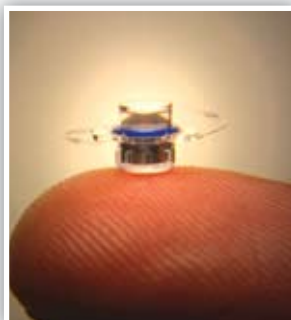




EYE Watch

A publication of the Eye Care Center at SCCO

A "FIRST" FOR ORANGE COUNTY Eye Care Center Patient Receives First Implantable Telescope In Orange County



December 19, 2011 was a monumental day for patients with Macular Degeneration in Orange County. The first implantable miniature telescope was implanted into the left eye of an eager Orange County resident. A patient from UC Irvine's corneal specialist, Dr. Marjan Farid was referred to Chief of Low Vision, optometrist, Dr. Rebecca Kammer and occupational therapist, Nilima Tanna for an evaluation of the implant. After four visits with the rehab team at the Eye Care Center, the patient was approved as a great candidate. The visits included evaluations in the Low Vision Center and in the patient's home to determine if the 3X telescope would improve vision. This is not the "magic glasses solution or retinal cure that everyone hopes for", said Dr. Kammer, "but it does enable patients to recognize faces of loved ones and enables large print reading in many cases". With additional rehabilitation and

the use of magnifying lenses or simple magnifiers after implantation, it is likely that most patients will be able to accomplish finer detail oriented tasks such as reading small print.

When patients come in to the low vision rehabilitation center, they have an extensive evaluation by the optometrist, occupational therapist, and technology experts. They are introduced to magnifying devices, video technology, lifestyle adaptation strategies and other customized options. The doctor and low vision team develop a rehab plan that is specific to each patient. The implantable telescope is another exciting option now available in the plan and since it is funded by Medicare, it is enticing for many patients.

The patient was quite excited to be the first implantable telescope patient in Orange County and the fourth implantable telescope patient in the nation, since Medicare approved coverage of the device and surgery. The patient will be followed by the corneal surgeon for two weeks as the eye heals from the surgery and then the eight week rehabilitation process will begin with the low vision rehabilitation team at the Eye Care Center.

Eligible patients must have dry or end-stage macular degeneration with severe vision loss (legal blindness) and be at least 75 years old according to the FDA. The team in Orange County includes retina specialists from OC Retina and UC Irvine, the rehabilitation team from the Low Vision Center, and corneal surgeons (Dr. Marjan Farid and Dr. Dan Tran).

How Do Patients Become Candidates for the Implantable Miniature Telescope?

If you would like to be contacted and considered for the implantable telescope, call the Case Management team at Centrasight to have your questions answered. Centrasight will then schedule an evaluation visit for you with the eye Care Center's Low Vision team.

Call 888.203.6636 or visit Centrasight's website at www.centrasight.com



Left: Danielle Ashbach, Vision Care Ophthalmic Technologies, Inc. Middle: Rebecca Kammer, OD, Chief, Walls Low Vision Rehabilitation Center, Eye Care Center, SCCO. Right: Marjan Farid, MD, UC Irvine's Corneal Specialist

The Eye Care Center at the Southern California College of Optometry provides the following services:

- Jarnagin Primary Eye Care Center 714.449.7401
- Stein Family Cornea & Contact Lens Center 714.449.7420
- Dry Eye Institute 714.449.7420
- Mary Ann Keeverline Walls Low Vision Center 714.992.7890
- Ocular Disease/Ophthalmology Consultation & Childs Family Laser Center 714.449.7415
- Ocular Prosthetics 714.449.7420
- Optical Services 714.992.7810
- Pediatric Vision Care 714.992.7870
- Pediatric Contact Lens 714.449.7420
- Studt Center for Vision Therapy 714.449.7430



Eye Care Center Optometrists



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THE "BIG MAC" DEGENERATION ATTACK:

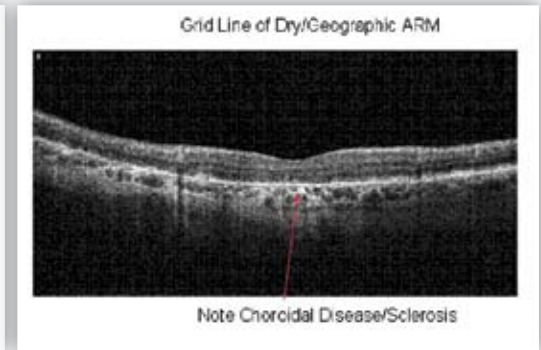
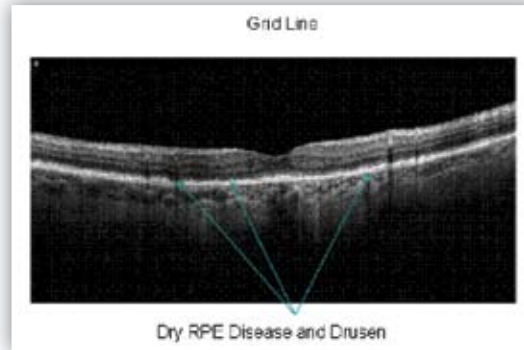
What are the current and future treatments for dry Age-related Macular Degeneration (ARMD).

David P. Sendrowski, OD, FAAO

Chief, Ophthalmology Consultation/Chronic Care Service

There is some exciting news in the area of Age-related Macular Degeneration (ARMD) in this coming New Year for both patients and eye doctors who treat the disease.

Briefly, ARMD is a leading cause of blindness in the older adult population. There are two major types: dry and wet. The dry type is more common and steals the central vision away from patients making it difficult to do certain visual tasks such as reading and watching television. Currently there is no cure or medical treatment to reverse the damage of the dry type. Vitamin therapy directed toward slowing the disease is presently utilized by many eye care physicians to manage their patients. The most recent study called "AREDS 2" vitamin supplement study is currently under way. The study when completed will tell us if Vitamin A should be kept in or taken out of the older vitamin formula. Some researchers question the efficacy of this particular vitamin for dry ARMD patients. Lutein (pronounced low-teen) and Zeaxanthin (pronounced zee-A-zan-thin) are natural chemicals found in the macular area of the eye. The area of the retina is under attack by the disease. Patients with dry ARMD usually have low levels of these chemicals. The AREDS 2 study is also evaluating the need and concentration of these two chemicals in the vitamin regimen. Some commercially made vitamins presently have these two chemicals in their formulation but the therapeutic concentrations of these chemicals are still in question. AREDS 2 is also looking at a common fish oil called Omega 3 and its' possible role in the prevention of dry ARMD. **A large epidemiological study revealed that persons who had higher intake of omega 3 fish oils had a lower incidence of macular degeneration.**



Future treatments of dry ARMD fall into three categories: medications to preserve photoreceptors and RPE (retinal pigment epithelium) the main layers in the macular area. Another group of medications being evaluated are ones that prevent visual injury from oxidative stress (like sunlight) to the macular area and finally a group of medications that prevent inflammation in the macular area are also being investigated.

Several medications in clinical trials presently function to preserve the photoreceptors and RPE. Most of these medications are for patients with the advanced form of dry ARMD. NT-501 was developed by Neurotech and is co-sponsored by a National Eye Institute (NEI) grant.

One medication that is presently used to treat multiple sclerosis (MS) seems to also prevent inflammation in specific tissues, one being the macula area in the eye. The drug is called Copaxone (glatiramer acetate) and acts to suppress portions of the immune system which might play a role in the development of ARMD. More investigation of this drug is necessary to show how effective it might be in the eye to prevent dry ARMD.

The future treatments for dry ARMD are looking brighter than it has in the past several years. It looks like we might be able to tell our patients that by reducing some environmental risk factors and adding a specific medication they may be able to stop a "Big Mac" degeneration attack.

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Our mission is excellence in patient care, clinical education and research.

January is NATIONAL GLAUCOMA AWARENESS MONTH

By George Comer, OD, MBA
Chief, Primary Care Services

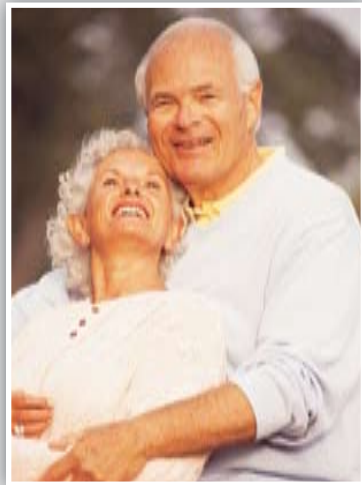
What Is Glaucoma?

Glaucoma is a group of eye disorders leading to progressive damage to the optic nerve, and is characterized by loss of nerve tissue resulting in loss of vision.

Glaucoma is the second leading cause of blindness in the U.S. It most often occurs in people over age 40. People with a family history of glaucoma, African Americans over the age of 40 and Hispanics over the age of 60 are at an increased risk of developing glaucoma.

Can Glaucoma Be Prevented?

Glaucoma cannot currently be prevented, but if diagnosed and treated early, it can usually be controlled. However, vision already lost to glaucoma cannot be restored. That is why the American Optometric Association recommends an annual dilated eye examination for people at risk for glaucoma as a preventive eye care measure. The exact cause is unknown.



What Are The Risk Factors?

- **Age:** People over age 60 are at increased risk
- **Race:** African American and Hispanics are at increased risk
- **Family history of glaucoma**
- **Medical conditions:** Diabetes, high blood pressure and heart disease may increase the risk of developing glaucoma.
- **Injuries to the eye:** Severe trauma, such as being hit in the eye and other issues.

How Is Glaucoma Treated?

The treatment of glaucoma is aimed at reducing intraocular pressure. The most common first line treatment of glaucoma is usually prescription eye drops that must be taken regularly. In some cases, systemic medications, laser treatment or other surgery may be required.

Is There A Cure For Glaucoma?

There is no cure for glaucoma. Patients with glaucoma need to continue treatment for the rest of their lives.



OUR SALUTE To Extraordinary ECC Staff

The Eye Care Center recognizes employees who "Go the Extra Mile" when assisting patients. The following individuals were recognized as "Employee of the Month for November-January 2012."



November 2011
Yecenia Becerra
Claims Representative,
Claims Department



December 2011
Hiral Savjani
Optician,
Optical Department

EMPLOYEE OF THE YEAR For 2011

The employee of the year is a person who has consistently met the qualities of going the extra mile throughout the year, and is selected from the 12 employee of the month recipients for 2011. The employee recognized for this distinguished title is:



Rita Martinez, Lead
Patient Care Assistant,
Patient Relations

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