

EYE NEWS

FALL 2014



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A Note from Dr. Winthrop

In every issue of my newsletter, I like to open on a personal note and share with you a little bit of news about my family. It is with great joy and excitement that I tell you our daughter Mia has started her first year of medical school at USC. As you can imagine, I fantasize about taking her on as a junior partner. But no matter what field of medicine she chooses, I can already tell she will be an excellent doctor! Mia is full of good news this year, as she has also recently become engaged to marry her sweetheart of many years. We are thrilled to welcome a son-in-law into our family.

It has been an eventful year for the rest of us as well. After three years, Sam has decided to move on from his investment-banking firm. He leaves on a high point with the good wishes and respect of his mentors and bosses, to take an exciting opportunity at a newly created hedge fund. Rachel has embarked on a program called Semester at Sea under the auspices of the University of Virginia, taking a full load of college courses while traveling the globe. Betsy celebrated a birthday with a zero in it, and she and I celebrated with a cruise through the Panama Canal in May. The voyage through the canal was fascinating, and arriving in New York harbor at dawn to be greeted by Lady Liberty is an indelible memory.

As you will quickly discover as you continue to read this newsletter, the big news for me professionally is the continued advancement in cataract surgery. I will devote the majority of this newsletter to describing those new technologies and techniques. I suspect many people who have recently contemplated cataract removal believe the procedure is performed with lasers. Until quite recently, that has not been the case. The conventional procedure was and continues to be performed with diamond bladed knives to create incisions and ultrasound energy to dissolve the cataract. Now, for the first time, the precision and accuracy of lasers can be utilized for this procedure. And we have this technology right here in Santa Barbara! Check out my article on LenSx, Lenstar and iStent for more on this subject. A secondary but important theme of this year's newsletter is the integrative and holistic nature

of medicine today, with the emphasis on shared data and linked technologies. Where my medical practice is concerned, I will describe my efforts to create a seamless office infrastructure for billing, scheduling, and patient data storage and retrieval; on the surgical level, I will tell you about the exciting advances that integrate various technologies, contributing to the best possible outcomes for cataract patients.

Not surprisingly, LASIK continues to be a highlight of my practice. From the ease of my in-office LASIK suite, to the further refinement in the technology, LASIK continues to deliver truly amazing outcomes. Even with the high expectations generated by advertising in this sphere, LASIK results almost always exceed those expectations. This year I have witnessed something new with LASIK: the patients who come in seeking the procedure are getting younger. I have been performing LASIK since it was first introduced over 18 years ago. Many people I see now have been aware of the procedure for years but were not old enough to be candidates. Now they are stepping forward, and I am really enjoying working with patients in their 20's and 30's who are tech savvy and very interested in learning all about the technology.



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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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Finally, as we enter the holiday season, I want to wish everyone joyous and healthy holidays, starting with the Jewish High Holy Days and throughout the Christmas 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 maintaining the highest level of service possible for you, both on my own behalf and on behalf of my staff. We deeply appreciate your continuing confidence in us. 🐼

Guiding You Through the Process of Cataract Removal

Many of my patients have known for some time now that they have cataracts. We have been monitoring the progression of the condition, waiting to schedule your surgery until the effect on your vision is significant enough to impair your lifestyle. Once that point is reached, there are a number of decisions you must make concerning your procedure. I want to assure you that I will help you through this process and recommend the choices that are best suited to your unique physical characteristics as well as your financial needs.

Every time I write a new issue of my newsletter there are new technological advances to share with you. Many of those relate to the treatment of cataracts. This issue is no different: In the following paragraphs you will read about the LenSx femtosecond laser, the Lenstar, ORA, the Verion, and then there are the different intra-ocular lenses to choose! It's a lot to absorb. Some of these choices are covered by insurance but others are not. For instance, if you choose an intra-ocular lens that will correct your vision so that you won't need to wear glasses following surgery, that lens is more expensive than the conventional lens authorized by your insurance company, and the difference in price must be paid by you personally.

My staff and I understand how difficult this process can seem when you first make the decision to have your cataract removed. We will guide you through it. I understand each of my patients' individual needs and I will recommend the choices that will ensure the best outcome possible for you. 🐼

LENSTAR

The first pre-operative test you will undergo when it is time for cataract removal is the Lenstar. It will tell us what power your replacement intra-ocular lens (IOL)

should be after your clouded lens is removed. This is new. For the past few years, I used a device called the IOL Master to determine lens power. But as technology marches on, a new gold standard has emerged in the Lenstar. As cataract surgery outcomes have improved over the years, surgeons and researchers have reached a greater understanding of the variables that affect those outcomes, and how to control or remove them to achieve a better result.

For example, measurements of "white-to-white" (WTW), "anterior chamber depth" (ACD), and "effective lens position" (ELP) can all now be calculated with the Lenstar with much greater precision than previously possible. Additionally, the LENSTAR has a much more sophisticated topography device for measuring the surface of the cornea.

By comparison, not too long ago the only measurements we were able to obtain were the axial length of the eye and corneal curvature. This was not much information to go by when determining the correct power of the IOL. With LENSTAR and the other technologies you are reading about in this newsletter, surgical outcomes have become better and better. And I get to see big smiles and happy faces starting with your first post-operative visit. 🐼

LENSEX

In the past year, the most significant technological advancement in our arsenal of sophisticated surgical equipment has been the addition of the Alcon LenSx femtosecond laser. Before you step into the operating room at the surgery center, you will already have had a number of different tests taken to measure your eye. Most of those tests are done with the sophisticated equipment that is described in this newsletter. Your individual eye variables are identified through those tests. All of that information is then uploaded to the computer in the LenSx. The LenSx is then used in lieu of a blade to create the primary and secondary incisions through which the cataract removal is performed, it is used again in lieu of a blade to open the front lens capsule to gain entry to the cataract, it is used to soften the cataract to facilitate its removal, and finally, if indicated it will also be used in the treatment of any astigmatism the patient may have.

As you can imagine for a machine with a price tag of nearly a half million dollars, the LenSx is very sophisticated and captures precise, high resolution

images through optical coherence tomography or “OCT” (a acronym with which many of my patients are familiar.) The machine is housed in a room adjacent to the operating room at the surgery center. When the patient is on the gurney that will transport him or her into the operating room, a surgical nurse will first take the patient to the LenSx, where the laser is “docked” to the operative eye with a small suction device. The laser is then activated. In 2 to 3 minutes, this portion of the cataract procedure is completed and the patient is moved on to the actual operating room. The laser itself completes its task in about 30 seconds.

The cost to use this technology is not a Medicare covered expense, nor is it reimbursed on any insurance plan. It represents an out-of-pocket expense to the patient. The Santa Barbara Surgery Center, which bought the equipment for the ophthalmologists who operate out of the center, will charge you for its use. And as I mentioned in my earlier article, I or my staff will guide you through these charges and help you decide if you want or need to use the LenSz. Many patients are reassured by the idea of a “bladeless” laser incision. I myself have greatly appreciated the fact that the LenSx captures high-resolution images in real time for computer-controlled, customizable procedures. 🌟

iStent

iStent is a new surgically implanted device for patients with mild to moderate glaucoma. The stent will slow the progression of their disease and allow them to use fewer eye drops and/or other medications. Glaucoma results when the drainage area in your eye becomes plugged, creating dangerously high pressure within the eye. The iStent bypasses the plugged area and creates a new pathway for drainage, thereby reducing pressure. Again, it is only appropriate for patients with mild to moderate glaucoma, and thus far, the FDA has only approved its use in conjunction with cataract surgery. In other words, if you have glaucoma but do not have a cataract, we are not yet permitted to do surgery just to implant the iStent.

Compared to conventional glaucoma surgery, the procedure for implantation of the iStent is much less invasive. It shares the same internal incision created for the cataract removal, it involves minimal trauma to the eye, it is highly effective and has a rapid rate of recovery. By contrast, the conventional glaucoma procedure requires the creation of an external wound to the eye, involves the use of highly toxic chemotherapy

agents, there are significant risks of complications and the recovery period is prolonged.

The iStent is the smallest device ever approved by the FDA. It is 20,000 times smaller than the IOL used in your cataract surgery. It is tiny! More frequently, patients are accustomed to hearing about stents used in the treatment of heart disease. In the future, I believe the FDA will approve many more indications for its use. For now, my recommendation is that all glaucoma patients undergoing cataract surgery should consider the iStent in the hope of requiring fewer medications to control their disease. 🌟

Verion

Medical practitioners recognize that modern medicine requires a holistic approach that integrates a wealth of information. This is true at the macro level across medical specialties and it is also true at the micro level across the various technologies employed in cataract surgery. We have talked about Lenstar, LenSx, and ORA. How do we apply the data acquired from these modalities? The answer is Verion.

As part of your pre-operative cataract tests, a Verion machine in my office will photograph your eye. All of the data obtained from your pre-operative tests is encoded on that photograph and stored on a memory stick that I transport to the Santa Barbara Surgery Center (SBSC). At SBSC, I will plug the memory stick into an identical Verion machine located there, which then populates the operating room equipment with a visual display of all your data. Pretty cool!

Another aspect of this technology that you will find





interesting is “registration.” Registration is a concept that I normally discuss with my LASIK patients; and now with Verion, cataract patients are hearing about it too. In general, when we take your eye measurements, you are sitting upright. However, you lie down for surgery; when you do, your eye rotates or “cyclotorts”. Each patient’s cyclotorsion is different. Verion records landmarks in the vascular pattern of your eye; it compensates or corrects the cyclotorsion and then sends this correction to the LenSx and microscopes in the operating room. It essentially autocorrects your eye position for whatever posture your body is in. This is especially important if you have astigmatism that is being corrected at the time of your cataract removal because postural differences can significantly impact the position of your astigmatism. Verion removes these variables and insures precise measurements.

Verion is truly cutting edge technology. I am very proud that as a sole practitioner I possess technology comparable with large medical centers throughout the state. I have always made a serious commitment to remaining at the forefront of new developments in patient care, and feel very fortunate that I am able to make these investments for my patients. 🌟

LASIK after Cataract Surgery

If you had cataract surgery prior to the introduction of premium intra-ocular lenses (IOLs), you can still improve your vision without glasses. I have performed LASIK on post-cataract patients with great results; these very happy people no longer need to wear glasses. In the earlier days of cataract surgery, when incisions were larger and the machines to calculate the IOL power were not as accurate, many people were left dependent on their glasses because of residual astigmatism and refractive error. Now, with the advances of LASIK and the Allegretto excimer laser, I can eliminate any left over nearsightedness, farsightedness, or astigmatism with great accuracy. The reason being that once you have had cataract surgery with an IOL, your eye refraction is stable and does not change over time. LASIK is done in my office and is a safer, faster and easier procedure than cataract surgery. And, there is no age limit; I have performed LASIK on patients in their 90’s. Something to think about! 🌟

The Santa Barbara Surgery Center

I do the majority of my outpatient surgical

procedures at the Santa Barbara Surgery Center (SBSC). This is a physician-owned facility on De La Vina Street right next to Trader Joe’s. I serve on the Board of Directors as Vice-President, which allows me to have input for the Center’s operation and direction. I have greatly enjoyed my association with SBSC because it gives me direct control over patient care, equipment purchases, and staffing. There is no intermediate third party influencing your care or my judgment. SBSC is fully accredited and must undergo the same regulatory reviews and inspections as any other hospital. On the other hand, because it is owned and operated by physicians, the physician perspective is the primary guiding force in determining policies that impact patient care. The ophthalmologists who use the surgery center can move quickly to purchase new equipment unique to our specialty, such as the LenSx, as it is not necessary to petition a hospital committee for approval or to wait for extensive time periods as a result of fixed fiscal budgets. The advantages are striking and following a visit to the Center, patients often comment on the personalized level of care and individual attention from our friendly staff.

A perfect example is the recent acquisition of a second ORA device. In my last newsletter, I told you about ORA, which is attached to the operating room microscope. ORA allows me to double check the results of pre-operative measurements by checking IOL power during the cataract surgery itself. Once the cataract has been removed, ORA can measure the eye and predict the needed IOL power. ORA has been such an added benefit that most patients elect to use it. At the surgery center, a small group of ophthalmologists who recognized the need for the ORA were able to make that acquisition, and more recently purchased the second ORA device. Now I can make use of two operating rooms for my patients. This has increased my surgical efficiency and has made surgery day a

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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, surgical treatment, or a second opinion.



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 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 medical 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. I am on most insurance plans except HMO's, although I see a fair number of HMO patients who are unhappy with their care and feel it is worthwhile to pay out of pocket to see me. 🐾

better experience for my patients.

To be sure, private surgery centers will never replace large hospitals. A couple of obvious differences are that hospitals offer in-patient care for those patients who must be closely monitored following surgery. And, for non-surgical patients who are ill or fighting disease, a hospital is the only appropriate venue for their care. There are many other reasons why one might need to be cared for in a hospital setting, and I am always happy to return to the Cottage Hospital Eye Center. These days that is usually the case when caring for Cottage Hospital employees, or when I am performing cornea transplant surgery. So I continue to place great reliance on the high quality of professionalism and patient care available at Cottage Hospital. Our community is truly blessed to have such a sophisticated medical center. Our private surgery center at SBSC is a wonderful adjunct to Cottage Hospital. 🐾

Software, Hardware and Data

As we all know, technology has infiltrated every aspect of our lives, mostly for the better. In the healthcare industry, the ability to store vast quantities of personal data has enabled us to care for patients more holistically, integrating information from all of your health care providers to get a more accurate picture of your unique health care needs.. On the other hand, we have all experienced the growing pains associated with the explosion of advances in computer technology and

the devices that store our personal data. One example of this is my attempt a few years ago to convert my practice to electronic medical records.

This led to a federal regulatory scheme known as EMR (electronic medical records). In good faith I made a contractual commitment with a company specializing in ophthalmology records. Then, after my staff and I went through months of training and costly hardware upgrades, I found myself standing in front of patients with an iPad in hand, tasked with inputting data while attempting to diagnose and treat. Impossible! In short, the program was an expensive disaster that threatened the high level of care I demand for my patients. I abandoned it after only 2 months.

Another example of the growing pains associated with the digital age is billing. For most of my career, I employed the services of one individual who came to work here at my office and handled all of my billing. As insurance and Medicare paperwork became more cumbersome that model changed, first to a private offsite billing company and more recently to a national concern that handles both billing, scheduling, and patient data storage. Ultimately, I believe this integrated approach will benefit all of us; but unfortunately, the conversion has been rockier than I anticipated. I apologize to those of you who have had billing problems. We have been diligently working on those problems over the last many months. However, working with a large corporate service provider seems to mean adjustments and corrections occur at a glacial pace.

I would like to reassure you that I am aware of these problems and I am working to eliminate them. My highest priority is that your experience with my office and me remains positive. I thank you for your patience in that regard. The good news is that in connection with all of these modernizing efforts, our hardware and software infrastructure is top notch and up to date, and our ability to protect your data and your privacy is assured. 🐾

Santa Barbara's "Best" Eye Doctor

I am honored that for the sixth year in a row I was voted Best LASIK Surgeon by the Santa Barbara News-Press. Thank you for your continuing support. I will always endeavor to do my best for each and every one of 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. Micheltoarena 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 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 as Dr. Winthrop explains how quick and easy cataract surgery can be. Light refreshments will be served. Hope you will join us! There is limited seating please R.S.V.P @ 730-9111.

DATES & TIMES:
WEDNESDAY, OCTOBER 1, 5:00 PM
TUESDAY, OCTOBER 7, 5:00 PM



I urge you to take a look at my website: www.seewinthrop.com. There, 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. You can also check out my academic and training history, download registration forms, get directions or determine our office hours. We have also recently updated our informational, which can be viewed on our website.

We Invite You to Visit Our WEBSITE