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Fellowship Awards – Society for Excellence in Eyecare
New Orleans October 2004

Dr. Grabow's Techniques Observed

Dr. Andreas Gross from Burghausen, Germany, on a recent visit to the Center for Advanced Eye Surgery to observe Dr. Grabow perform cataract surgery. Pictured left to right: Harry Grabow, MD, Andreas Gross, MD & Murray Golden, C.O.E.



Where Has Dr. Grabow Been... And Where Is He Going?

Dr. Grabow was in New Orleans, LA for the American Academy of Ophthalmology (AAO) annual conference in October. At AAO Dr. Grabow was awarded fellowship status in the Society for Excellence in Eyecare (SEE). Dr. Grabow was honored for his extraordinary and sustained contributions to the field of ophthalmology. Only 52 ophthalmologists nationwide have been granted fellowship status in the Society. Since 1989, SEE has acted as the patient's advocate by promoting quality, safety, and cost effective care of the eye.

AAO is the largest national membership association of ophthalmologists. More than 90 % of practicing U.S. ophthalmologists (16,000) are Academy members, and the Academy has more than 6,000 international members from other countries. The mission of the AAO is to advance the lifelong learning and professional interests of ophthalmologists to ensure that the public can obtain the best possible eye care. Dr. Grabow has been a member of AAO since 1978.

While at AAO, Dr. Grabow was an instructor in a practice session teaching other eye surgeons how to correct astigmatism in the cataract patient.

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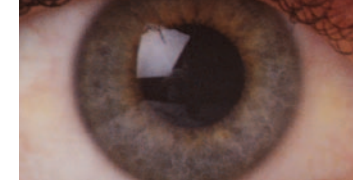
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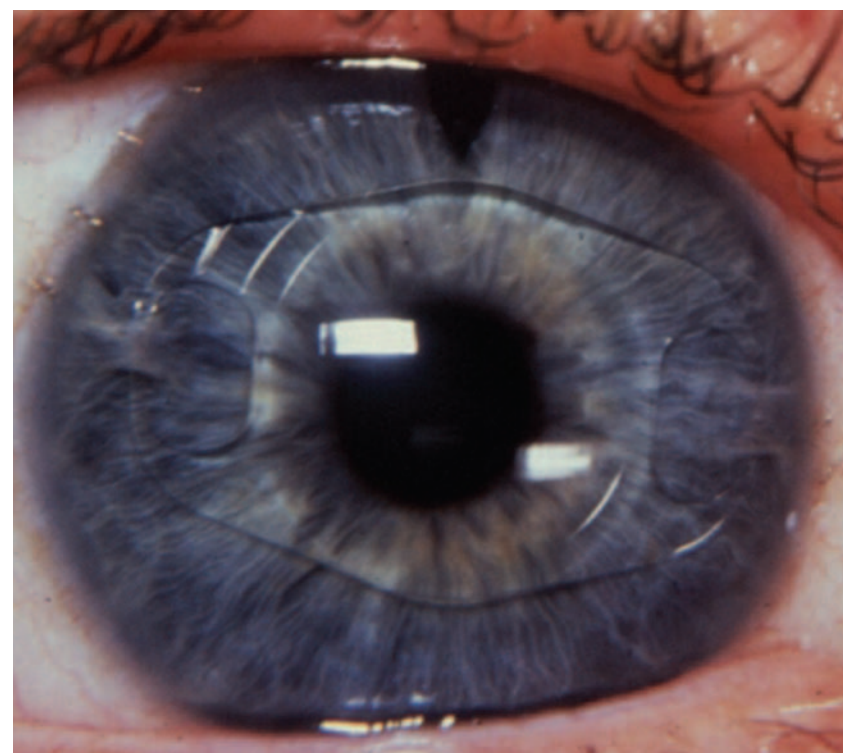
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Verisyse™ Phakic IOL: Latest Advance Gives Patients the Ability to See Without Glasses

The Verisyse™ lens is an artificial intraocular lens that is placed inside the eye surgically without laser removal of corneal tissue or removal of the natural lens. The Verisyse™ lens can correct nearsightedness, farsightedness, and astigmatism.* By not removing the natural lens, if you are under 40 years of age, the eye can still focus from far to near without the need for reading glasses or a reading contact lens. Dr. Grabow is one of a small select group of eye surgeons certified to implant the Verisyse™ intraocular lens. If you have a spectacle or contact lens prescription of -5.00 or higher and are over 21 years of age, you may be a candidate for the Verisyse™ lens.

*At the present time, the Verisyse™ lens has been approved for use by the FDA to treat only nearsightedness.



Verisyse™ Frequently Asked Questions

Q. Is the Verisyse™ lens permanent?

A. The Verisyse™ lens is designed to be permanent inside the eye. However, unlike laser procedures, which actually permanently remove tissue from the eye, the Verisyse™ lens is designed to be removable and replaceable. Therefore, like a contact lens, the Verisyse™ lens can be removed or replaced at any time for a different prescription.

Q. Are both eyes implanted with the Verisyse™ lens at the same time?

A. Not usually. The eyes are usually implanted 1-2 weeks apart.

Q. Can the Verisyse™ lens correct all degrees of nearsightedness, farsightedness, and astigmatism?

A. The Verisyse™ lens has been approved by the FDA for -5 to -20 units of nearsightedness.

Q. Can the Verisyse™ lens focus both far and near?

A. When the Verisyse™ is implanted in eyes to correct vision, not to replace a cataract, the natural crystalline lens is left in the eye. The natural lens can

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Driving at Night

Many people, particularly those over 65 years of age, feel reluctant to drive as a result of poor vision that may be caused by cataracts. These drivers complain that it takes an unusually long time for their eyes to recover from glare and that their area of vision is small. Glare is generally worse in the early morning or late afternoon when the sun is low in the sky. Glare at night from the headlights of oncoming traffic may be particularly severe as well. Many people avoid driving not only at night, but also in bad weather, or on highways. They actually drive fewer miles than they did when their vision was not impaired. Some become frustrated, stressed, and anxious when driving, and may get concerned that their independence may be threatened if they must limit or actually stop driving. People like to drive to shop for food, pick up medications, and attend social functions. Often they realize that their impaired vision can create a serious driving hazard, yet that realization does not eliminate the need for them to drive. A normal part of the aging process, cataracts produce vision loss in more than 80 percent of people over 65 years of age. Symptoms of cataracts can include blurry vision, glare, color

VERISYSE™ FREQUENTLY ASKED QUESTIONS from page 1

still focus far and near (accommodate) in people under age 40. So people with a Verisyse™ lens will not need reading glasses until sometime after age 40.

Q. Are there risks of complications associated with the Verisyse™ lens?

A. As with any surgical procedure, there are potential complications. Although complications are extremely rare,

the lens may become detached inside the eye requiring re-attachment; the cornea may swell; the eye may develop a cataract, glaucoma, inflammation, or infection.

Q. Can I have the Verisyse™ lens if I've had LASIK?

A. Yes, although it would be extremely unlikely that an eye would need such a lens after LASIK.

aberration, and impaired depth perception. Other symptoms may include a feeling of having a film over the eyes causing people with cataracts to blink or clean their glasses often; slight changes of color of the pupil from black to gray, yellow, or white; double vision; and “second sight,” a temporary improvement in near vision that worsens as the cataract progresses. When cataracts limit the ability to perform ordinary tasks or enjoy pleasurable pursuits, surgical removal is a safe and effective recourse.

New advances and techniques in cataract surgery have made enormous improvements for patients,

resulting in shortened recovery periods, little or no discomfort, and nearly instantaneous restoration of vision. Cataract surgery returns the precious gift of sight to millions of Americans every year. If cataracts are affecting your daily life, such as driving at night, cataract surgery can bring your world into focus and let you get back to living your life

Did you know...

Eyes are the most complex organs you possess (except for the brain); visual functions occupy approximately 56% of the brain's 14 million fibers.

During a routine eye exam, your doctor can detect diseases such as diabetes, high blood pressure, high cholesterol, multiple sclerosis, and brain tumors.

Eyes contribute 85% towards your total knowledge.

Cataract Surgery and the Low Vision Patient: Coming in from the Darkness

By Thomas E. Blom, O.D., Low Vision Specialist, Sarasota, Florida



When cataracts cloud vision, the decision to have them removed is rather straightforward, as the potential benefits of cataract surgery greatly outweigh the minimal risk of surgery when performed by a skilled cataract surgeon. The decision whether or not to remove a cataract for persons with low vision is often a bit more involved.

Low Vision refers to a number of eye related maladies that impair vision and decrease one's independence from a functional standpoint. In lay terms, it means that even with the best possible eyeglasses or contact lenses, vision is still impaired. Vision may be blurred; bent, distorted or parts of the field of view may be missing. Some of the common causes of low vision include: macular degeneration, glaucoma, diabetes, stroke, retinal detachments and hereditary eye disorders.

When persons with any of these conditions also develop a cataract, which further limits vision, it is important to predict the likely visual outcome following successful cataract surgery so that realistic expectations are met and false hopes are avoided. It is important to remember that if you have a cataract and an additional vision malady, that, following cataract surgery, vision will still be limited to some degree by the other vision malady. We are able to predict the potential visual outcome following cataract surgery with a

P.A.M. Test. The P.A.M. (Potential Acuity Meter) estimates the vision level or potential by bypassing the cataract and determining the vision potential of the rest of the vision system exclusive of the cataract and converts the information to a vision level such as 20/20, 20/40, 20/200, etc.

This is valuable information for the doctor and the person with low vision, because if the overall vision will be improved, the decision to have surgery is easier to make. It is important that the risks be weighed against the potential benefits however. For example, a person with macular degeneration and a cataract may need to wait until the cataract “ripens” and it then becomes more difficult to see before the cataract is removed. This is due to the increased chance that a hemorrhage may occur in the retina and therefore negate the benefit of the surgery. This is why surgery may be indicated for some people while others with different eye conditions may have to wait a bit longer. Good clinical judgment, a lifestyle analysis and careful counseling between doctors and patients are extremely valuable and often lead us down the proper course.

While some low vision patients with cataracts may not be able to read lower on the eye chart, most of these persons will tell you that they experience a subjective quality improvement following cataract surgery. Furthermore, they often report less glare, objects seem brighter/clearer and colors look more natural and vivid.

As a low vision specialist, I often find that low vision patients who have successful cataract surgery also respond better to low vision devices such as magnifiers, prismatic lenses, high power reading glasses and telescopic glasses, which afford them improved distance vision. The low vision patient considering cataract surgery will improve their goal of independence with a skilled cataract surgeon and a low vision specialist who understand the complexities of multiple vision impairments as well as their lifestyle issues.

Meet Dr. Blom



Thomas E. Blom, O.D. is a board certified optometrist who has been in private practice here in Sarasota since 1997. He specializes in Low Vision care. Dr. Blom is a member of the American Optometric Association, Florida Optometric Association and a past trustee of the

Manasota Optometric Society. He was awarded the 1998 Medical Achievement Award from the Florida Administrators and Educators in Vision Rehabilitation.

“Keep your face to the sunshine and you will not see the shadows” - Helen Keller