Bulletin

NEXT MEETING

Tuesday, September 12, 2017

St. Louis Marriott West
660 Maryville Centre Dr.

6:00 p.m. Buffet
Johnson & Johnson Vision-
Refractive Division
RSVP no later than September 7, 2017
paula@stlouisoptometricsociety.org
314 725-2020

7:00 p.m. Business Meeting

7:30 p.m. To Lasik and Beyond!
Jason Brinton, M.D.
Brinton Vision

Be Sure to RSVP

Feature Article: Continued

Please check out the article on pages 5-6
By our own Dr. Jenna Osseck in
collaboration with Dr. Joe Rich
Continued from last month’s Newsletter:
Emerging Disruptive Technologies

COMMITTEES:
Committees are being formed for the next year.
If you would be interested in serving on a
committee for the 2017-2018 year, please contact
Dr. Andrew Biondo 314 394-3045

2017-2018 Committees:
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             Dr. Kevin Lydon
Contact Lens: Dr. Nick Castellano and
             Dr. Rachel Merriman
Technology: Dr. Paul Luong
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Thank You Johnson and Johnson IOL Division for your Contribution to our August meeting. Michael Stock of Visionary Eyecare and Surgery presented a stimulating update on IOLs 2017

**Advances in Intraocular Technology 2017**

*Presented by:* Michael Stock, M.D.  
*Submitted by:* Dan Friederich, O.D.

The 1st intraocular lens (IOL) was invented in 1949. In the 1970’s, surgeons first attempted to put the IOL into the capsular bag; phacoemulsification was also invented in the 1970’s. In 1989, the first IOL resembling what we use today was invented. Multifocals arrived in 2005, and toric IOLs were released in 2007. Over the past 67 years, IOLs have advanced remarkably, with “extended depth of focus” IOLs coming to market in 2016.

There are a wide variety of monofocal lens options available, and they are not all created equally. Some surgeons may use a less costly lens to simply save on cost, even though it is not the best lens for the patient. There are three main materials used in the eye: collamer, silicone, and acrylics (PMMA, hydrophobic, and hydrophilic). When designing an IOL material, it must be biocompatible, have favorable optical qualities, and be stable for the duration of the patient’s life. Surgeons prefer a design that facilitates delivery in surgery, stability and centration, and prevention of visually significant degradations. Centration is achieved by haptic designs that play off of the assumed symmetry of the capsular bag, and most of the time they are correct. Stability in the bag is achieved by taking advantage of capsular bag scarring. Plate haptics are far more susceptible to rotating off axis because there is less surface area that the bag has to hold it in place. Visually significant degradations include posterior capsular opacity (PCO), glistenings, and phase separation. Prevention of these is dependent upon the material selected. Silicone IOLs can lead to higher rates of cystoid macular edema; if the patient were to require a vitrectomy with silicone oil later on, there can be a lens-oil integration.

When choosing the IOL vehicle, the best material is hydrophobic acrylic because it is foldable, has a lower rate of PCO, and a better optics profile. As far as design, it is best to avoid plate haptics as they have poorer stability and centration; a modified C-loop 1-piece is the best design.

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With the optics of an IOL, the goal is obviously to have light from all desired distances focus on the fovea; the goal is also to correct for each order aberration to the best of our ability in sequence. These are spherical equivalent, astigmatism, spherical aberration, and chromatic aberration. The ABBE is a measure of chromatic aberration, and the number is inversely related to an IOL’s refractive index.

There are a wide variety of multifocal IOLs available, but glare and halos can be a problem. The extended depth of focus (EDOF) Symfony IOL is much closer to a monofocal as far as glare and halos. It is also able to correct for astigmatism and chromatic aberration (unlike other multifocal IOLs). Patients are generally very happy with the vision out of Symfony IOLs. The Symfony lens has much more surgical and optical forgiveness than other multifocals, which is another reason that surgeons like them so much.

Some post-operative considerations for toric IOLs, multifocal IOLs and EDOFs are that: autorefractors can be way off, “push the plus”, if the IOL is a toric and VA is <20/40 at 1 week the patient needs a refraction, and neuroadaptation will occur over the course of weeks and months.

There are many IOL options available. Be sure that your surgeon is not going unchecked and that you are aware of what they are implanting into your patients’ eyes!
Please refer to last month's Newsletter for the first part of this Dialogue

**Emerging Disruptive Technologies**

Jenna Osseck, O.D. & Joe Rich, O.D.

There are numerous states that are currently working on passing legislation to protect themselves from disruptive technologies:

**Connecticut**

The state is working to pass legislation against online kiosks. There has been opposition to the bill, from 1-800 Contacts, Opternative, Warby Parker and Simple Contacts, who’ve hired multiple lobbying and PR firms in the state to combat this bill. The bill was voted out of the House Committee to the House floor on a 20-3 vote on March 27th, 2017. There is still opposition to the bill due to its “anti-business” messaging.

**Indiana**

In 2016, the patient protection language enacted in the telehealth provisions/Telemedicine Amendment (HB 1263) was repealed by 1-800 Contacts, Opternative, Warby Parker and Simple Contacts, which involved lobbying and PR firms. However, the repeal bill was defeated in committee in late February. Their bill removed the restriction on prescribing ophthalmic devices through telemedicine and set conditions on when a provider may, through telemedicine, prescribe medical devices. It requires the state’s Optometry Board to regulate “ocular telemedicine or oculer telehealth” no more restrictively than it does for in-person services.

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Minnesota
Two companion bills have been introduced and referred to committee. 1-800 Contacts contract was terminated in late January 2017, even though they did have representation in the state. No new action is taking place.

New Mexico
Legislation was passed through full legislature on March 18th, 2016 then sent to Governor Martinez for a signature. However, Simple Contacts hired a lobbying firm for $200,000 after the bill was sent to her office in efforts to get the bill vetoed. Opternative and 1-800 Contacts also opposed the bill throughout its run through the legislature. New Mexico was working to have conversations with her office to assure her signature.

Rhode Island
S 2577A is a telemedicine amendment which states that “telemedicine does not include an audio-only telephone conversation, email message or facsimile transmission between the provider and patient, or an automated computer program used to diagnose and/or treat ocular or refractive conditions.” On March 2nd, 2017, their bill was introduced and later heard in committee on March 29th, but the bill did not receive a vote. 1-800 Contacts, Opternative, Warby Parker and Simple Contacts had representation there in opposition to the bill.

Virginia
The state’s enacted legislation will go into effect on July 1st, 2017, which received heavy opposition by 1-800 Contacts, Simple Contacts, Opternative, and Warby Parker.

Wyoming
Legislation was passed through the full legislature and signed by the Governor on March 6th, 2016. The bill will allow for governing bodies to promulgate rules as it relates to enforcement of telehealth, including those businesses operating in the online and app based realms.
MOA Report
Presented by: Dr. Steven Rosen and Dr. Jason Riley

The MOA is taking an important step to help protect Missouri optometry and also protect our patients. We all know that the MOA successfully got the non-covered services/lab choice bill passed. Now the MOA has formed the MOA Benefits Group. The MOA is taking steps to offer a vision and dental plan connected to a medical insurance plan that is cheaper and better than other plans in the market. This plan has the potential to pay higher fees to MOA members for eye exams and let MOA members pay less for health insurance. MOA President Jason Lake will be visiting at our September SLOS meeting, before the meeting, actually to explain the plan to us. This is a not to be missed meeting.

Also, not to be missed is the 2017 MOA Annual Conference. This year’s meeting will be held October 12-15 at the St. Charles Convention Center. The OD schedule includes golf at Wing Haven CC, 15 hours of CE with Drs. Marc Blumenstein, Mohammad Rafieetary, Carol Scott, and our own Julie DeKinder talking about sclera contact lenses. There will be plenty of CE for para-optometrics, as well. To learn more, or to register, go to http://www.moeyecareconference.org/.
Hiralal Tekwani, M.D.
Navin Tekwani, M.D.
Jessica Jones, O.D.

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Please make plans to attend the MOA Annual Convention to be held at the St. Charles Convention Center and Embassy Suites Hotel October 12-15.

St. Louis Optometric Society

Distributed 15,500 pair of SAFE Eclipse Glasses!
Way to GO!!!

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Link to other Missouri Job Opportunities:
http://www.moeyecare.org/resources/job-opportunities/

CALENDAR AND UPCOMING EVENTS

September 12, 2017
SLOS September meeting
**To Lasik and Beyond**
Jason Brinton, M.D.

October 10, 2017
SLOS October Meeting
The Retina Institute

October 12-15, 2017
Missouri Optometric Association
Annual Convention
St. Charles Convention Center and Embassy Suites Hotel
Upcoming Event

DINNER AND SEMINAR
Wednesday, September 27, 2017
6:00 pm
Pepose Vision Institute
1815 Clarkson Road
Chesterfield, MO 63017
Presenter: Dr. Mujtaba Qazi
Diagnosis & Treatment of the Pink Eye.
and
Presenter: Dr. Jonathan Crews
New Innovations in Corneal Transplant
For more information and to RSVP
please contact Elena LaPlante
at 636.728.0111 or
elaplante@peposevision.com

Valuable MOA links:
MOA website, http://www.moeyecare.org/
MOA Conference website,
http://www.moeyecareconference.org/
AOA website, http://www.aoa.org/?sso=y
TAYE website,
http://thinkaboutyoureyes.com/aoa

MOA VISION PLAN

Join Tom Cullinane for an information session on the new MOA Vision Plan that will be rolled out very soon. There will be a 15 minute presentation followed by a brief Q & A. Just before the business meeting.

Welcome New Members

Ashley Deese
Ariel Johnson
Cailyn Katsev
Amy Skaag
Molly Gorder
Diane Wilson