2007 CONTINUING EDUCATION SCHEDULE

February 27th
Iselin Office
6:00-8:00 pm

March 22nd
Thursday
Iselin Office
6:00-8:00 pm

March 28th
Wednesday
Parsippany Office
6:00-8:00 pm

Interested Surgical Outcomes

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

How to Manage the Patient with
Dr. Douglas K. Grayson, M.D.
2 TPA

Anterior/Posterior Segment

Grand Rounds-Part I

Manan Shah, M.D.
2 TPA

Strabismus

Joseph Napoli, M.D.
2 TPA

May 22nd
Tuesday
Iselin Office
6:00-8:00 pm

Anterior/Posterior Segment - Part II

George Velicky, O.D.
2 TPA

May 31st
Thursday
Parsippany Office
6:00-8:00 pm

Anterior Segment Grand Rounds

Manan Shah, M.D.
2 TPA

April 10th
Tuesday
Springfield Office
6:00-8:00 pm

How to Manage the Patient with

Frank Busciero, O.D.
2 TPA

Double Vision & Other

Neurological Problems


A Patient’s Testimonial . . . From Your Perspective

I began to experience blurred vision some two years ago. I had been mildly myopic, and eventually found that I no longer needed my correction for distance. My vision continued to decline, and I thought perhaps that I had a shift in refraction or dry eye. I was examined by my partner, Dr. Kelly Gelh, who diagnosed me with posterior subcapsular cataracts. Needless to say, I was shocked and couldn’t believe that this was happening to me, a therapeutic optometrist.

I continued to monitor my vision over the next several months, and was committed to “waiting it out,” and wanted to avoid surgery until absolutely necessary. In the mean time, I researched in new developments in intraocular lens implantation and attended several lectures regarding CrystaLens, ReSTOR, and ReZoom specialty intraocular lenses. As my vision continued to deteriorate, I ultimately decided to visit Dr. George Velicky, Center Director at Omni Eye Services in Iselin, New Jersey, to discuss my diagnosis, treatment, and IOL options. Dr. Gelh and I have been staunch supporters of Omni for years, dating back to my own personal internship with Dr. Chris Quinn in 1988. We have referred countless patients to Omni for evaluation and treatment, and have always had them return very satisfied. I also knew that Dr. Grayson had implanted some 1,500 eyes with multifocal IOL’s and that he was a top notch surgeon.

I arrived at the Omni Eye Services Surgical Center with some apprehension, but also with excitement – I would finally regain the great visual acuity that I had once experienced. I was warmly greeted upon my arrival and received VIP treatment. The staff was courteous, knowledgeable, and efficient. I noticed that they performed equally well for every patient at the facility.

Now that the oral pharmaceutical regulations have been adopted, New Jersey optometrists have joined the ranks of those in other select states as having one of the most comprehensive therapeutic privileges in the country. As we all eagerly begin preparations for oral pharmaceutical certification and take one more step toward practicing to our full potential, we must not forget the battles that we have fought to bring us to this milestone. As the years go by, there is the danger of taking our therapeutic privileges for granted. Younger optometrists in particular must keep our history in mind and carry the torch to safeguard our profession. Remember, there was a time when diagnostic pharmaceuticals were the “Holy Grail” for optometrists. Also recall it was only 1992 when topical therapeutic legislation first passed in New Jersey. Considering there are optometrists in this country that still cannot use topical steroids or glaucoma medications; we are very fortunate to be so supported and organized here in New Jersey.

We should all acknowledge and support the organizations and individuals who have been instrumental in making optometry the primary eye care profession it is today. Omni has been proud to stand with the New Jersey Society of Optometric Physicians along with its local societies, and the American Optometric Association in helping achieve these important milestones in the expansion of our profession. Each of these organizations exists to serve you, your patients and the profession of optometry. Thanks are due to the many individual optometrists who tirelessly volunteer time from their practices and families to serve their profession, and of course to all those working hard at the grass roots level serving their local optometric societies. We ask that you also remember Dr. Douglas Grayson, Medical Director and Chief of Cataract and Glaucoma at Omni, who has stood by in support of scope expansions for optometry. He was the only ophthalmologist in the state to testify in support of the oral pharmaceutical scope expansion. We must all remember to stand by him as he harbors the burden of being the focus of extensive criticism and attack by both his colleagues and select ophthalmic corporations due to his unwavering support of optometry. Good luck to all of you and congratulations on this important accomplishment!
Consultative Optometrist
Carly Crapanzano

With the oral pharmaceutical legislation passed and certification upon us, we hope you have found this forum to be useful. Since the onset of the Oral Pharmaceutical Forum, we have covered topics in relation to specific eye diseases.

Allison LaFata

Our expansion of scope will allow us to manage our patients in the way we were trained. However, with scope expansion comes the concept of drug side effects. Covalent bonds are formed when two atoms share an electron and are the strongest and most stable of all the attractions. Ionic bonds are electrostatic attractions between two oppositely charged ions. Hydrogen and Van der Waal’s bonds are much weaker forces but are none the less important in maintaining tertiary structure of molecules and serve to reinforce receptor/drug combinations.

Drs. Christopher Quinn, Douglas Grayson, and William Marcolini will all be presenting at this year’s SECO International meeting. Dr. Quinn will be present some of the most interesting cases that have been referred to our practice under the title “Mysteries of the Unexplained.” Dr. Grayson will take center stage during the main program, with Dr. Quinn and Dr. Paul Ajaimian to discuss current controversies in glaucoma management. Dr. Grayson will also be discussing advances in IOL technology. His presentation will focus on the counseling of patients seeking cataract surgery, IOL technology currently available, and new technology in development. Here at Omni we recognize that none of these discussions would be possible without the support of our referring doctors. Thank you for allowing us to care for your patients and to share your challenging cases with your colleagues!

Dr. Grayson To Travel To Canada

Advanced Medical Optics (AMO) has invited Dr. Grayson to attend the Whistler Refractive IOL Invitational Summit. The summit will consist of ten faculty members, all with substantial ReZoom IOL experience. During the summit, Dr. Grayson will serve as a moderator during select educational sessions. Attendance is by invitation only and open to high volume surgeons from across Canada who are new to ReZoom implant lens. Subject matter will focus on both the clinical and practice management aspects of the ReZoom multifocal IOL.

Dr. Manan Shah is available in all of our centers for corneal consultation. As are all of our specialists, Dr. Shah is fellowship trained in his field and is eager to speak with you regarding any corneal problem you may encounter. Feel free to contact the center closest to you for Dr. Shah’s availability.

Continued from page 1

and assisted several elderly patients who were not 100% ambulatory. The center was spacious and state of the art with modern decor. The nurses, technicians and anesthetist explained what they were doing and how I might feel during every step. The procedure was completed in about 5 minutes, and I was escorted to the recovery area. Dr. Grayson came in to check on all of his patients and greeted me personally. He reassured all of us that our procedures had gone well. Staff members then proceeded to carefully review post-operative instructions and medications with each of us. My experience with the second eye was just as gratifying.

The results of my surgery with the ReZoom multifocal IOL have far exceeded my expectations. My vision is excellent, measuring 20/20 OD and 20/25 OS. My near vision is J1 unaided. I use no correction and continue to see subjective improvement every day. Neuro-adaptation to the multifocal IOL plays a big part in subjective visual recovery and did take time. The only disadvantage I can notice is the perception of halos around lights at night which seems to be becoming less noticeable as time goes on. I truly am astonished at the results and am grateful to Dr. Grayson for restoring my vision to what it once was. As practitioners, we often make recommendations to our patients without personally experiencing what their treatment involves, what the outcome will be or how they may tolerate the experience. I can assure you that your patients will receive the highest level of care with the experienced surgeons and staff at Omni. Your patients will be eternally grateful to you for your recommendation and will enjoy the resulting improvement in their vision and quality of life. I should know better than anyone!

Word On The Street

“The advent of the oral pharmaceutical certification, do you have recommendations for a good source to use as a drug reference in my office?”

This is certainly an exciting time for optometrists in New Jersey. Our expansion of scope will allow us to manage our patients in the way we were trained. However, with scope expansion comes more responsibility. The proper choice of drug, it’s dose, as well as the potential for side effects must be realized by the prescribing physician. In addition, the clinician should have a working understanding of the mechanism of action behind the drug being prescribed. An excellent drug reference is, of course, the Physician’s Desk Reference (PDR). Although some might use it, it provides detailed information regarding dose schedules, side effects, interactions, as well as the chemical structure of the drug and safety profile if considering prescribing to a pregnant or lactating woman. The PDR is organized by both chemical and brand name as well as by drug class. There is a section with color photos of a multitude of drugs for identification purposes. The PDR is also available as a download for your handheld device. The PDR.net to download mobile PDR. The internet has excellent sources for drug references. Sites such as Medscape.com have nice drug reference resources. With regards to a reference devoted to the treatment of eye conditions with systemic medications, any general oculist disease text should suffice. Just be sure your text is up to date edition. Treatment protocols are constantly changing to reflect the most current evidence medicine.

Retinal Observation

This is the presentation of a 35 year old female with acute vision loss in her right eye. Her vision measures finger counting at a foot in the right eye and 20/20 in the left eye. There is an apparent papillary defect present in the right eye. The optic nerve of the right eye is swollen and accompanied by nerve fiber layer hemorhages. The veins are slightly engorged and there are dot blot hemorrhages superior to the macula. The knee jerk reaction is that this young woman has optic neuritis, but the fact that her blood pressure was 150/100 can not be ignored. This young woman was referred to the emergency room for blood pressure management, a medical work up, and neuro-imaging. Her MRI was normal, her blood pressure was treated, and after we placed her on a short course of oral prednisone, she regained 20/30 visual acuity.

Oral Pharmaceutical Forum

With the oral pharmaceutical legislation passed and certification upon us, we hope you have found this forum to be useful as a guide in preparing for your expanded scope of practice. Since the onset of the Oral Pharmaceutical Forum, we have covered topics in relation to specific eye diseases that may require treatment with systemic medications. In this installment we will very briefly introduce some general pharmacology principles, specifically, the mechanism of drug action.

Receptors are molecules in tissue that need to come in contact with a drug and combine with that drug to generate a response. This combination can occur in a number of ways. Covalent bonds are formed when two atoms share an electron and are the strongest and most stable of all the attractions. Ionic bonds are electrostatic attractions between two oppositely charged ions. Hydrogen and Van der Waal’s bonds are much weaker forces but are none the less important in maintaining tertiary structure of molecules and serve to reinforce receptor/drug combinations.

With the understanding of drug/receptor interactions comes the concept of the dose response curve. The biologic effect of a drug is a function of the amount of drug administered, and these responses tend to be graded. For many drugs, as their dose is increased, an increased in the biologic response is elicited. However, there is a limit to the response generated which is limited by the number of receptors available for interaction. Also of note is that the dose response curve for a specific drug is variable from individual to individual. Factors affecting one’s response to a specific drug include the presence of substances that compete for the same receptors (antagonism), the absorption and distribution of the drug, its metabolism, and finally its excretion. Remember, a patient’s age, sex, or health, as well as the co-administration of other substances such as alcohol, and even the presence of food in the gastrointestinal tract all can dramatically alter the response generated by a drug delivered orally.

Omni’s Plans For SECO International

Dr. Christopher Quinn, Douglas Grayson, and William Marcolini will all be presenting at this year’s SECO International conference to be held in Atlanta, Georgia. SECO traditionally has been an excellent conference attracting many of the biggest names in the fields of optometry and ophthalmology. Drs. Quinn and Marcolini will be discussing the contemporary diagnosis and treatment of corneal conditions. In addition, they will be presenting some of the most interesting cases that have been referred to our practice under the title “Mysteries of the Unexplained.” Dr. Grayson will take center stage during the main program, with Dr. Quinn and Dr. Paul Ajaimian to discuss current controversies in glaucoma management. Dr. Grayson will also be discussing advances in IOL technology. His presentation will focus on the counseling of patients seeking cataract surgery, IOL technology currently available, and new technology in development. Here at Omni we recognize that none of these discussions would be possible without the support of our referring doctors. Thank you for allowing us to care for your patients and to share your challenging cases with your colleagues!