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MIGS: A New Option To Treat Glaucoma

Minimally invasive glaucoma surgical procedures (MIGS) have been developed to provide patients with a safer alternative to glaucoma surgery and help them to reduce the burden of their medications.

MIGS minimizes the complications associated with traditional glaucoma procedures, such as trabeculectomy, EXPRESS shunts and external tube-shunts. These long-established procedures are effective at lowering eye pressure, but have potential complications. MIGS also accelerates the patient’s recovery time.

“MIGS procedures have been revolutionary

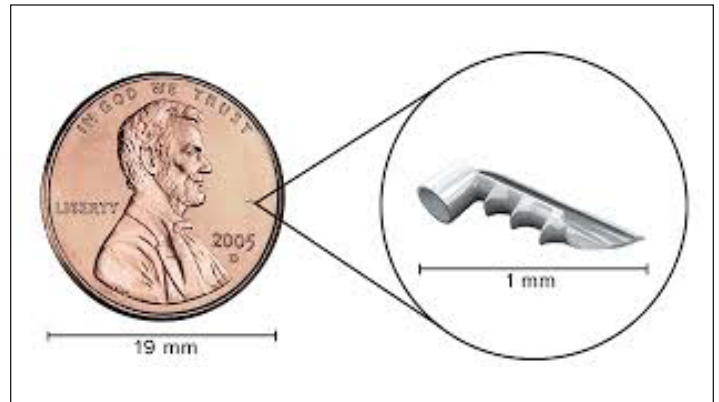
and, within the last few years, have opened up a menu of safer options that we can now offer our patients,” said Ophthalmologist Joshua Ney, MD, an OCB glaucoma specialist.

In patients with the most common type of glaucoma, open-angle glaucoma, intraocular pressure increases because the channels that normally drain fluid from the eye become blocked. Higher than normal pressure can damage the optic nerve, causing irreversible vision loss. In the past, glaucoma surgery was reserved for more severe cases. Now, MIGS can be offered when glaucoma is at a mild stage.

(Continued inside)



OCB Ophthalmologist Joshua Ney, MD, specializes in glaucoma and cataract surgery and practices at OCB’s Plymouth and Cape Cod locations.



The 1mm long iStent (right) is the smallest MIGS device that has been approved by the FDA.



The Center for Eye Research and Education is a non-profit foundation led by OCB physicians that supports projects throughout the world aimed at preserving vision for those in need. To donate, go to: cere-foundation.org



In this Issue: Dr. Rostler retires.

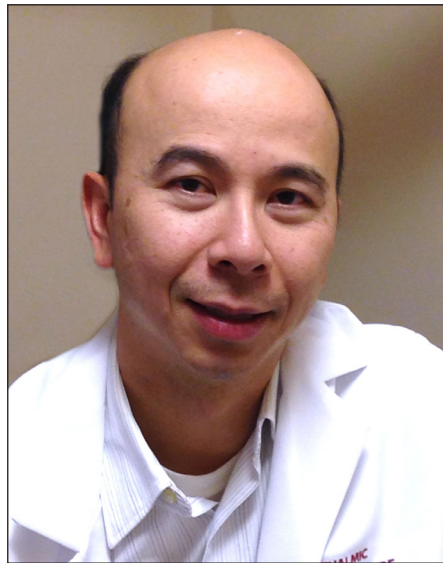
OCB Ophthalmologist Tom Hsu, MD, points out that while MIGS procedures do not cure glaucoma, even when introduced at a mild stage, they enable patients to reduce the number of medicated drops they must use daily to keep their eye pressure under control.

“Many patients have difficulty manipulating the drops properly and they might have as many as three different drops,” says Dr. Hsu. “A patient may have arthritis for example, and the drops require good hand-eye coordination. While patients have the best intentions, on follow up visits we may discover that eye pressure has increased due to difficulties with administering the eye drops. MIGS removes the drops from the equation and, in most cases, eye pressure is well controlled.”

MIGS and Cataract Surgery

Some MIGS procedures are performed during cataract surgery, using the same incisions that are used for the cataract portion of the procedure. These include implantation of tiny stents such as the iStent, which is 1 mm long, or the Cypass Micro-Stent, which is 6 mm, roughly the size of an eyelash.

“Glaucoma patients are well informed and are



OCB
Ophthalmologist
Tom Hsu, MD,
specializes in
glaucoma and
cataract surgery
and sees patients
in Boston,
Cambridge, and
Framingham.

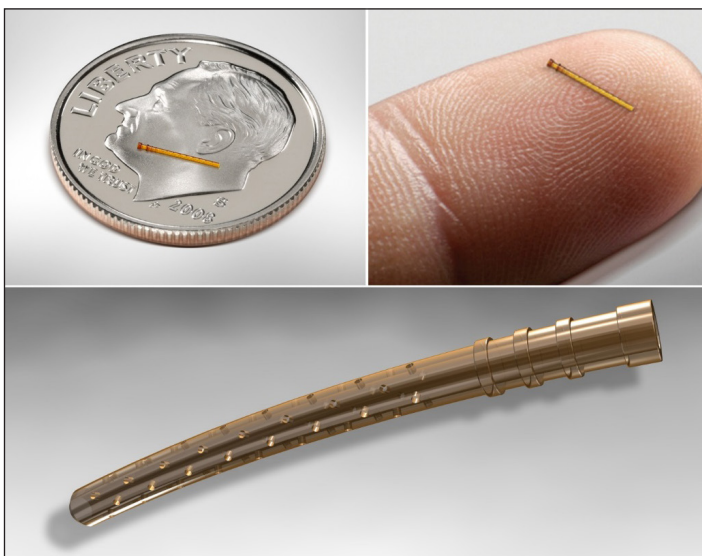
aware of these devices,” says Dr. Ney. “Any patient with glaucoma who is having cataract surgery and taking a minimum of one eye drop will be evaluated to determine if they are a candidate for a MIGS implant. The MIGS procedure does not add any additional risk or recovery time to cataract surgery.”

MIGS without Cataract Surgery

There are also MIGS options for patients with mild glaucoma who are not having cataract surgery and for patients with more severe glaucoma who would normally be a candidate for traditional open-incision glaucoma surgery. For those patients with severe glaucoma, the XEN stent may be an option.

“There are not many ophthalmology groups using the XEN implant because it was approved by the Food and Drug Administration in 2017 and not yet covered by insurance,” said Dr. Ney. “From what I have seen, the XEN effectively controls pressure, without the long recovery time and risks that come with trabeculectomy surgery.”

All of OCB’s glaucoma specialists have experience with MIGS procedures. To learn more, please follow up with your OCB glaucoma specialist at your next visit.



The Cypass Micro-Stent is 6.35 mm long

Having Eye Surgery Close to Home

For 15 years, Gisela, who recently underwent cataract surgery, has enjoyed living in a seaside community on the South Shore, but she never sought medical care in the region.

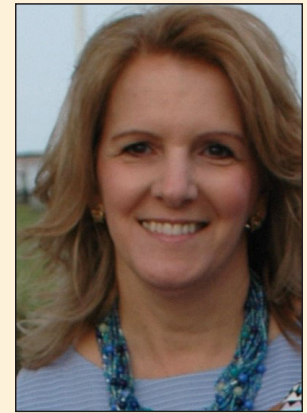
“If one of my kids had so much as an earache, I would drag them to Boston,” she said. “My thinking has always been that when we live so close to world class care, why go anywhere else.”

That guiding principle changed when Gisela’s night vision began to quickly deteriorate to the point that she could no longer see road signs and was afraid to drive past dusk. She learned from her optometrist that changing her prescription glasses or contact lenses was not going to improve her vision because she had developed cataracts.

She was referred to OCB’s Plymouth location for a cataract consultation. In December, Gisela had her first eye operated on by Daniel O’Connor, MD at the OCB affiliated Plymouth Laser and Surgical Center and the second eye in January, and says she immediately felt a dramatic improvement.

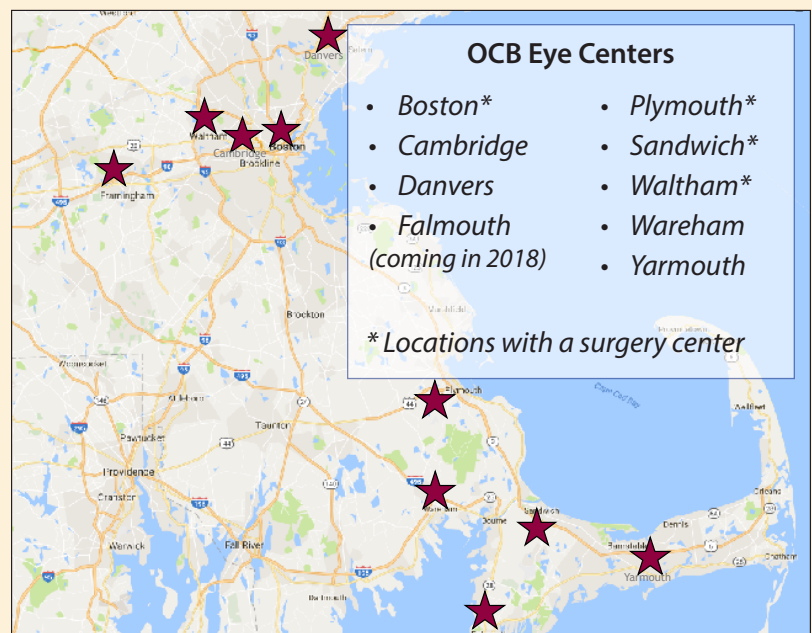
“I have great vision now, as good as I had before I developed cataracts or even better,” she said. “It took some prodding to have the surgery locally because I will not sacrifice the quality of care for convenience. I was very comfortable and confident with the care I received by the team at OCB and Plymouth Laser and Surgical Center.”

OCB eye care specialists perform surgery at four ambulatory surgery centers (ASCs) licensed by the Department of Public Health. Eye surgery centers offer many advantages over a traditional hospital setting because they are highly specialized. The cost to patients is also less than the cost to have surgery in a traditional hospital setting. OCB affiliated surgery centers are conveniently located right off the main highways in Boston, Plymouth, Sandwich and Waltham.



Gisela recently underwent cataract surgery at Plymouth Laser & Surgical Center.

When choosing an OCB surgery center for your care, you are treated by a dedicated, reassuring medical team that has a singular focus, caring for your eyes.



Top Doctors 2017

OCB congratulates our ophthalmologists who were listed in Boston Magazine's annual list of top doctors, published in December 2017. They include:

Husam Ansari, MD, PhD; Ann Bajart, MD; Nicoletta Fynn-Thompson, MD; Jeffrey Heier, MD; Bonnie An Henderson, MD; Jody Judge, MD; Michael Morley, MD, MHCM; Michael Raizman, MD; Peter Rapoza, MD; Claudia Richter, MD; Bradford Shingleton, MD; and Torsten Weigand, MD, PhD.



Dr. Rostler Retires

OCB extends best wishes to Stephen H. Rostler, MD, who retired in November after practicing ophthalmology for 42 years. Dr. Rostler said it has been an honor and a privilege to care for his patients and their families over the years. His retirement plans include pursuing his passions of photography, painting, music and spending time with his family. Dr. Rostler practiced at OCB's Metrowest location in Framingham.

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