimal and it is an easy to perform. There are many pachymeters available with different features and portability. Keep in mind the DGH 550 (Pachette 2) was used in the OHTS and should be considered the standard.

TECNIS Provides Performance Benefits

When your cataract patients are cared for at OMNI, they not only receiving the most modern in surgical technique but are implanted with the most technologically advanced intra ocular lens. The TECNIS intraocular lens is the first IOL to be designed using wave front technology. The implant's aspheric surface significantly reduces the spherical aberrations created by the cornea; much the same way the natural crystalline lens does. As a result, this lens design is the first and only to be FDA approved to improve "Functional Vision". Functional vision describes the ability to see clearly while performing daily activities in varying levels of light. Controlled clinical studies using a night driving simulator have shown a safety benefit to elderly drivers implanted with

Anyone who has experienced the discomfort associated with an ocular process can attest to the severity and emotional distress such pain can produce. Traditionally, patients in our practices have been managed with topical pain medications however, with the signing of A-2825, optometrists will now be certified to prescribe oral analgesics. Specifically, the law states drugs of class III or IV controlled substance schedule of class III or IV may be prescribed by optometrists. Here we will focus on the management of ocular pain with narcotic analgesics within these two classifications.

Ocular pain originates from peripheral nerve endings known as nociceptors. External stimulation and /or internal stimulation by chemical mediators activate nociceptors resulting in pain signals to be conveyed through the trigeminal nerve to the opposite side of the brain. Ultimately, these signals reach the somatosensory cortical areas of the brain where pain is perceived and localized. Pain derived from the cornea can be severe and is easily attributed to a particular region due to its rich innervation. The same characteristics are true of the conjunctival but to a lesser degree. Pain signals originating from the uveal tract tend to be diffuse and non specific due to its sparse innervation.

Narcotic analgesics, also known as opiates or opioids, encompass a group of compounds with morphine like effects. These drugs bind to various opioid receptors in the brain, brain stem and spinal cord allowing for reduction of both the sensation of pain as well as the emotional distress it can generate. The federal government has classified these drugs according to their potential for physical and psychological dependence. Class I substances are compounds with very high potential for abuse which have no medicinal

Oral Pharmaceutical Forum

Ocular pain management with Opioid Analgesics

the TECNIS lens. Although the financial cost to our practice for providing this implant lens is higher when compared to standard implant lenses, we feel the benefits the TECNIS provides to your patients are worth the increased overhead. "Your patients have one chance for a successful surgical outcome. I take that responsibility very seriously and feel the TECNIS implant provides superior optical performance"-Douglas Grayson, MD.



Retinal Observation

Blunt trauma with a tree branch to the right eye producing a superior retinal dialysis. Notice the retinal tissue superiorly which has been

applications, these are illegal drugs. Class II medicinal applications. An example of a class II medication would be Oxycodone. Classes III, IV and V have less and less potential for abuse. As optometrists, the two most useful opioid analgesics we will most likely find the need to prescribe would be Codeine a class III medication and Propoxyphene which is a class IV medication. Codeine is perhaps one of the most commonly prescribed oral narcotic analgesics prescribed in the United States. Codeine is often administered in combination with acetaminophen and produces an analgesic effect within 20 minutes peaking after 1-2 hours. Codeine is known to have a ceiling effect which means with higher and higher doses no additional analgesia will be obtained. Formulations of Codeine include Tylenol III and Tylenol IV. Both formulations contain 300mg of Acetaminophen with either 30 mg or 60mg of Codeine respectively. Propoxyphene is a weak opioid with marked sedative properties. It is best reserved for mild to moderate rather than severe pain. Propoxyphene is available as a hydrochloride (Darvon) or napsylate salt (Darvon-N). The napsylate form is more easily absorbed from the GI tract. In addition propoxyphene napsylate is available in combination with Acetaminophen 650mg (Darvocet-N 100) which is more effective than propoxyphene napsylate alone.

Potential side effects of opioids includes drowsiness, dizziness and blurred vision which are additive to the effects of alcohol and barbiturates. Drug induces nausea, vomiting and constipation can also occur. The most serious side effect is respiratory depression. As a result, opioids are generally contraindicated in patients with preexisting airway compromise such as chronic obstructive pulmonary disease.

disinserted from the pars plana, tented and folded over upon itself. The patient's vision measured 20/20 but complained of a shadow in the inferior field of vision. As this case demonstrates, dilation of the pupil and a full peripheral retinal exam is mandatory in all cases of trauma.

Omni Docs at Opening Eyes Program

The Special Olympics / Lyons Clubs International Opening Eyes Program took place over the weekend of June 3rd this year at the College of New Jersey in Trenton. Over fifteen optometrists took part in the program screening over 300 athletes. **Dr. Joseph Napolitano, Omni's pediatric and strabismus surgeon** was the only ophthalmologists to take part in the event. In addition, Drs. Carly Crapanzano and David Paden, Omni's 2006 residents, volunteered their time to take part in this important event. Each of the 300 athletes had their near and distance acuity measured. Cover testing, color vision, stereopsis, autorefraction, slit lamp exams, air puff pressures and ophthalmoscopy were also performed. Retinoscopy and refractions were reserved for those failing elements of the screening. Over 130 prescriptions for corrective eye wear were given during the event.

The Opening Eyes program has four major goals according to the program's New Jersey director, Dr. Bruce Meyer. To provide eye care to an underserved population, to allow practitioners to gain experience with special needs patients, to put these patients in contact with providers able to provide them with future care, and finally to add to the current global database of eye findings within the special needs population for research purposes. Thank you to all who were involved in this noble cause. If you are interested in getting involved with next years program please contact Dr. Bruce Meyer at MeYereyEsI@aol.com.

Omni Center Directors Present at AOA Congress

Omni is pleased that three of our staff optometrists have presented lectures during the educational program at this years American Optometric Association Congress in Las Vegas. Dr. Quinn, Dr. Mastrotta and Dr. Marcolini all gave lectures on important topics relating to eye disease and Comanagement. It is through your support that we are able to offer continuing education to the profession of optometry.



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Disorder Surgery

Pediatric Ophthalmology, Strabismus & Adult Motility

Mitchell Vogel, M.D., F.A.C.S.

Martin L. Fox, M.D., F.A.C.S.

Surgery

Corneal Disease & Refractive

James P. Millite, M.D.

Oculoplastic & Reconstructive

Burton J. Wisotzky, M.D.

Retina & Vitreous Surgery

Douglas K. Grayson, M.D., F.A.C.S.

Glaucoma & Cataract Surgery

Douglas K. Grayson, M.D., F.A.C.S.

Subspecialists

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