



Spring 2009

Your Vision

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This newsletter is published by the Cottonwood Eye & Laser Clinic. It is our sincere hope that you will find some valuable and interesting eyecare information. If you have any comments or questions regarding your eyes, please don't hesitate to call 801-268-6600, or visit www.cottonwoodeye.com

EYELID SURGERY (BLEPHAROPLASTY)

WHAT IS BLEPHAROPLASTY?

Blepharoplasty (pronounced blef-ah-ro-plas-tee) is a type of plastic surgery that can be performed on the upper or lower eyelids to remove excess skin, fat or bulging tissue. Sagging, baggy, or droopy eyelids may be corrected at the same time. This is the most common facial plastic/cosmetic surgery performed.

WHY IS BLEPHAROPLASTY DONE?

Blepharoplasty is done to improve visual function and/or cosmetic appearance. Excessive upper eyelid tissue can block the upper part of the visual field. This



can be demonstrated by lifting the upper lids with your fingers to see if the upper visual field enlarges or vision brightens. The weight of the excess tissue may cause brow ache and fatigue. Occasionally the



excess skin can cause eye lashes to turn in and irritate the eye. In such cases, blepharoplasty is performed for corrective or functional purposes. An excessive number of wrinkled skin folds above or below the eyes can produce a sagging tired look which detracts from one's general appearance. In this situation, blepharoplasty may be considered for cosmetic reasons even though vision is not affected.

WHY IS IT IMPORTANT TO CONSULT AN OPHTHALMOLOGIST WHEN CONSIDERING BLEPHAROPLASTY?

Because blepharoplasty can affect the function of the eye, a consultation with an ophthalmologist is important. Although other surgeons may perform blepharoplasty, an "oculoplastic" surgeon is uniquely qualified to help you decide whether you should consider this surgery.

WHERE IS THE SURGERY DONE?

It is performed in the operating suite in our own office using local anesthesia. No hospitalization or general anesthesia is required. Our doctors perform these procedures every week

HOW IS EYELID SURGERY PERFORMED?

After the amount of excess tissue to be removed has been determined, upper and lower incision lines are marked along natural skin creases. After tissue removal, incisions are sutured. There is little if any pain or discomfort during or after the surgery. Once healed, the incision lines are scarcely visible. Surgery takes about 30 minutes per eyelid. There are no bandages. Sutures are removed in about one week.

WILL MY MEDICAL INSURANCE COVER THIS SURGERY?

Often it will. If there is significant obstruction of vision as determined by visual field testing and by photographs, insurance may pay for upper eyelid blepharoplasty. Insurance will never cover lower eyelid blepharoplasty since this is considered strictly cosmetic. If you have questions or are considering blepharoplasty, please schedule a consultation at our office.

SUMMER EYE SAFETY 101

As the days become longer and the temperature warmer, many of us will find ourselves leaving behind months of hibernation and spending more time outdoors. Our lives will become full of outdoor activities, events, and probably hours spent doing yard work, or working with or in environments which inherently possess many more dangerous situations than our winter activities. We need to make an extra effort this summer to protect our eyes.

The United States Eye Injury Registry (USEIR) has recorded 16,364 eye injuries from 1988 to 2000. Of those injuries 40% occurred at home. Overall causes are as follows: 31% blunt objects, 18% sharp objects, 6% BB guns/pellets, 5% fireworks, and 5% nails. Nearly half of the reported injuries were from either blunt or sharp objects.

We see patients every week on an emergency basis who have some object hit their eye(s) while mowing the lawn, trimming trees and shrubs, using weed whackers, grinding metal, using fireworks, welding, building, and playing sports. Injuries caused by these activities often cause severe pain, watering, blurred vision, infection, corneal scars, and occasionally other complications which can result in permanent vision loss and serious damage to the eye.

Perhaps the saddest thing for many of these patients is that a relatively inexpensive pair of safety glasses could have prevented their injury and in some cases saved their eye. So decide today to go to your local hardware, home improvement or general store, and buy a pair of safety glasses. You will find that your activities will not be greatly impacted or inconvenienced by a pair of \$5 to \$10 safety glasses. They can be priceless in protecting your eyes.

A NEW AGE OF CATARACT SURGERY

Cataracts are one of the most common reasons people lose vision after the age of 50. For this reason, cataract surgery is one of the most common surgeries in America. The vast majority of patients that need cataract surgery see much better after surgery and complications are relatively rare. Cataract surgery is an outpatient procedure usually taking about 30 minutes to complete.

During the surgery, one of our surgeons removes the cloudy natural lens from the eye and inserts a manufactured intraocular lens (IOL), which remains

permanently in place of the removed natural lens. This lens compensates for the focusing the old lens provided.

Cataract surgery has entered a new technological age, in which surgeons have the ability to implant the newest generation of intraocular lenses which are termed "presbyopic IOLs." These lenses correct presbyopia, or the inability to focus up close without glasses (a condition affecting most people over age 40). These lenses have the ability to provide clear vision at multiple ranges such as reading a book and seeing road signs, often without the use of glasses.

These new lenses are broken down into two categories: multifocal IOLs and accommodative IOLs.



ReZoom™ ReSTOR® Crystalens®

The multifocal lenses approved for use are the ReZoom™ lens from AMO and the AcrySof® ReSTOR® lens from Alcon. These lenses have different zones built within the lens that allow one to see at multiple distances (near, intermediate, and far) with less dependence or complete freedom from glasses.

Accommodative IOLs are designed to move slightly back and forth inside the eye as you change focus on images around you, thereby giving you sharp focus at a variety of distances, decreasing or eliminating the need for glasses. The only approved accommodative IOL is the Crystalens® from © Bausch & Lomb.

For ophthalmologists, the ability to correct vision at multiple distances with cataract surgery, is truly one of the most exciting advances in recent history. Each of the lenses has its advantages and your surgeon can discuss the details with you during your cataract evaluation. For additional information, you can visit our website at www.cottonwoodeye.com.

WHAT IS A REFRACTION?

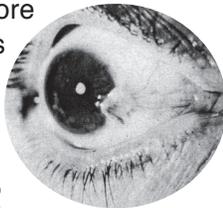
Perhaps the most important part of the eye exam is determining the refraction, or in other words finding out what the best correctable vision is. Most people remember the refraction as when they are asked which

lens is better, number one or number two. The refraction helps determine the eyeglass prescription. It is an essential component in assessing the health of the eye and the visual system. Other parts of the eye exam include checking the pupils, eye muscles, cataracts, glaucoma test and retinal health. While it is imperative to determine the best vision for each eye, not all insurances pay for the refraction, although, some insurance plans now cover the charge for an annual eye exam. There are so many different insurance plans and options available that it is not always possible for us to know if the refraction will be paid for by your insurance. If you are concerned whether this is an insurance covered benefit, it would be best for you to contact your insurance carrier before your appointment. If it is not a covered benefit you will be asked to pay for the refraction at the time of your appointment or after insurance has been billed.

PTERYGIUM (TUH-RIJ-EE-UM)

A pterygium is a fleshy, vascular growth on the surface of the eye. The word is of Greek origin, meaning "wing shaped". The growth does have a wing shape appearance. The cause is chronic irritation from wind, dust, sunlight, and dry or hot climate.

The growth of a pterygium is more prevalent in temperate climates because of the longer period of outdoor work or play, leading to increased UV light exposure. A pterygium usually affects both eyes, but not equally. Periodic inflammation or redness is characteristic, along with slow growth onto the surface of the cornea. A regular eye exam is important to evaluate if any visual compromise is caused by advancement onto the cornea.



Surgery is the only way to remove this and is only indicated if the growth is advancing or if the eye is often inflamed. Inflammation may be reduced with eye drops. Despite surgical removal of a pterygium, recurrence is possible. Recurrences are sometimes even larger than the original pterygium. Repeat surgery with radiation is often effective. The use of amniotic membrane grafts with surgical excision can reduce the rate of recurrence with more rapid healing.

Prevention includes protecting your eyes from excessive UV light and dry dusty conditions and using artificial tears when your eyes are dry.

CHALAZION

The term chalazion comes from the Greek word meaning "small lump." It is a swelling in the eyelid caused by inflammation of one of the small oil producing glands (meibomian glands) in the upper or lower lids. A chalazion is sometimes confused with a sty, which also appears as a lump in the eyelid. A sty is an infection of a lash follicle that forms a red, sore lump near the eyelid margin.



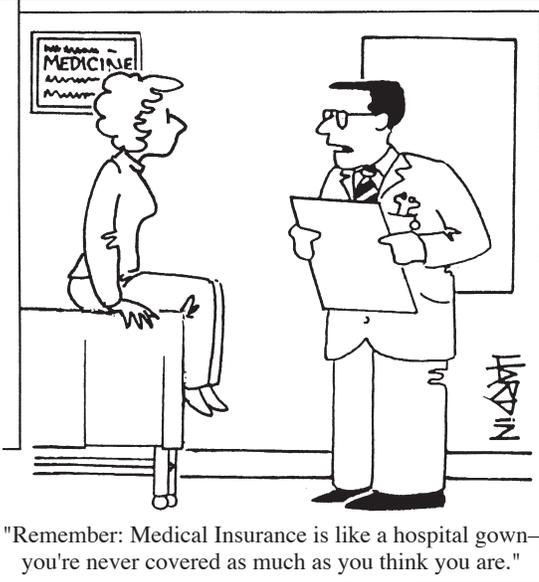
A chalazion is an inflammatory reaction to trapped oil secretions. It is not caused by bacteria, although a secondary infection may be present. Chalazions tend to occur farther from the edge of the eyelid than styes.

When a chalazion is small, it may disappear without treatment; when larger, some blurring of the vision may occur.

Treatment is with any or a combination of the following:

1. Warm compresses - recommended to heat a moist washcloth and hold it against a closed lid for 10 minutes at a time. The heat helps the oil become less thick, allowing the gland to drain. The more frequent this treatment, the sooner this will help. This may require 2-3 weeks to see results.
2. Steroid injections - more useful after warm compress treatment or if the lump is small.
3. Surgical incision and drainage - usually for large lumps and those that are not responsive to warm compress treatment. This is an office procedure for adults, but may require out patient surgery in children.

Some people are prone to recurrences. Recurrence may be treated as outlined above and may be helped by oral antibiotics (tetracycline, doxycycline or minocin). A biopsy of recurrences is often performed to rule out a more serious problem.



TOBACCO USE MAY DECREASE YOUR VISION

The media has done a good job of informing the public of the adverse effects of tobacco use. It is linked to: lung cancer, oral cancer, and respiratory disorders. It is a little known fact that tobacco use can affect your vision. One of the leading risk factors in macular degeneration is tobacco use. Second hand smoke is also a factor in this eye condition. Macular degeneration is one of the leading causes of decreased central vision in adults over 65. Tobacco cessation is of value for general health and also specifically to maintain good vision.

VALID TOWARD ANY EYE OR CONTACT LENS EXAM THROUGH DEC. 30, 2009

10	20/20	• IN EYES WE TRUST •	20/20	10
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10	TEN DOLLAR VALUE PER FAMILY MEMBER			10

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