



Michael Veliky Elected NJSOP President

All of us at Omni are proud to have Dr. Michael Veliky elected as the next NJSOP president. Dr. Veliky was elected president during the November 8th NJSOP general membership meeting. Committed leadership with fresh ideas coupled with a love of the profession is what it takes to continue the legacy and expand the scope of optometry in New Jersey. Dr. Veliky should be commended for devoting his time and energy for the good of optometry. We ask that optometrists state wide take Dr. Veliky's lead and support your profession by becoming AOA and NJSOP members in addition to supporting the PAC.



Marcolini Published in Optometric Management

The October 2006 issue of Optometric Management contains the feature article "How to Manage Uveitis, A Complete Guide From Diagnosis to Treatment to Follow-up Care," authored by Omni's consultative optometrist Dr. William Marcolini. In Dr. Marcolini's review article, he discusses many important aspects of this potentially destructive process. Patient's symptoms, clinical evaluation, diagnosis and classification, in addition to medical testing and treatment options, were discussed. Uveitis is a complex process for any eye care professional to manage. Dr. Marcolini's piece provides a framework to ensure the proper care of this challenging group of patients.

The Observer

W I N T E R 2 0 0 6 E X T E N D T H E P O W E R O F Y O U R P R A C T I C E

Omni's 20th Year Comes To An End ... Are Things Different For Optometry?

As we complete our 20th year serving Optometry in New Jersey, I wanted to take this opportunity to thank all of you who have supported Omni over the years. We appreciate your continued support and as I promised you twenty years ago, our existence continues to rely on your belief in our philosophy and continued support.

So much has changed for optometry during the past twenty years. Optometrists are now Medicare providers, we have passed two scope of practice enhancements, we are integral providers of our patient's post-operative care, and we have made strong gains in providing medical eye care for our patients covered by managed care plans. Some things however have not changed. Ophthalmology has not accepted, and continues to fight us in our role as primary eye care providers.

Recently, I was asked to participate in a global strategic advisory meeting for a large ophthalmic medical device manufacturer. I was the only optometrist in the room with over a dozen of some of the most prominent ophthalmologists from around the world. During the discussion, one of the ophthalmologists turned to me and asked, "Why would an optometrist want to have a patient returned to them who had undergone cataract surgery with a multifocal lens implant and has 20/30 vision at distance and J1 at near without correction?" There was an awkward silence in the room before I answered. The implication of the question was clear, the only reason an optometrist would want to see a patient was to sell them a pair of glasses. I was taken aback by the question since the answer seemed so obvious.

I told him that the patient should return to their optometrist because it was the optometrist's patient to begin with. I also let him know that once the services he had been requested to provide had been rendered, the patient would best be served by having their continued care provided by their optometrist. What I wanted to say was that he had no idea what the profession of optometry was about. I also didn't tell him that after he had extracted every high value service he could provide, optometry was the profession that actually cared about the patient attached to the eyeball. His question only reinforces how the average ophthalmologist stands in such stark contrast to the mission and goals of Omni.

Optometry is the profession that advocates children get a comprehensive eye examination prior to entering school because we know screenings miss a lot of kids with amblyopia and other visual disorders. Optometry is the profession that takes the time to diagnose and then explain to patients with Dry Eye and Blepharitis how to care for these conditions. Optometry is the profession that explains to the patient with 3 diopters of anisometropia following cataract surgery why they may need to wear a contact lens even though the surgeon told them everything was fine because their acuity is 20/20. Optometry is the profession that cares for the patient with macular degeneration and offers low vision aids when the retinal surgeon has said nothing else can be done. Optometry is the profession that understands that children with binocular vision problems can benefit from vision training even when the ophthalmologist tells the parents there is nothing wrong with the child. Optometry is the profession that carefully explains to the 12 diopter myope that he/she may not be the best refractive surgery candidate, despite the TV ads suggesting they are. Optometry is the profession that takes the time to explain to the diabetic patient the importance of blood sugar control in helping prevent retinopathy. Optometry is the profession that will advise the patient with mild cataracts and no symptoms that they don't really need cataract surgery while not disparaging the surgeon who has recommended it. Optometry is the profession that will take the time to explain to a patient how to properly administer eye drops to treat their glaucoma. Optometry is the profession that takes care of the indigent patients or those with only Medicaid coverage.

I have tremendous respect for our colleagues in ophthalmology, but I know in my heart that with rare exception the respect is not mutual. Although there are many ophthalmologists who care deeply about their patients, most of them do not care about you or our profession. The advancement of our profession has been my passionate pursuit, and has been made possible by your support of Omni through patient referrals. With your continued support, we will continue to provide your patients with the highest quality medical and surgical care. We will also continue to support our profession and provide you with the respect that you have earned and deserve.

Christopher Quinn, O.D., F.A.A.O.

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Take full advantage of all we have to offer!

2007 CONTINUING EDUCATION SCHEDULE - 1st Quarter

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 ext. 13, or elaines@omnieyeservices.com to register. Please check our website for updates on next year's schedule - www.omnieyeservices.com.

<p>January 16th Tuesday Rochelle Park Office 6:00-8:00 pm</p>	<p>Disease & Tumors of the Orbit James Milite, M.D. 2 TPA</p>	<p>March 22nd Thursday Iselin Office 6:00-8:00 pm</p>	<p>Anterior/Posterior Segment Grand Rounds-Part I Manan Shah, M.D. 2 TPA</p>
<p>February 27th Tuesday Iselin Office 6:00-8:00 pm</p>	<p>Interesting Surgical Outcomes Douglas K. Grayson, M.D., F.A.C.S. 2 TPA</p>	<p>March 28th Wednesday Parsippany Office 6:00-8:00 pm</p>	<p>Strabismus Joseph Napolitano, M.D. 2 TPA</p>

Please check out our newly designed website!
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Co-Management Update

As reported in our last edition of the Observer, The New Jersey Board of Medical Examiners has considered a regulation that would all but eliminate co-management by physicians. As of this publication, the regulation was voted on and accepted by the board of medical examiners and will begin the processes of becoming a rule that must be followed by NJ licensed physicians. Ophthalmology has once again engaged in an effort to restrict the co-management of post-surgical care. We will continue to fight for your right to provide this care to your patients.

Word On The Street

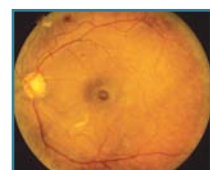
"I am seeing more and more patients implanted with multifocal IOLs. Do you have any advice on refracting ReZoom multifocal patients?"

The ophthalmic literature has been inundated with the latest in multifocal and accommodative intraocular lens options for the cataract patient. Everything from IOL design to selection to implantation has been discussed. For the primary care optometrist, these topics are useful when it comes to discussing options with our patients in preparation for surgery. But what happens to patients after surgery when it's time to fit them with refractive aids to round out their visual needs? These lenses do in fact offer far better visual range when compared to standard monofocal IOLs, but they do not offer freedom from refractive aids 100% of the time. This brings use to the question of how to obtain an accurate refraction for a patient who has been implanted with a ReZoom multifocal IOL.

The first thing to be aware of is that auto refraction will generally over minus these patients by up to 2.5 diopters because the near zone can be inadvertently measured. When performing retinoscopy, expect a slightly hazy reflex with a scissor effect. During the subjective refraction, it is critical to push maximum plus and use moderate room illumination. This will help limit the near zone's effect by constricting the pupil. When the final refraction is reached, the room lights should be dimmed and the duochrome test should be utilized to ensure the patient is neither over plused or minused. Present the 20/60 or 20/70 line through the red green filter. Ask the patient which side of the line is blacker, sharper and more distinct, the red or green. If the patient

answers "green," the patient is over minused and 0.25 diopter should be added in the plus direction until the response is equal. If the patient answers "red," the patient is over plused and 0.25 diopter should be added in the minus direction until the response is equal. Finally, double check the best acuity to be sure the patient can read the 20/20 line. If they can't see 20/20, reintroduce a 0.25 diopter of minus. If they can now read 20/20, prescribe the extra minus. If it makes no difference, don't prescribe the extra minus.

Retinal Observation



This is the left eye of a diabetic patient presenting with a central scotoma. Notice the perfectly round dark lesion in the macula region with surrounding sub

retinal fluid. In addition, notice the multiple fluffy white lesions in the fundus grounds. This patient has a stage 3 or full thickness macular hole as well as cotton wool spots related to retinal ischemia. The etiology of the macular hole is most likely due to tangential vitreous traction. The ischemia is likely due to the fact that the patient is diabetic.

Oral Pharmaceutical Forum

Treating intraocular pressure with oral carbonic anhydrase inhibitors

Over the past fifteen years, many new topical glaucoma drugs have become available to aid in the control of intra ocular pressure (IOP). There are occasions, however, when topical medications alone aren't enough. Acute angle closure, traumatic injuries involving a hyphema, as well as neovascular and uveitic glaucoma, are just a few examples of situations where systemic medications may need to be implemented to control pressure. In this edition of Oral Pharmaceutical Forum, we will be discussing the use of oral carbonic anhydrase inhibitors to control IOP. Specifically, we will review the administration of Acetazolamide.

Acetazolamide (Diamox) is a nonbacteriostatic sulfonamide that is a potent carbonic anhydrase inhibitor. It is primarily utilized to control fluid secretion in the eye, to promote diuresis in instances of abnormal fluid retention,



and to treat certain convulsive disorders. Since Acetazolamide is a sulfonamide derivative, patients with known sulfa hypersensitivity should not be prescribed this drug. Acetazolamide is available in 500mg sustained release capsules and 125mg or 250mg tablets. The recommended dosage is one 500mg capsule two times a day, usually one in the morning and one at night. If the sustained release capsule fails to control IOP, the tablet form can be used with a more frequent dosage schedule. Depending on the case in question, one 250mg tablet may be taken every four hours. In other situations, it may be useful to give an initial dose of 500mg followed by 250 or 125mg every four hours. Potential adverse reactions to Acetazolamide include loss of appetite, confusion, headache, nausea, drowsiness, paraesthesia (numbness, tingling of extremities), tinnitus, kidney stones (with long term use), and metabolic acidosis.

Iselin Expansion on Track

In order to better serve your patients, we have undertaken an expansion project in our Iselin office. The pleasing modern décor will ensure your patients are comfortable and feel at ease during their visit with our specialists. New exam rooms are available to deliver the highest level of eye care in the most efficient manner. The center has been fully equipped with the most modern diagnostic and surgical equipment. Exam lanes now contain LCD flat panel eye charts. Visual field equipment has been expanded to include both the Humphrey Visual Field Analyzer as well as the Octopus 311. An Optical Coherence Tomograph (OCT) and Heidelberg Retinal Tomograph (HRT), in addition to digital slit lamp and fundus cameras, are all on hand to meet your patient's imaging needs. The Carl Zeiss IOLMaster, in addition to an AccuSonic biometer with immersion capabilities, will ensure accurate intra ocular lens calculations. Multiple procedure rooms are also available for in office laser treatments, minor anterior segment and oculoplastic surgery, as well as a variety of retinal procedures.

Please feel free to come by to visit our new center. Contact our Iselin Center Director, Dr. George Veliky, to arrange a time to stop in. We would love to see you and show you around!

Grayson Member of AAO Expert Panel



During the recent American Academy of Ophthalmology meeting in Las Vegas, Nevada, Dr. Douglas Grayson was asked to join two other prominent cataract surgeons and take part in an expert panel discussion regarding their experiences with the ReZoom multifocal intra ocular lens. Having implanted over 1200 of these lenses, Dr. Grayson's comments were eagerly awaited by the program's attendees. During his discussion, Dr. Grayson reviewed his criteria for patient selection, managing corneal astigmatism, and approaches to postoperative enhancements. Most impressive were the percentage of patients obtaining spectacle independence with the ReZoom IOL. All three surgeons presented data with regard to their postoperative outcomes. The percentage of patients achieving spectacle independence with the ReZoom IOL is somewhere between 85-95%. With feedback such as this, you should be comfortable recommending the ReZoom implant lens as an option for your patients with cataracts seeking spectacle independence. You should also be confident with Omni's cataract surgeon Douglas Grayson, MD and his abilities to care for your patients seeking this new technology.

Manan Shah, M.D. Joins Omni's Corneal Service

With the recent outbreaks and perhaps increased incidence of fungal and Acanthamoeba keratitis, Omni has taken a proactive approach to assist you in protecting and treating your patients with complex corneal diseases. Dr. Manan Shah has joined our group to provide your practice with medical and surgical corneal care. Dr. Shah is a graduate of the Georgetown University School of Medicine and completed his residency in ophthalmology at Loyola University Medical Center. His corneal and refractive surgery fellowship was completed at the world renowned University of Cincinnati/Cincinnati Eye Institute. Dr. Shah will be rotating through all of our centers, and is available for corneal and cataract consultations by appointment.



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