



OCB Visions

Winter 2015

A LETTER FROM OCB'S PRESIDENT

Dear OCB Patients, Family Members and Friends,

I want to take this opportunity to wish you all a happy and healthy new year. As you renew your resolutions and commitments to your health, please do not forget your eyes. The best way to detect common eye conditions before they impact your vision is to schedule your annual eye exam.



In this edition of OCB Visions, we focus on Glaucoma awareness and research. OCB is proud to be a part of a clinical trial that is expected to change the way Glaucoma is treated, providing patients with a new minimally invasive procedure to better manage Glaucoma.

Our OCB family of Doctors, Clinical Technicians and Support Team Members hope you feel that we not only treat your eye condition, but also care for you. We place tremendous value on the relationships we develop with you, our patients, and look forward to caring for you and your families in 2015.

Sincerely,

Trexler M. Topping, MD
President
Ophthalmic Consultants of Boston

OCB Eye Specialists Making News

Named "Boston Top Docs 2014", we congratulate:

Bonnie An Henderson, MD

Michael Raizman, MD

Bradford Shingleton, MD

Mitchell Strominger, MD

who appear in *Boston Magazine's* annual guide to best doctors.

The New England Ophthalmological Society held its 25th annual meeting in Boston to share the latest developments in treatment, research and patient care with allied health professionals. **Husam Ansari, MD, PhD, Jeffrey Heier, MD, Daniel O'Connor, MD and Michael Raizman, MD** presented at the December meeting.



CERE is a non-profit foundation that supports projects throughout the world aimed at preserving vision for those in need. Led by OCB physicians, CERE is dedicated to advancing eye care research as well as educating and training future ophthalmologists.

Please visit www.cere-foundation.com for more information or to make a donation.

Tips for Relieving Dry Eye This Winter

The cold of winter is no friend to dry eye. That oh so familiar scratchy, gritty, burning sensation you experience with this condition may be more pronounced when temperatures plunge and indoor heat makes our homes especially dry. Winter dryness speeds up the evaporation of tears that keep our eyes lubricated. But there are steps you can take for extra protection during winter. OCB dry eye specialist Jason Rothman, MD, offers these tips:

Be sure you are using the right drops.

There are multiple types of artificial tear drops sold over the counter. One may have more of an oil component and another may be more water based. What works for you depends on what is missing from your tears.

"A common misconception is that dry eye is simply a lack of tears, and treatment is just supplementing the tears, but that is not always the case," says Dr. Rothman. Normally, the tear film is a complex mixture that

contains two layers, an oily outer layer that seals in and prevents evaporation of the more aqueous inner layer. Inflammation of the oil gland, a main cause of dry eye, compromises the eye's ability to secrete these oils. If you find you need to use your artificial tear drops more than four times a day, it could mean you need to switch to a preservative free artificial tear drop or possibly benefit from a medication drop. Your OCB eye doctor can test for inflammation and prescribe drops that contain a small amount of cyclosporine, which can reduce inflammation.

"We now know that it is not as much about the quantity of tears produced as it is about a change in what the tears are made of or the quality of the tears."

Jason Rothman, MD

Apply a warm compress to your eyes two times a day.

Make a homemade compress by taking a clean thick sock, filling it with rice and then warming the sock in the microwave so it is warm, not hot. Apply it to your closed eyes and the warmth will help reduce the thickness of the oil glands and will allow your eyelid oils

to flow better and protect your tear film.

Use a cold-mist humidifier.

Use a humidifier daily at home and at your workplace to keep the air moist.

Avoid sleeping with your ceiling fan on.

Ceiling fans blow hot dry air down toward your eyes. This is especially irritating to those who do not naturally close their lids completely when they sleep. Your OCB eye doctor can prescribe an ointment to use in the evening that helps with incomplete eye lid closure.

Blink more.

Blinking spreads tears evenly over the surface of your eye.

Take breaks from activities such as TV watching or staring at your phone or computer, which may cause you to blink half as often as normal.

Increase your omega-3 fatty acid intake.

Studies show that consistently eating foods rich in omega-3 fats, such as salmon and other fatty fish, and certain nuts and seeds such as walnuts and flax seeds, help improve dry eye. You could also take a fish or flax seed oil supplement daily.

Minimally Invasive Glaucoma Surgical Procedure

A new minimally invasive procedure that involves placing a tiny implant into the main canal of the eye, helping your eye drain fluid properly, thereby reducing pressure, offers a promising alternative to those who suffer from open-angle glaucoma, the most common form of the disease.

Traditional glaucoma surgery has the possibility of the patient encountering complications, making it a last resort for those patients with glaucoma whose condition does not respond to medicated eye drops or laser treatments.

The new device is called the Hydrus Aqueous Implant and is one of several microsurgical solutions being studied around the country that are expected to eventually change the way glaucoma is treated. OCB is part of a multi-center clinical research trial of the Hydrus Implant and we are enrolling patients who have both a cataract and glaucoma, because the procedure is performed in conjunction with cataract surgery. Once the trial is completed, the Hydrus Implant will be submitted to the U.S. Food and Drug Administration for review and approval.

"The goal is to treat the disease earlier in the patient's lifetime with a safe procedure that has a limited rate of complications so that we can prevent or at least delay the need for traditional glaucoma surgery," says glaucoma specialist Husam Ansari, MD, PhD, who is Principal Investigator for the OCB study site.

In patients with glaucoma, intraocular

pressure increases because the channels that normally drain fluid from the eye become blocked. With the new procedure, the surgeon implants the Hydrus, which is a tiny stent, roughly the size of an eyelash, during cataract surgery.

The surgical procedure is efficient and is expected to lead to fewer complications and shorter recovery period than traditional glaucoma surgery.

"It is our hope that we can reduce eye pressure with this procedure alone," says Dr. Ansari.

OCB is enrolling patients in this study at their Sandwich and Yarmouth locations. To be considered for the study, you must be at least 45 years old, have a cataract as well as glaucoma. If you are interested in participating, please contact Sue Hebb at 508-833-8367.



Husam Ansari, MD, PhD

Medication Reminder

Taking your eye medications as prescribed and seeing your eye doctor as recommended are keys to preserving your eye health and good vision.

Prevent Glaucoma from Stealing Your Vision

Glaucoma has earned a reputation as the “silent thief of vision” because its symptoms are mild and progress slowly in the beginning, gradually stealing your sight without warning. Yet when glaucoma is detected during an eye exam, early intervention and treatment may prevent further vision loss.

“Two percent of the adult population in the United States over age 40 has glaucoma and only half of them know it,” says OCB glaucoma specialist Joshua Ney, MD.



Vision loss occurs with glaucoma because pressure from a buildup of fluid in your eye damages the optic nerve which serves as the pathway between your retina and your brain. This clear fluid, called aqueous humor, normally enables your eye to maintain a constant healthy eye pressure, called intraocular pressure. Much like a sink, in the normal eye the faucet is always on and the drain is always open. In open angle glaucoma, the most common type of

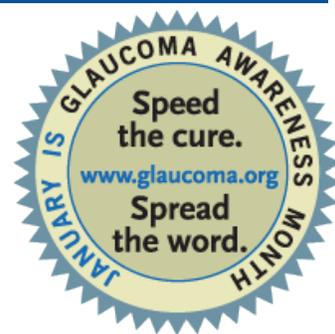
glaucoma, the drain gets clogged.

“With open angle glaucoma, one does not typically feel any pain,” says Dr. Ney. “Vision loss is initially in the periphery, but you may not realize it until the damage is more advanced affecting your central vision. This is when you feel visually impaired.”

Glaucoma is usually detected during an eye exam. It is recommended you have an eye exam every two years if you are over the age of 40 or have a blood relative that has glaucoma. Your risk significantly increases if you have a parent or sibling with glaucoma.

If you have been diagnosed with glaucoma, it is extremely important to follow your doctor’s treatment plan, which usually involves applying medicated eye drops that lower the fluid pressure in your eye. More advanced glaucoma may also be treated by laser, surgery or a combination.

“So many of our patients ask why they need to continue taking their eye drops because they may not feel as though something is wrong,” shares Dr. Ney. “Much like diabetes or high blood pressure, glaucoma is a chronic condition that requires close follow up with your eye doctor and faithful use of your eye drops to prevent vision loss.”



Patient Gateway

OCB’s new patient portal has made communicating with your medical team easy!

Check out Patient Gateway
www.patientgateway.partners.org

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