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Better Vision News

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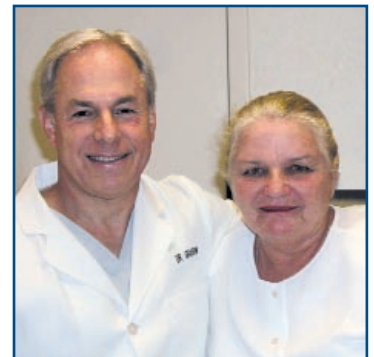
Study Finds Seniors Drive More Safely After Cataract Surgery

A recent study published by the Journal of the American Medical Association (JAMA) showed that adult drivers with cataracts who undergo cataract removal with intraocular lens (IOL) implantation have half the automobile crash rate of those who do not have their cataracts removed.

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Cuban Patient Seeks Out U.S. Surgeon For Cataract Procedure

Primitiva Suarez lives in Matanzas, Cuba, about three hours from the capital city of Havana, the only place in Cuba where it would be possible to have the cataract surgery so desperately needed to restore her sight. Several obstacles stood in her way, including the three-hour trip to Havana, and Suarez does not have a car. In Cuba, there are so many people in need of cataract surgery, the wait to see a doctor is either too long or there are not enough doctors to perform the surgery. If surgery is scheduled, it is often for one eye only. Then it could be six months or a year until they could have the second eye done. Suarez managed to find transportation and traveled to Havana twice, but both times was told the doctor could not see her because there were too many patients waiting ahead of her. In Cuba, cataract surgery takes place in a hospital and recovery time includes three months of no physical activity.



Dr. Harry B. Grabow with Cuban patient, Primitiva Suarez.

After months of writing letters to Cuban ambassadors, Suarez was finally granted permission to come to the United States for cataract surgery. Harry B. Grabow, M.D., Founder, Medical Director and Chief Surgeon of the Sarasota Cataract and Laser Institute recently performed the surgery for a greatly reduced fee as part of his commitment to the "Mission Cataract" goals of ending world cataract blindness.

According to *The Globalist*, a daily online magazine on global economy, politics and culture, as of March 2002, the average Cuban salary stood at around ten dollars a month. Suarez did not have enough money for cataract surgery.

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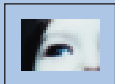
CUBAN PATIENT from page 1

So Suarez's sister, Emma, who works a part-time job, sacrificed a lot to pay for her sister to make the journey to the United States for surgery. Emma has to pay the Cuban government \$170 a month for her sister to remain in the U.S. for the time of her surgery.

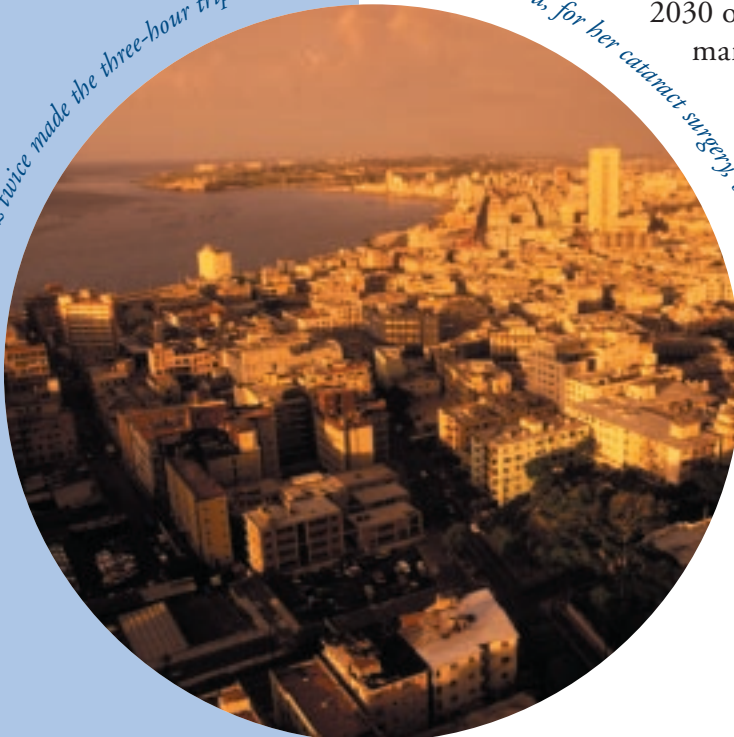
Suarez stayed in the U.S. until she finished with her post-surgery eye drops. Having successfully completed cataract surgery on both eyes, Suarez said that she feels great and appreciates her newly restored vision.

By having her cataract surgery in the United States, she was able to receive advanced No-Stitch/No-Patch/No-Needle surgery and experience a much faster recovery.

"I see the eyes, I see the faces", Suarez says when she watches television now. "Now I have my sight returned to me."



Primitiva Suarez twice made the three-hour trip to Cuba's capital city, Havana, for her cataract surgery, but both times was turned away.



SENIOR DRIVERS from page 1

Two groups of older adults with cataracts were recruited through ten ophthalmology and two optometry clinics in Birmingham, Alabama. The first group who decided to have cataract surgery consisted of older adults with cataracts who met several criteria at enrollment, including cataract in one or both eyes, no previous cataract surgery in either eye, and at least 55-years of age was recruited. A second group of older adults with cataracts was recruited. This group met the same criteria, except these patients decided not to have cataract surgery. In both groups the primary cause of vision loss had to be cataract as judged by the ophthalmologist or optometrist.

The study was conducted from October 1994 through March 1996, with 4 to 6 years of follow-up. Researchers at the University of Alabama-Birmingham used police data to compare the ratio of motor vehicle crashes among 277 cataract patients during the 4-6 year follow-up. They compared the rate for 174 patients who had cataract surgery with 103 who did not and found that the latter group had nearly double the crash rate of the former, about 9 crashes per 1 million miles driven for the non-surgical group vs. 4.74 for the surgical group. During the follow-up, the crash rate for those having surgery increased only 27%, compared to a 75% increase for those who decided against surgery.

Did You Know?

We blink an average of 22 times per minute. Read about blinking and Dry Eye Syndrome in this issue (page 3).

Older adults are the fastest growing group of drivers on the road today, both in terms of the total number of drivers and the number of miles driven annually.

According to an article by Lyman S. Ferguson of *Injury Prevention* magazine, one study predicts that older drivers will be involved in 178% more police reported crash-

es by 2030, and 155% more fatal crashes by then. By 2030 older drivers are expected to account for as many as 25% of driver fatalities vs. 14% today.

Common symptoms of a cataract include painless blurring of vision, difficulty reading road signs, sensitivity to light with glare, poor night vision with difficulty driving at night, and muting or yellowing of colors. When a patient experiences some of the visual symptoms listed above and wants improved vision, it may be time to remove the cataract, provided the cataract meets government standards for removal and the surgeon also recommends removal.

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New Advances in Dry Eye Treatment

**David M. Rubin, O.D.,
Board Certified Optometrist**

If your eyes burn, itch, feel irritated, or scratchy, like having an eyelash in your eye, you may be one of the over 10 million Americans who suffer from Dry Eye Syndrome. At the Sarasota Cataract & Laser Institute we see and treat a significant number of dry eye patients every day.

Dry Eye Syndrome occurs when there is a decline in quantity or quality of tears bathing the eye. The balance of tear production and tear loss through drainage and evaporation maintains the moisture level on the surface of the eye. When this balance is not sustained, dry patches form on the surface of the eye and cause irritation. Reflex tearing is a response to physical irritation or emotion (crying). The physical discomfort associated with dry eye actually can induce excessive reflex tearing causing some dry eye patients to have excessive watering.

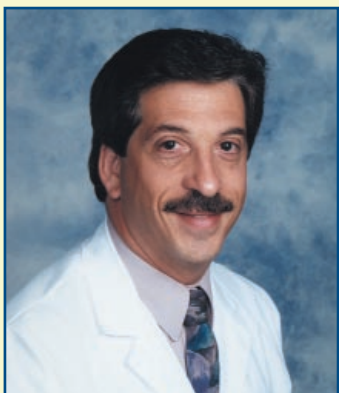
Tear volume decreases with age as much as 60% by age 65. Dry Eye Syndrome affects 75% of people over age 65. Other factors that cause or exacerbate dry eye include activities that suppress blinking, such as reading or working at a computer. Environmental factors, such as high altitudes, dry windy conditions, and the use of heaters, blowers, hair dryers, fans, and air conditioners increase tear evaporation and reduce eye lubrication. Certain medications, such as antihistamines, diuretics, antidepressants, and over-the-counter vasoconstrictors (i.e. Visine) can also exacerbate dry eye.

Certain diseases are associated with Dry Eye Syndrome including rheumatoid arthritis, thyroid disease, Parkinson's, and eyelid scarring. The new corneal laser refractive surgery, LASIK, may also cause or exacerbate Dry Eye Syndrome.

Dry eye cannot be cured but can usually be controlled. The mainstay treatment is the use of artificial tear eye drops instilled multiple times every day. Lubricating ointments are also useful, particularly at bedtime, in more severe cases of dry eye.



Another treatment option involves occluding the duct that drains tears away from the eyes. This allows the tear film to remain on the eye longer before evaporating. Punctal Plugs are inserted into the tiny opening of the tear drainage ducts on the lid margin. This is a simple, painless, in-office procedure. We are now beginning to see the use of nutritional supplements for the management of Dry Eye Syndrome. Flaxseed oil, primrose oil, and other ingredients containing omega-3 and omega-6 fatty acids are showing up in nutritional supplements specifically for the treatment of dry eye. Eye drops containing cyclosporin-A for the treatment of dry eye are currently being investigated.



David M. Rubin, O.D.

Meet Dr. Rubin

David M. Rubin, O.D., is a board certified optometrist who sees patients at the Sarasota Cataract & Laser Institute two days a week for post-operative care, emergencies, and patients who require ongoing care for conditions such as glaucoma and dry eyes.

Dr. Rubin spends the rest of the week in Venice where he has been in practice since 1983. He is a member of the American Optometric Association, the Florida Optometric Association, and the Manasota Optometric Society, where he currently serves as president.



Dr. Grabow Chosen Again for “Best Doctors In America”

For the eighth consecutive year, Dr. Grabow has been selected for inclusion on the list “Best Doctors in America.” The project, which began in 1992, provides patients with an objective and unbiased review of approximately 31,000 qualified physicians nationwide and represents more than 40 specialties. Inductees earn recognition on the annual list after an exhaustive peer-review survey in which thousands of doctors are asked to name the best clinical practitioners in their specialties. Only those physicians who earn the consensus support of their peers are included.

Harry B. Grabow, M.D.



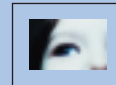
A copy of the list can be obtained by contacting Best Doctors, Inc. at 5230 Woodside Executive Court, Aiken, SC 29803. Their web site is www.BestDoctors.com, and their telephone number is 800-675-1199.

Did You Know?

In a normal life span, your eyes will bring you almost 24 million images of the world around you.

SENIOR DRIVERS from page 2

At the Sarasota Cataract & Laser Institute, cataract surgery is performed by removing the clouded lens and replacing it with an intraocular lens called an IOL. Foldable IOLs are pliable and can be injected through a tiny incision that heals naturally and quickly without stitches, using only eye drops to numb the eye. This technique is called No-Stitch/No-Patch/No-Needle cataract surgery. For more information on cataract surgery, visit our web site at www.sarasotacataract.com or call (941) 921-7744. The Institute is located at 3920 Bee Ridge Road, Bldg. F, Suite A, in Sarasota. For more information on this study by JAMA, visit www.jama.ama-assn.org.



Better Vision News is published quarterly by the Sarasota Cataract & Laser Institute.

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