



Pinellas Health Care News

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OPHTHALMOLOGY AND OPTOMETRY

ReSTOR Youthful Vision

Presbyopia reduces the eyes' ability to adjust their focus; cataracts gradually obscure the vision by clouding the eyes' natural lenses. Today's high-tech intraocular lens implants offer a way to compensate for both.

FHCN PHOTO BY NERISSA JOHNSON



DAVID E. HALL, MD • NATHAN R. EMERY, MD
DENNIS C. RYCZEK, OD

First, it was the recipes. "I started having problems reading the measurements," says Barbara Gibson. "I might mistake 3/4 cup for 1/2 cup, for instance, and that kind of mistake affects the outcome. I noticed I needed to use brighter light — no, I needed to go into the sunlight to read the small print on my recipes."

Gradually, Barbara needed that brightness whether she was reading or simply looking across the room. She found that she could no longer read the street signs when her husband drove around town. And at night, she might see lights in double or triple images.

Barbara and her husband see the eye care specialists at Pasadena Eye Center for their optometric and ophthalmic needs, and when it became clear that a stronger prescription for her contact lenses would not improve her vision, Barbara turned to Nathan R. Emery, MD, to solve her problem.

(see **ReSTOR Youthful Vision**, page 4)

NO MORE SUPPRISES. Barbara easily reads recipes — and everything else — more accurately, thanks to ReSTOR lenses placed by Dr. Emery to correct her cataracts.

PAIN MEDICINE

Persistence solves long-term problem

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Eradicate hemorrhoids without surgery

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Find relief from back pain

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ReSTOR Youthful Vision

(continued from page 1)

"It was cataracts, of course," says Barbara, "and I knew they could be corrected, because my husband's cataracts had been treated by Dr. David Hall at the same practice. He had excellent results with the single-prescription lens implants that were available at the time, but Dr. Emery told me about an innovative implant that not only could provide me with clearer vision but also could restore my near vision without the need for reading glasses.

"I was excited by that possibility," says Barbara, "and so was my husband. He told me, *You definitely have to get those implants!*"

The lens implant Dr. Emery suggested to Barbara is the ReSTOR implant.

A brief history

Cataract surgery originally involved replacing the clouded natural lens with a clear, nonprescription intraocular lens (IOL) implant, and patients used thick cataract glasses to achieve sharp, focused visual acuity.

The procedure moved into the refractive realm, explains Dr. Emery, when IOLs were developed to correct near, intermediate, or distant vision with lenses fabricated with a single prescription strength. Most patients chose to correct their distance vision with the prescription IOL and used eyeglasses for near and intermediate vision. This freed patients from their reliance on eyeglasses in many settings but did nothing to counteract the effects of presbyopia, the eyes' age-related loss of the ability to shift focus between near and distant objects.

As these *monofocal* lenses and the surgical techniques to place them were improved, small-incision, no-stitch cataract surgery made treating cataracts one of the most common, predictable, and safe surgeries performed in the world.

Then came multifocal lenses, which addressed both cataracts and presbyopia.

The first refracting multifocal lens, fabricated with several concentric prescription strengths, became available in 1997. The surgery to place this lens makes use of advanced surgical techniques, but in a patient survey only 41% of patients implanted with multifocal IOLs said they never needed to rely on eyeglasses after surgery.

Next came the hinged *accommodating* lens, which mechanically shifts focus between near and distance vision. Surgery to place this lens requires a larger incision, and the patient's eye must be dilated for a week following surgery. Only 25% of patients using these lenses say they never rely on eyeglasses for any of their tasks.

"Now," says Dr. Emery, "the ReSTOR IOL, which can be placed using the small-incision, no-stitch procedure, introduces a change in the way the lens distributes light after it enters the eye, and 80 percent of patients using ReSTOR say they never use eyeglasses anymore.

"It is also extremely versatile, with the ability to be fabricated with a wide range of prescription strengths. I recommended this lens to Barbara to correct her nearsightedness and to free her from the need for reading glasses in most settings."

Facts and figures

The innovative ReSTOR IOL implant makes use of *apodized diffractive technology*, an advance that can effectively provide patients with two lenses in one.

Traditional multifocal lens design uses several concentric prescription strengths. As a patient's brain learns which part of the lens is required in a particular setting, near and distance vision are improved.

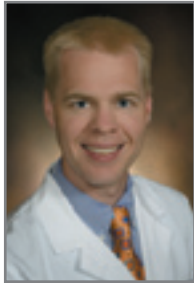
The ReSTOR lens is fabricated with 12 different prescription strengths, in "steps" of varying heights ranging from 0.2 to 1.3 microns (a human hair has a thickness of 10 microns). As light enters the eye through the pupil, each step selectively directs light onto the retina in a unique way to provide the patient with sharp, clear vision at all ranges of distance, without the patient's brain having to search for the clearest visual signal.

Because the available light is directed in different ways inside the eye, Dr. Emery explains that the ReSTOR lens is not indicated for patients desiring monovision correction. "The beauty of this lens is that it relies on the eyes working together, as they are designed to do," says Dr. Emery. "By having both eyes processing all visual information in the same way, the ReSTOR IOL gives people back the natural vision at all distances that they had when they were young."

The lens already has a track record among presbyopic patients who have not yet developed cataracts. Patients over 40 who wanted permanent vision correction but who were not good candidates for LASIK have discovered that clear lensectomy with the ReSTOR lens offered them the lens-free lifestyle they desire.



David E. Hall, MD, is a board-certified ophthalmologist. He graduated from the University of Mississippi and received his medical degree from the University of Tennessee College of Medicine. He completed his internship at Erlanger Hospital and his residency in ophthalmology at the University of Tennessee. He is a diplomate of the American Board of Ophthalmology and is a member of the Florida Medical Association, Pinellas County Medical Society, American Academy of Ophthalmology, and American Society of Cataract & Refractive Surgeons. He is on staff at Palms of Pasadena Hospital and HealthSouth St. Petersburg Surgery Center.



Nathan R. Emery, MD, is a board-certified ophthalmologist. He completed his undergraduate studies at Brigham Young University, Provo, UT, before serving a two-year mission in England. Upon his return to the United States, he completed his medical degree at the Chicago Medical School in Illinois. He served his internship at Resurrection Medical Center, Chicago, and completed his residency at the University of South Florida, Tampa. Dr. Emery is a diplomate of the American Board of Ophthalmology and is a member of the Pinellas County Medical Society, American Academy of Ophthalmology, and the American Society of Cataract & Refractive Surgeons. He is on staff at Palms of Pasadena Hospital and HealthSouth St. Petersburg Surgery Center.



Dennis C. Ryczek, OD, is a Florida-certified optometrist. He attended St. Petersburg Junior College and the University of South Florida. He graduated summa cum laude with a doctorate in optometry from the University of Houston, TX, and completed his externship at Hermann Hospital, Houston. Dr. Ryczek has received extensive training in primary eye care, including pre- and postoperative care for cataract and refractive procedures. He currently serves as a clinical investigator for both Johnson & Johnson's Vistakon Division and Bausch & Lomb and is a member of the American Optometric Association, Florida Optometric Association, Pinellas County Optometric Association, and American Optometric Association's contact lens section.

Medicare initially did not reimburse for these dual-purpose lenses for cataract patients, but in May 2005, Medicare changed its rules and now pays part of the cost for ReSTOR and other lenses for patients who have both cataracts and presbyopia.

Excellent outcome

"These ReSTOR lenses live up to everything I'd been told about them," proclaims Barbara. "I'm amazed that science has given eye surgeons the ability to do something like this.

"I had no discomfort during either procedure, and almost immediately after my surgeries I could read without any assistance from eyeglasses. I can look out my window and see things far away that I never realized were there. Reading restaurant menus is very easy now, and I no longer find that my recipes have surprising results.

"Thanks to Dr. Emery, I can see just like I did when I was a teenager, before I needed glasses." **FHCN**—Billie S. Noakes

Envision great results

Pasadena Eye Center offers leading-edge comprehensive eye care. For additional information or to schedule an appointment, please call the office, located at **6950 Central Ave., Suite 120**, in St. Petersburg, at **(727) 343-3004**. Pasadena Eye Center also offers the services of a top-rated optical shop, which can be reached directly by calling **(727) 347-9648**.

Financing is available through Acquired Financial Solutions.

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