

EYE NEWS

FALL 2018



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A Note from Dr. Winthrop

In spite of all the events we have experienced as a community over the past year, I must open this newsletter on a personal note. This May, our daughter Mia graduated from medical school and is now a physician. WOW! She elected to stay at USC for her pediatric psychiatry training. In June she started her internship and reported to me that she enjoys being a physician much more than being a medical student. During her very first week, I saw a long-time patient who asked about Mia. I excitedly told her of Mia's graduation and that very day was her first as an intern. I said that Mia is the "new" Dr. Winthrop and I am the "old" Dr. Winthrop. I was immediately corrected, and told that I am the eye doctor and Mia is the head doctor. I thought it so cute that I had to repeat it. Her mom and I are so proud of Mia's hard work, dedication, and perseverance.

Since I opened this year's Note talking about family, I'll continue with Sam, our oldest. Sam is facing down his 30th birthday in the next month, which is a bit of a shock to his mom and dad. How did that happen? Sam is still thriving in the world of finance at the same hedge fund, where he enjoys his work and his colleagues. Sam is a high-energy guy who travels a great deal and is almost always on the go.

Our youngest, Rachel, has had a tremendous year. She is finishing her college degree at the University of San Diego and is interested in a career as an event planner. This summer she was able to get a highly coveted internship in that field at the San Diego Zoo. She greatly enjoyed the work, performed well and was offered a full-time position! She is thrilled to have a great job coming out of college and we are immensely proud of her.

My routines have stayed the same with my early morning elliptical workouts and Sunday morning hikes. My diet is largely plant based although I'm definitely not vegetarian. My free time is spent gardening, playing with our dogs, and visiting family and friends, mostly in Los Angeles. My mom turned 91 this year and still lives in the home I grew up in. I am trying not to be too consumed by our national political discourse.

This summer I went to Idaho for white water rafting on the Middle Fork of the Salmon River with my youngest sister. It was her first wilderness experience and we had a wonderful time together. We were in the second largest wilderness area in the United States,

where there are no roads or services, and no cell service. It felt so good to be disconnected. I remember some 20 years ago, before cell phones, when I carried a beeper. People thought it was cool and somewhat identified you as a physician. My perspective was that it meant I was always "on-call". Since my return, I have tried to be less connected to my phone and I've found that to be rewarding. It is a little difficult since I use my phone as my primary computer, but it is so worthwhile. Not surprisingly, the world was still intact when I returned from Idaho and turned my phone back on. A good lesson to remember.

The December fires and January mud flow were devastating and a surreal experience for our community. One that I hope will never be repeated. Driving through the area now is still a struggle emotionally. Truly something that could not be imagined. My thoughts and prayers go out to all that were affected and a huge thank you to the first responders and our larger community that donated their time and resources to the tragedy. It was not so long ago that people connected living in California with earthquakes, and now the real danger is fires.

It is hard to jump to my professional side after thinking about the devastation of the fire and the mud flow. However, this has been another rewarding and



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Thank You For Your Referrals

Each year we definitely want to recognize and thank you for your referrals. Dr. Winthrop continues to see new patients in his practice of comprehensive Ophthalmology. It is our pledge to give your family and friends the same care you enjoy, whether they are seeking a routine eye exam, a surgical treatment, or a second opinion.

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exciting year in medicine. My office environment is a pleasure to work in due to my awesome staff. I also spend a significant amount of time at the Santa Barbara Surgery Center on De La Vina, where I do the majority of my surgeries. The highly professional staff that supports me there is not only extremely competent but they are genuinely nice people, and the end result is a very gratifying experience for all involved. The continued advancements in cataract surgery are hugely satisfying. The extraordinary level of care and outcomes that are now routine were unimaginable when I started in ophthalmology, which is why I have no retirement plans and hope to practice for years to come.

Not surprisingly, LASIK also continues to be a highlight of my practice. With the further refinements in the technology, LASIK continues to deliver truly amazing outcomes and keeps improving on itself. I am now seeing a trend that the people coming in for LASIK are mostly millennials, with whom I have great fun. I performed LASIK this past year on my son Sam as well as on several nieces and nephews. I have now been performing LASIK for 22 years and for most of that time, I have performed the procedure in my own private LASIK suite at my office. This greatly enhances the patient experience.

Finally, I wish all of my patients a joyous and healthy holiday season. It is a privilege to provide your eye care and I am honored by the trust you place in me. I remain deeply committed to delivering the highest possible level of care and service for you. I sincerely appreciate your continuing confidence in me. 🌟

Highlights

The professional highlight of this year has been the continued integration of the Femtosecond laser into my cataract practice. With the advent of the Femtosecond laser (LenSx), premium Intra-Ocular Lenses (IOLs), Lenstar, ORA, and Verion in cataract surgery, the improved vision achievable through cataract surgery nearly duplicates the fantastic outcomes obtainable with LASIK. This has never before been possible. In fact, my practice patterns have changed because of the great results with laser assisted refractive cataract surgery so that there are now situations where cataract surgery is preferable to LASIK.

Lenstar is the machine I use prior to surgery to determine the appropriate power IOL that will replace your clouded cataract lens. Lenstar uses optical laser light for the most precise measurement of the axial length of your eye, a key component in determining the IOL power. The Lenstar also measures the corneal curvature, anterior chamber depth (ACD), and corneal white-to-white (WTW) more accurately. With this

improved data, the computer formulae can better predict the correct IOL power for your eye.

The LenSx laser creates surgical incisions and eliminates the use of scalpel blades and diamond surgical knives. The laser creates an idealized 2.4 mm (1/10 of an inch) incision that is dimensionally a 3-plane incision with a perfect 1500 micron cord length so the wound self-seals without sutures, every time. It also creates a centered, perfectly round 5 mm capsulorrhexis (or opening of the lens capsule that holds the lens/cataract) every time. No human can replicate this accuracy. By standardizing the potential variables in these 2 steps of your cataract surgery, LenSx greatly assists in the appropriate positioning of the IOL and thus the refractive outcome.

Additionally, if you have astigmatism, the Toric premium IOL can internally correct this irregularity. Astigmatism has an axis or angle and the Toric IOL must be placed on the "steep" axis of your astigmatism. Before surgery, I measure your astigmatism with the Lenstar in the upright, sitting position, but I perform cataract surgery in the supine, lying position. When you go from upright to lying flat, your eyes "cyclotort" (or rotate), and each patient is a little bit different. I have technology called Verion that can compensate for this cyclotortion. With Verion, I take a picture of your eye when you are sitting during the pre-operative exam. I carry this data/picture on a memory stick to the SB Surgery Center and retake your picture when you are lying under the LenSx laser and operating room microscope. Verion auto corrects for any cyclotorsion and shows me the corrected "steep" axis to implant the IOL. Verion presents an image in the eyepiece of the microscope that corresponds to this corrected steep axis so that I need only line up the Toric IOL with the projected image from Verion. Very cool.

Another technology of which I make great use is ORA. ORA is an aberrometer that is mounted on the under-side of the operating room microscope. Once your cataract is removed, ORA will reconfirm and double check the correct IOL power to be used. In some instances ORA can be more accurate than pre-operative measurements because it takes the measurement after the cataract is removed, and there is no potential obstruction caused by the cataract. Taken together, all this fabulous technology creates a powerful surgical tool. It has made my cataract patients and me very happy. 🌟

Guiding You Through the Process of Cataract Removal

It is often the case that my patients know they have cataracts for a while before we agree that it is time to schedule their surgery. I monitor the progression of the cataracts and wait until the effect on the patient's



vision is significant enough to impair his or her lifestyle. There can be any number of deficits that culminate in the decision, such as difficulty driving at night, glare and halos around lights, poor reading, or not being able to see the text on the TV. Once that point is reached, there are a number of decisions that must be made concerning the procedure. If you have cataracts and are anticipating surgery, I want to assure you that I will help you through this process and recommend the choices that are best suited to both your unique lifestyle and your financial requirements.

I have an interactive video program loaded on an office iPad for you to watch. It is roughly 10 minutes long and is divided into 3 segments. After you have viewed the video, I will personally discuss and answer your questions. The broad outline of cataract surgery is that you only ever operate on one eye at a time and usually, if indicated, surgery on the second eye is performed about 2 weeks later. The surgery is NOT painful, it takes about 10-12 minutes, I do not patch the eye at the end of surgery, and you may return to normal activities (bending, lifting, and exercise) on the day after surgery. It is important to me that I understand each of my patient's individual needs so that you will be happy with the outcome. I will recommend the choices that will ensure not only the best possible outcome but also provide a better, improved lifestyle for you. Informed patients are happy patients. 🍷

Premium IOL's

I always like to give an update on Premium Intraocular lenses (IOL's) in the newsletter. The Holy Grail for a replacement lens would be an IOL that provides good distance vision as well as good intermediate and reading vision without any annoying side effects. We are not there yet – but there is a product that is getting us closer to our goal. The Symphony Multifocal is a design that improves upon its predecessors. In fact, the FDA in its approval process designated a new category for the Symphony as an “extended depth of field” IOL. What this means is that Symphony not only gives good distance vision but also good intermediate (computer) and reading vision. Multifocal IOLs are diffractive lenses, meaning that there are rings of power that provide the different distances. The center optic is biased for increased clarity and quality of distance vision and the peripheral rings for mid-distance and reading. Since diffractive lenses divide light, they are dependent on good light, especially for reading. Under normal, good lighting, reading is fine; but in a dimly lit restaurant for example, a low power reading glass may be needed. After surgery, the distance vision is initially better than the reading vision because it generally takes

about one month for the patient to learn to use the Symphony IOL. Both eyes must have Symphony IOLs for the best multifocal results and both eyes must be free of any other ocular pathology. As with all diffractive IOLs, the side effects will be some glare and halos around lights at night. The majority of patients report that over time these side effects abate as they neuro-adapt to the Symphony.

Another premium lens that I like very much is the TORIC IOL, which is used for correcting astigmatism. Astigmatism occurs at the corneal plane whereas the Toric IOL can correct the astigmatism internally. Eliminating astigmatism qualitatively and quantitatively improves vision with a freedom from glasses otherwise not attainable. Cataract surgery offers the surgeon a clean slate to correct existing refractive errors, and astigmatism is a significant component of that refractive error. I use the Toric IOL in combination with the Lensx laser, ORA, and Verion for the best placement of the IOL. Please see my description of this process under “Highlights.” The end result is a happy patient and a happy doctor! 🍷

Staff Notes

Every year I highlight a few members of my staff. This year, I'd like to reacquaint you with Jeff, my Certified Ophthalmic Technician, my bookkeeper Rindi, and her assistant, Charlotte.

Jeff has been with me from “day one” of my practice and has over 35 years of experience in Ophthalmology. Jeff is loved by all for his fund of knowledge, patience and kindness. He does all of my special testing before both LASIK and cataract surgery, as well as post-operative refractions. He and his wife Vicky have 3 grown children, and Jeff enjoys mountain biking in his free time.

Rindi has been my bookkeeper for 35 years and is in charge of the upstairs business office. She makes sure I am compliant with all Medicare and insurance billing issues, which seem to change way too often. She answers patient questions about billing, and supervises all new purchases of supplies and equipment. She has 2 grown sons and is a tremendous endurance athlete in both road biking and swimming.

Charlotte has been with me for 7 years and works upstairs with Rindi. Charlotte does all the pre-authorizations for surgery, she is a wiz with the computer and makes up all our forms and informational packets. She trains our new staff in office procedures and special testing. Then on Fridays she changes hats and works in the LASIK suite with me, running and programming the excimer laser. She has 3 daughters and spends her time chasing after them.

I am very proud of my staff for their breadth of

experience and expertise. Every staff member is cross-trained and can cheerfully shift job descriptions in a blink. But even more importantly, I'm most proud that they are kind, considerate, and sensitive individuals who provide a better experience for you, the patient. 🌟



Visual Field Testing

Of all the different technologies I employ, patients comment most frequently on the visual field machine, most likely because it is a somewhat annoying experience to be tested with it. It is used primarily for my glaucoma patients, but also for those who have neurological problems or have experienced a stroke.

Visual Field technology has evolved tremendously over the years and the latest iteration of the equipment is consistently reliable. In the early years of perimetry (that is, measuring a patient's field of vision), the patient looked at a visual target which was fixed in size and intensity, and the patient could either see it or not. My new machine has Artificial Intelligence (AI) and is a nuanced threshold tester. This means that at the beginning of the test, the fixed target presents at a low threshold of size and intensity and both qualities increase until the patient can see the target. The machine responds to each patient so the test given is unique every time. It tries to trick the patient with false positives and negatives, checks that the patient is not cheating by looking away from the fixation light, and alters the timing of the test object so there is no rhythm to the testing.

This can be frustrating for the patient. Did you see the object or not? The good news is the test takes only 5-6 minutes per eye. Before this new machine, the test was about 15 minutes per eye and I always had the feeling that patients were really unhappy with me due to the fatigue factor.

The importance of the test, which is considered the gold standard for measuring glaucoma progression, is that it not only prints out the results of the study for that day, but the computer also compares the present test with all previous tests. It then graphs all your test results. This allows me to monitor the stability or progression of your disease. Visual field perimetry has

evolved to a very sophisticated exam that is truly worth the few minutes required. It is usually performed once each year. 🌟

Dry Eyes

“Dry eyes” is one of the most common diagnoses I make in people over 50. Women greatly outnumber men in this category and the condition is not affected by hormone replacement therapy. There is a definite inflammatory component to the condition and dry eyes can also be associated with systemic inflammatory and autoimmune diseases. Dry eyes tend to wax and wane depending on external conditions, such as humidity, wind, air conditioning, ceiling fans, forced air heating, and smoking. Any activity with which you intently focus, such as reading or computer use, causes as much as a 10-fold decrease in blinking, which in turn causes an unstable tear film. Antihistamines and allergy medicines will also cause a decrease in tear production and exacerbate dry eyes.

The tear film is actually 3 layers thick. The outermost layer is a lipid (oil) that stabilizes the tears so that they do not evaporate into space. The middle layer is the aqueous layer and the innermost layer is mucin (mucous) that couples the tear/aqueous layer to the eye. Any deficiency in any of these 3 layers can result in an unstable tear film and resultant dry eyes.

Burning and a foreign body sensation are the hallmark symptoms of dry eyes. The burning is from the change in pH of the tear film because the tears are more concentrated; the foreign body sensation is from the desiccation of the top layer of cells of the cornea, or epithelium. The desiccation (drying) causes the epithelial cells to die and slough off, thereby exposing the underlying corneal nerves with the resultant discomfort and foreign body sensation. There are also chemical mediators in the chemical cascade of an inflammatory reaction that aggravate these symptoms.

There is a hierarchy in treatment plans for dry eyes. The starting point is simply replacement of the aqueous tears with over-the-counter artificial tears. There are many such products with varying viscosity. The more viscous or gel-like products are better for more severe cases. They may be used on an “as needed” basis initially and then on a more regular basis if the dryness increases. If one uses the typical artificial tears that come in a bottle more than 4 times a day, then I often recommend using a non-preserved artificial tear that comes in individual vials, since the preservative in the bottles can be an additional irritant.

The next step may be to add a topical anti-inflammatory (prescription) drop to your routine, or to add a true “gel” in a tube at bedtime. Tear



I Welcome New Patients

Because I advertise my LASIK practice but not my medical practice (routine eye care, glaucoma, cataract and transplant surgery), patients sometimes think that my practice is only open to surgical patients. This is not true. I welcome all new patients and value your kind referrals for their comprehensive ophthalmology needs. I do not limit my practice only to LASIK or surgical ophthalmology. I love my LASIK practice because patients are so pleased with their outcome, but the heart and soul of my practice will always be taking care of patients with medical problems of the eye, and routine “well-patient” care to prevent those problems in the first place. 🐾

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production radically decreases at night so that in many cases the real problem is starting in our sleep and then our body is trying catch up during the day. That is why the classic symptoms are often worse first thing in the morning and then late afternoon. Additionally, other conditions such as exposure where the eyelids do not fully close will cause greater symptoms.

There are two products, Restasis and Xiidra, that can increase tear production but I find they work in a very small percentage of people. They are hugely expensive and most people cannot tolerate their side-effects. So my strategy when artificial tears are not sufficient is to insert “punctal plugs.” Since I don’t have a therapy that will induce you to make more tears, punctal plugs preserve the tears that you do have, and prevent their rapid drainage. Punctal plugs are tiny collagen cylinders that go inside the drainage canal to block the egress of your tears. They last about 6 months before melting away, insertion takes about a minute in the office, there is no discomfort or awareness of the plugs and they cannot be seen or felt. They are my favorite product for dry eyes. 🐾

Social Media

Many new patients find their way to my office via the Internet. We have always encouraged our LASIK patients to post about their experience on Yelp or Facebook, but with the rapidly changing ways in which we all make use of the Internet, new methods of finding professional referrals are replacing the old tried and true avenues of asking for advice from relatives and friends. So we now urge all of our patients who use social media to post comments about their eye care online, whether they have come to see me for LASIK, cataracts, a unique problem or even well patient care. Of course we should all evaluate online reviews critically, but Yelp and Facebook are frequently the first source for referrals, whether one is

looking for a restaurant, a general contractor, or a doctor! Thank you for taking the time to post. I sincerely appreciate your trust in me whether you recommend me to a family member or friend, or post a review online. 🐾

Medicare Updates/New Medicare Cards

At each office visit patients are asked for a list of present medications. This is very important for a number of reasons. The two most important reasons are for drug interactions and drug toxicities. As well, it is helpful for me to see what medications you are taking as it reflects on the status of your general health. Fortunately, eye drops usually pose a small risk for significant side effects or drug interactions, but there are systemic drugs that do have ocular toxicities. Additionally, this question is part of our quality assurance reporting. So it is a good idea to carry a list of current medications with you at all times and certainly for all doctor appointments. Thank you.

If you are of Medicare age, by this time you should have received your new Medicare card. The new card has removed your social security number, which has been replaced by a unique number. This card should be carried with you at all times, and it would be a good idea to carry your insurance card(s) with your medication list. 🐾

Latisse

Latisse encourages growth of the upper lid eyelashes, making them longer, darker and denser. It is an FDA approved product and I sell it in my office. Apply Latisse once daily. Although the instructions tell you to do so at bedtime, I recommend applying it in the morning. My reservation about using Latisse at bedtime is that it can migrate onto the surrounding skin when you lie down, which may cause redness. I suggest using a fine eyeliner brush to apply the liquid, and then let it dry before applying make-up. It takes 3-5 weeks of daily application for your eyelashes to show the benefits of Latisse. I now carry the larger 5cc bottle. 🐾

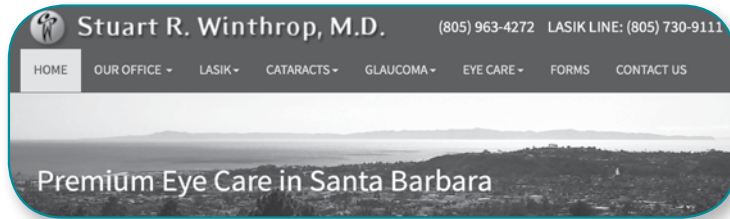
We Invite you to Visit Our Website

I encourage you visit my website: seewinthrop.com. It is constantly updated with new information and is formatted so that the content seamlessly adjusts to whatever device you are using. You will find answers to many of your questions about general eye anatomy, diseases of the eye, or a surgical procedure you may be contemplating. There are video clips and this year’s newsletter as well. You can also check out my academic and training history, download registration forms, get directions, or determine our office hours.

Whether you are a new or existing patient, visiting the website before an appointment will shorten your check-in time upon arrival. Since registration forms and



insurance information need to be updated on a regular basis, I highly recommend that you download these forms from the website and fill them out prior to your visit. We now have Medicare forms online too. If you come to your appointment armed with these completed forms, together with a list of all medications you are currently taking, you can make a big contribution toward minimizing your "wait" time. Thank you.



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CATARACT SEMINARS

We are hosting two cataract seminars this Fall. They will be held at our office at 515 E. Micheltorena Street. This will be a good time to gather more information about premium lens implants. If you elect to use a "premium" lens at the time of your cataract surgery, you can correct astigmatism and/or near, far and intermediate vision at the same time your cataract is removed. In most cases, your dependence on eyeglasses is significantly reduced. Come and listen while I explain how quick and easy cataract surgery can be. Light refreshments will be served. We hope you will join us! There is limited seating, so please R.S.V.P. @ 730-9111.

DATES & TIMES:

WEDNESDAY, OCTOBER 17, 5:00 PM

TUESDAY, OCTOBER 23, 5:00 PM

Free Screening for LASIK

Are you still not sure if you are ready for LASIK? In our experience family members wait to see who will "go first". Call us to schedule a complimentary screening at 730-9111 for you or your loved one. 📞

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SEE THE FUTURE CLEARLY

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