

CLEAR TALK

A NEWSLETTER FROM GRUTZMACHER & LEWIS
WINTER 2007

REFRACTIVE SURGERY ADVANCES



Technology in refractive surgery continues to advance and we remain on the "cutting edge". We have recently purchased the **Pentacam High Resolution Eye Scanner from Oculus, Inc.** This state-of-the-art corneal and lens scanner provides comprehensive information on the shape, thickness and uniformity of a patient's cornea, allowing a significantly more detailed evaluation of the cornea for LASIK, which can translate to improved outcomes and safety for our patients.

The Pentacam can also improve intraocular lens power determination for cataract patients who have previously undergone LASIK or PRK. In addition, it scans the crystalline lens (cataract) allowing visualization and documentation of cataracts, which helps us determine the need for surgical intervention.

Pentacam images of the cornea, iris, lens and their positions relative to each

other dramatically improves the fitting of surgically implanted contact lenses (Phakic ICLs) in highly nearsighted patients who cannot have LASIK.

This instrument has numerous advantages in refractive and cataract surgery. We look forward to including it in our commitment to provide our patients with the most current and best care available.

**Grutzmacher
Lewis**
A Medical Corporation
Surgical Eye Specialists

1515 River Park Drive, Suite 100
Sacramento CA 95815
916 649-1515
www.eyelasik.com

SOCIETY FOR THE BLIND

Since 1954 the **Society for the Blind** has served thousands of blind and visually impaired people throughout the Sacramento area and surrounding counties. It is the only center in this region that trains blind and low vision people in Braille, computers and life & job skills. Its mission is to empower individuals who are blind or have low vision to live productively and independently by building confidence through training, tools and mentorship.

Recently, Dr. Lewis spent some time with the Society filming an educational documentary. He was impressed with the program's advances in life-education and training for living a full life with blindness. Dr. Lewis offers assistance to the Society by serving as a connection to ophthalmologists to assist referral of patients with low vision. He is also supporting fundraising efforts for their new building.

If you know someone who is blind, please consider calling the Society for the Blind or visiting their website for more information:

www.societyfortheblind.org



DRS. GRUTZMACHER & LEWIS

IS THERE AN "EYE" IN TEAM?

It should come as no surprise that the practice of medicine and the care of patients has changed greatly in the last 10 or so years. There are many factors (insurance costs, drug prices, technology, etc.) that have contributed to the changes but one thing is certain; the various forces that lead to change are not going away. How do we, as physicians or providers, continue to provide quality care while the cost of delivering good service goes up?

This question may seem obvious but the answer is not. How medical professionals approach this over the next few years is critical to their ability to stay in practice and succeed. For example, most of our patients rely on Medicare for coverage. Yet, reimbursement from Medicare does not increase. In fact, it continues to decline and is predicted to drop 8-10% in the next year. Many other insurances follow guidelines set by Medicare.

One way to counter increasing costs and declining reimbursement is to increase effectiveness by investment in new technology. We are currently upgrading our office computer system to increase efficiency in scheduling patients and managing their records. We have purchased a new device for more accurate measurement of cataract implant powers (see article on front page). And we continue to educate and train our staff to ensure that our patients

receive the best eye care possible from our office.

Of all the ways we can enhance our efficiency, perhaps the most important element in providing quality care to our patients is our office staff. From the receptionists to the technicians to the optometrists, we have worked hard for greater efficiency in our office by integrating the management of patient care. When you come in for a visit, some or all of your exam may be performed by Monica Robinson, OD or Kristie Teets, OD. This is particularly true if you inform our receptionist that you want a refraction or prescription for new glasses. These doctors may also complete your postoperative exams. By delegating care across our well-trained staff, you receive better, more specialized treatment.

Practicing good quality medicine in today's economic environment has become very challenging. To be successful, an "Eye Team" of well-trained and caring professionals is required. When you call for an annual examination or routine pressure check, telling the receptionist your needs will facilitate seeing the doctor who can best treat your problem.

The entire Grutzmacher & Lewis team thanks you for your choice in choosing us to take care of your eye health needs and those of your friends and relations.

Richard A. Lewis, MD

INTRAOCULAR CLINICAL TRIAL

We are excited to be involved in a clinical trial with the first accommodating or focusable **intraocular lens implant (IOL)**. Beginning in February we will be enrolling subjects who meet the criteria and are pending cataract surgery. The new IOL is a dual optic device with a spring mechanism that is designed to actually move within the eye. The **Synchrony IOL** has the potential to allow patients good distance, intermediate and near focus without the use of glasses.

A second clinical trial is in the start-up phase in our office. A new **glaucoma**

drop is being tested which has the potential to lower the eye pressure even more than our currently available medications. This drop, used alone once per day, will hopefully reduce the need for multiple eye drops in the treatment of glaucoma.

If you are interested in either of these clinical trials, please call our office and speak with Dr. Monica Robinson or Dr. Kristie Teets at **(916) 649-1515**. We are always eager to chat with you to explain current studies and answer your questions.

Monica Robinson, OD

ADVANCES IN CATARACT SURGERY

Astigmatic Intraocular Lens (Alcon's AcrySof Toric IOL):

Advances in cataract surgery and improved visual results just keep coming. The **Alcon AcrySof Toric Intraocular Lens (IOL)** is now available. This lens can correct astigmatism, in addition to nearsightedness or farsightedness following cataract removal. Studies have shown a greatly improved likelihood of excellent vision without glasses. The AcrySof Toric IOL can lessen the need for routine spectacle use or laser vision correction to resolve astigmatism post cataract surgery, which has been the norm previously.

Multifocal Intraocular Lenses (IOL) and Accommodating IOLs:

The **Alcon ReStor Multifocal lens and AMO's ReZoom multifocal lenses** can allow improved distant and near vision following cataract surgery without glasses. These lenses continue to gain in popularity and our experience with them has been very favorable.

Each lens has similar, but slightly different qualities in near (reading) and intermediate (computer) vision. The lenses have multifocal qualities, like a Varilux or no-line bifocal. They do not, however, truly change focus or accommodate, like our natural lens. In the near future there will be some exciting new accommodating IOLs. (see article on page 3 *Cataract implants: What's your Choice?*)

ACROSS THE GLOBE WITH DR. LEWIS

Dr. Lewis has recently traveled to Hawaii, Japan and Florida presenting information about a new procedure that has shown great promise in the surgical treatment of glaucoma and training ophthalmologists in the use of this new procedure. The new, surgical technique, called **canaloplasty**, marks an exciting development in the evolution of glaucoma surgery. Dr. Lewis' expertise in the field of glaucoma is well recognized and appreciated by his peers all over the world.

CHANGES IN THE OFFICE STAFF

Our staff is changing again! In our continuing effort to provide the best for our patients, we occasionally

cross-train our front and back office staff. That's what we did last fall with Jaime. You knew Jaime when she was our front office receptionist and training to be a clinical technician. The



Jaime

doctors and staff found that she did such an exceptional job that when we needed another 'helping hand' in the back, she was made a full time technician.



Karyn

With over twenty years in the medical field, six of which

were spent in an optometry office, Karyn brings great experience and much grace under fire when the phones are ringing off the hook. Not only will she be taking care of you on the phone or in the office, she will also be coordinating referrals and authorizations.

Our final change is not a new face, but a new degree of excellence. Our own Tatum began studying for the Certified Ophthalmic Assistant (COA) exam last year and has passed. She is now JACAPHO certified. We are proud of Tatum and her desire to continue her ophthalmology education as she studies for the next level of Certified Ophthalmic Technician (COT).



Tatum

The next time you are in the office you will notice the staff changes we've made. When you meet Karyn, welcome her aboard and be sure to congratulate Jaime and Tatum on their new positions.

CATARACT IMPLANTS: WHAT'S YOUR PREFERENCE?

Patients who need cataract surgery have more choices for their implant than ever before. Intraocular lenses (IOL's) have been available for over 30 years. In the past you would request an IOL that provided distance vision (after surgery you would need reading glasses) or near vision (after surgery, you would need glasses for watching TV or driving) or monovision where one implant was placed for distance and the other for near vision.

In the last few years, implants called **multifocals (ReZoom and ReStor)** became available. These single piece IOL's are similar to progressive add glasses (ie. Varilux or no-line bifocals). They provide different zones for reading, intermediate,

and distance vision. ReZoom and ReStor lenses have been successful for many patients. However, technology continues to improve.

We are currently starting an investigational study with a new implant for cataract patients. This IOL can accommodate, or change its focus, to provide a more dynamic range of vision. It is called **Synchro**, manufactured by **Visiogen**. The lens has two pieces that move with your muscles to gently and seamlessly change your vision correction to cover a wider range of visual needs. If you are interested in and qualify for the study, the IOL is provided to you at no charge. Please contact our research coordinators, Drs. Robinson or Teets regarding this study.

WEBSITES

To assist you in your research, we suggest the following websites:

Grutzmacher & Lewis

www.eyelasik.com

Glaucoma

www.americanglaucomasociety.org

www.glaucoma.org

Multi-Focal Lens & Implantable Contacts

Verisyse and Rezoom Lens

www.visioninfocus.com

Alcon Restar

www.cataractsurgery.com

Visian

www.staar.com

www.visiogeninc.com

Wavefront LASIK

www.visx.com/patients

LASIK

www.fda.gov/cdrh/lasik

www.lasikinstitute.com

Food & Drug Administration

www.fda.gov

Cataracts

www.eyesurgeryeducation.com

Low Vision

Society for the Blind

www.societyfortheblind.org

General Eye Health

www.aao.org/public

Have you seen the Grutzmacher & Lewis website lately?

We've added some features that we think you will find helpful.

Through the website you can now download office forms, print them out at your convenience and bring them with you to your appointment.

Also added is a Patient Satisfaction Survey that can be printed, filled out and mailed or dropped off to our office. We strive to provide the best patient care possible and your comments can help us to do just that.

Best of all, you will find information about eye care, new techniques and issues involving your own eye health.

SERVICES OFFERED AT GRUTZMACHER & LEWIS:

- Annual Eye Exams
- Cataract Evaluation and Surgery
- ReSTOR IOL
- ReZoom IOL
- Diabetic Eye Exams
- Plaquenil Eye Exams
- Second Opinions
- Allergy & Dry Eye Care
- Glaucoma Evaluation, Therapy and Surgery
- Glaucoma Study Participation
- Corneal Transplants
- Visual Fields
- CustomVue LASIK & PRK
- Verisyse ICL
- Staar Visian ICL

ELECTRONIC MEDICAL RECORDS REPORT

We are always striving for excellence by offering our patients and their referring physicians efficient and thorough eye care. One of the ways we accomplish this is through communication and education. We have recently completed the transition of our business office to a new computer software program for appointment scheduling and insurance billing. Although we are still in the middle of the learning curve, we become more adept and efficient using the new software every day.

In addition, we are currently transition-

ing our medical records from a out-dated DOS based software application, to a new, more powerful **Electronic Medical Records** software through **NextGen**. Many of you may know of the insurance company, **Hill Physicians Medical Group**. They purchased rights to use, sell and train offices on the NextGen software and we are one of the first practices to convert to this system. Early this spring, we will be going live with the new software. As we transition we ask you to continue to be patient and understanding while we learn to use this awesome tool.

What do you know about the Cornea?

The cornea is the transparent tissue at the front of the eye, covering the pupil and iris. When light enters the eye, the cornea is the first part of the eye to bend or refract the light, so it provides most of the eye's focusing power. If the cornea is damaged, light may become distorted and vision impaired. Corneal damage may occur if the cornea becomes swollen or scarred, or if it takes an irregular shape, resulting in blurred vision or glare. Patients suffering from a damaged cornea may need corneal transplant surgery. For more information visit our web site: www.eyelasik.com.

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1515 River Park Drive, Suite 100
Sacramento CA 95815

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