

OPHTHALMOLOGY NEWS CONNECTION



Bruce S. Bleiman, MD

Lauren J. Shatz, MD

Raymond G. Magauran, MD

Raymond E. Hubbe, MD

David R. Shield, MD

Eye Physicians of Northampton is committed to constantly improving communication with our co-managing partners. In co-management, our common goal is to provide the best surgical outcomes and post-op care for our patients. We are happy to introduce our newsletter that is written to update our co-management partners with new clinical and surgical techniques.

CE EVENT

RSVP for Our 2 Hour COPE Approved CE Meeting on September 26th!

Update on Minimally Invasive Glaucoma Surgery (MIGS) & Update on Astigmatism Correction

Wednesday, September 26, 2018, 7:00p-9:00p

Mulino's Italian Restaurant

41 Strong Ave, Northampton, MA 01060

Cocktails and Dinner will be provided

Kindly RSVP today to NorthamptonEye2020@gmail.com or fax to 682-831-0903

SURGICAL OPTIONS FOR ASTIGMATISM CORRECTION IN CATARACT PATIENTS

A recent study of 4,540 eyes of 2,415 patients showed that corneal astigmatism was present in the majority of patients undergoing cataract surgery, with at least 1.50 D measured in 22.2% of study eyes. Approximately 38% of eyes undergoing cataract surgery have at least 1.00 D of preexisting corneal astigmatism, and 72% of patients have 0.50 D or more. For good uncorrected distance vision, we surgeons must achieve a refractive result of less than 0.75 D of astigmatism. In truth, we want to get that amount as close to zero as possible.

Studies have shown that astigmatism of as little as 0.50 D can reduce visual acuity by 1 line and that its impact on dynamic, functional visual acuity and low-contrast acuity is even greater. Our goal is to reduce or eliminate their need for bifocals or readers after cataract surgery, Eye Physicians of Northampton offers an array of surgical options.

For patients that have less than 1.25 diopters of corneal astigmatism, a LRI is usually the best option. The incision is along the steep axis of astigmatism, with its depth and length determined by the amount of astigmatism to be treated; a longer (up to 90 degrees) and deeper cut, closest to visual axis, leads to greater dioptric flattening. The use of manual limbal relaxing incisions (LRIs), although moderately effective, has been an art form with inherent variability in its predictability.

For patients that have greater than 1.25 diopters of astigmatism, we use a toric IOL. The toric IOLs we use range from 1.25 D to 6 D. Toric IOLs are fantastic and accurate. With less than 3 diopters of corneal cylinder approximately 98% of patients are spectacle

independent. Between 3-6 diopters about 92% are spectacle independent. However, for patients willing to reduce their need for reading glasses, the new Symphony Toric Multifocal has been a warm and welcome solution (available up to 3.00 diopters). This lens allows patients to do most things, most of the time, without the need for glasses. It also gives patients an extended range of focus from far distance up to about 12 inches, which is nice for the patient to not have to hold objects at an exact distance in order to see clearly.

Conclusion

The rewards of correcting low or high cylinder in the cornea are well worth a little extra effort. Postoperatively, these patients are some of the happiest in our practice.



LASIK & THE FAA

A pilot's vision is the most important sense he or she possesses. Their safety, and that of their passengers depends on how well they see. LASIK has been approved for NASA astronauts and military pilots.

Pilots considering LASIK should understand the benefits as well as the risk. We can discuss LASIK with pilots during a personal complimentary LASIK consultation; we can also evaluate patient candidacy. Most patients that have LASIK with us, see 20/20 or better and often have improved contrast sensitivity and night vision.



The FAA expects that a pilot will not resume piloting aircraft until his or her own treating health care professional determines:

- The postoperative condition has stabilized.
- There have been no significant adverse effects or complications.
- The person meets the appropriate FAA vision standards.

If these determinations are favorable and if otherwise qualified, the pilot may immediately resume piloting but must ensure that:

- The treating health care professional documents his or her determinations in the pilot's health care treatment record.
- A copy of that record is immediately forwarded to the Aerospace Medical Certification Division in Oklahoma City.
- A personal copy is retained.

The pilot may continue flight duties unless informed otherwise by the FAA or another disqualifying condition occurs.

EYE PHYSICIANS OF NORTHAMPTON IS PROUD TO WELCOME DR. RAYMOND G. MAGAURAN TO OUR PRACTICE!



Dr. Magauran attended the University of Connecticut Medical School, earning his medical degree in 1989. As a Scholars in Surgery recipient, Dr. Magauran was headed for Orthopedics or Trauma Surgery, until he discovered Ophthalmology. With a penchant for physics, ophthalmology combined medicine and physics in incredible ways. He was hooked. After a year at Hartford Hospital and a year as a general practitioner in East Longmeadow at the Medical Care Center, he headed down the road to ophthalmology.

Dr. Magauran will provide comprehensive ophthalmology, as well as oculoplastic consultations and surgeries including but not limited to:

- Ptosis repair
- Brow lifts
- Blepharoplasty
- Lacrimal surgeries
- Entropion and ectropion repair
- Tarsorrhaphy
- Botox injections for blepharospasm

Dr. Magauran is now seeing patients in our Florence office. We are excited to have him at our practice, and his expertise is a great addition to our Eye Physicians of Northampton family!



40 Main Street, Suite 106
Florence, MA 01062

101 University Drive
Amherst, MA 01002

413-584-6422 • NorthamptonEye.com