Bulletin

NEXT MEETING
Tuesday, February 14, 2017

6:00 p.m. Buffet Dinner
Hosted By: Hoya Vision
RSVP By February 8th
paula@stlouisoptometricsociety.org
Or Call or Text: (314) 725-2020

7:00 p.m. Business Meeting

7:30 p.m. Managing the New Pain Points in Optometry
Dr. Greg Hicks, O.D.

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COMMITTEES FOR 2016
The following committees have been appointed by Dr. Joe Castellano.

- Membership: Dr. Mary Beth Rhomberg
- Contact Lens: Dr. Nick Castellano and Dr. Rachel Merriman
- Technology: Dr. Paul Luong
- MO State Board: Dr. Kurt Finklang
- MOA Trustees: Dr. Steven Rosen
- UMSL: Dr. Larry Davis

If you would you be interested in serving on a committee, please contact Dr. Joe Castellano

Welcome New Members:
Alexandra Schuette
Vito Vricella
Thank You Ocusoft and Cheri Sappington for sponsoring our January Meeting! We Reached Record attendance. If you haven’t been to a SLOS meeting recently, it’s time to visit and take advantage of some of the best CE around. Relax and enjoy time with your colleagues.

From the January Meeting

Presented by: Seema Nanda, O.D.
Eyelid Disease and Blepharitis
Submitted by: Dr. Drew Biondo

Classically we’ve divided lid disease into anterior blepharitis and poster blepharitis. Anterior blepharitis can be divided in to staph blepharitis, synonymous with crusty collarettes; and seborrheic blepharitis that presents as an oily build up. Posterior blepharitis constitutes meibomian gland dysfunction. More recently, however, demodex has become an increasingly understood cause of blepharitis that can act on the anterior and the posterior lid margin. While its presence is becoming well known in the literature, it is still often overlooked or misdiagnosed. All of these forms of blepharitis can lead to ocular surface conditions including phlyctenule formation, marginal ulcers, redness, irritation and blur.

Staph blepharitis represents an over colonization of staph on the lid margins. This can increase the risk of ocular surface disease and even endophthalmitis following cataract surgery. Antibiotics are an effective therapy but ones like topical azithromycin are more effective for their anti-lipase activity than for their antimicrobial properties. The anti-lipase properties can break down the lipids that are clogging glands. Topical scrubs are another effective treatment for limiting and treating blepharitis. Foams and scrubbing pads are both effective measures for controlling blepharitis of all types. Ocusoft is a commonly known product in this category. Ocusoft Plus is similar but surfactant free, meaning that you do not need to rinse it off after use. New baby formulas are available for infants with blepharitis or mucous build up. A newer offering is Ocusoft Platinum that is more effective at breaking down oily secretions to clean the lids and face in extreme cases thanks to the active ingredient PFG-2.

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Posterior blepharitis can occur in patients of any age and can be affected by diet. Diets high in fats and sugars can thicken secretions and increase stagnation of the meibomian glands. This is typically diagnosed through observation of the gland openings and expression. If upon expression of the gland the secretions are not clear and easily expressed, meibomian gland dysfunction is confirmed. In later, more chronic forms of the condition, telangiectatic vessels can be observed crossing over the gland openings posteriorly. This is indicative of gland atrophy and should require immediate and aggressive treatment to maintain the glands that still remain. Doxycycline and omega 3’s can be effective treatments when combined with warm compresses.

Ocusoft offers a variety of products to aid the ocular surface and the lids. Their Retain CMC is a topical aqueous lubricant that comes in single use vials. The HPMC is similar but comes in a preservative free multi-dose vial. They also have a new overnight ointment formulation. The Retain MGD is a preservative free drop that has positively charged cationic molecules that adhere to negative ions on the ocular surface to increase retention time without causing blur. It is not approved for use with contact lenses.

Omega 3’s are important sources of DHA and EPA for anti-inflammatory effects. Flax seed oil can offer the same molecules that not only help the eyes, they also lower LDL or “bad cholesterol” and improve skin quality. Omega 6’s are also important as long as it comes from the right sources and these can actually be anti-inflammatory as well.

There are two forms of demodex mites that infect the eyelids. One type, follicularum lives on the eyelashes and causes the cylindrical dandruff and anterior blepharitis. The other type, brevis, lives in meibomian glands and causes posterior blepharitis. Epilation of a lash and viewing under a light microscope when stained with fluorescein can confirm an infestation of the former.

When treating demodex blepharitis it is important to treat the condition before bed because the mites tend to come out at night when the blink reflex is inhibited foams that can be used at home or in swab stick applicator. Keeping the lids clean and free of staph over-colonization is important because the demodex mites feed on the waste product of the staph. Tea tree oil helps to draw the mites out and prevents mating which can limit the growth of the mites, which tend to live less than two weeks. Tea tree oil is available in foams that can be used at home or in swab stick applicators for in office use.
Alcon Ends UPP. Effective immediately, Alcon joins JJVC to end UPP. This comes after Alcon’s failed attempt to block Utah’s Contact Lens Consumer Protection Act, which itself prohibits minimum pricing policies from being established.

Synergeyes is partnering with NKL Contact Lens, Europe’s largest specialty contact lens manufacturer, to begin manufacturing of a new line of GP and scleral lenses. They will now have lines of all three types of specialty contact lenses (GP, Hybrid, Scleral).

Submitted by: Dr. Nicholas A. Castellano
Co-Management:
Submitted by: Dr. Michelle Dierhiemer

Retina specialists have long been using intravitreal anti-VEGF therapy for the treatment of various posterior pole conditions, including exudative macular degeneration, proliferative diabetic retinopathy, retinal vasculature occlusion, etc. Recently, the scope of ocular anti-VEGF therapy is expanding. For example, corneal specialists are using bevacizumab (Avastin) prior to cornea transplantation. One major reason for allograft rejection after corneal transplantation is corneal neovascularization. Grafting onto a vascularized corneal bed is known as high-risk transplantation because of the frequent occurrence of immune rejection. Reduction of neovascularization with subconjunctival bevacizumab minimizes the immunoinflammatory response after corneal transplant and increases graft survival.

In addition, glaucoma specialists are attempting to treat glaucoma with subconjunctival injections of bevacizumab to enhance successful trabeculectomy. One of the main reasons for treatment failure is filtering bleb insufficiency as a result of excessive scarring from proliferation of fibroblasts and subconjunctival fibrosis. One of the crucial steps in physiologic wound healing is angiogenesis. Therefore, antiangiogenic agents might be a promising therapeutic strategy aimed at inhibition of postoperative wound healing after trabeculectomy.

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Submitted by: Dr. Kurt Finkland

The Board is scheduled to meet Thursday Feb. 9 in Kansas City before the Heart of America meeting. Unless something unexpected happens, the new regulation change concerning limiting the number of non-face to face lecture CE hours to 16 of the total 32 hours required every 2 years will go into effect January 30, 2017. Basically, a minimum of 16 of the 32 hours must be lecture hours. Stay tuned for future information on this new regulation.

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The MOA Legislative Conference will be held again this year on Sunday and Monday January 22-23 at the Capitol Plaza Hotel in Jefferson City, MO. On Sunday we will begin with committee meetings at 1:00 p.m. and will continue on Monday with CE and a visit to the Capitol. Registration will open at 8:00 a.m. on Monday and then CE will kick off starting at 8:30 a.m. The first lecture is a much needed presentation on MIPS by Dr. Jeffrey Michaels. That will then be followed by our second lecture from VSP on Coordination of Benefits. At noon we will have lunch with Representative Elijah Haahr as our speaker. We will then discuss plans for our visit to the Capitol and head over to do our annual Cinnamon Roll Delivery to our elected Senators and Representatives. After the visit to the Capitol, there will be Optometric Speed Dating from 3:45-4:45 for new docs and established practices looking for new associates. The evening will end with the Legislative Reception from 4:30-7:30.

Please try and make plans to attend as we all know how important our relationships are with our elected officials for the strength and well-being of our profession. Hope to see you there!

We are also currently working on our Keyperson list for all our newly elected officials. If you have a personal relationship with any Senators or Representatives, please let your MOA Trustees, Dr. Steve Rosen and Dr. Jason Riley, know so we can update our list. As stated before, the strength of these relationships is directly related to the strength of our optometric profession and is of vital importance for the present and future of our profession.

This year is a special year for the St. Louis region because there will be a Total Solar Eclipse on Monday August 21, 2017. This will be the first Total Solar Eclipse to hit the continental U.S since February 26, 1979. The last Total Solar Eclipse to occur in St. Louis was 1442! The eclipse will at least be partially seen by all of the continental U.S., the first time since 1918. This eclipse has been coined the “Great American Eclipse”.

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In the St. Louis region, the partial eclipse will begin at 11:52 a.m., with totality occurring between 1:16 to 1:19 p.m., and the partial eclipse ending at 2:44 p.m. The only safe way to view the partial eclipse is with pin-hole projection or special eclipse glasses. During the 2 minutes of the total eclipse, this is only time it is safe to view with the naked eye. At this time as the moon aligns directly between the sun and the earth, the moon’s shadow will darken the illumination to that of night, and be similar to that of a full moon. Temperatures may drop 10-15 degrees, animals and insects may behave as nightfall, and planets and stars may be visible in the sky. The 70 mile wide path of the total eclipse enters the U.S. on Oregon’s coast and travels across the U.S. in a south-eastern path exiting the U.S. off South Carolina’s coast. Because of its path, the total eclipse does not cover all of St. Louis and is centered more on the south-western region of St. Louis. The St. Louis Eclipse Task Force is working continuously to prepare for this event and there is one main event that will occur before the eclipse in August. On June 17, 2017, the Solar Eclipse Expo will be held at Greensfelder Recreation Complex at Queeny Park in Ballwin, MO. The expo will have eclipse experts giving presentations and there will be 20,000 square feet of exhibits, as well as activities for kids. The expo begins at 10:00 a.m. and ends at 5:00 p.m. Now is the time to start preparing for this unforgettable event, and also be ready to answer questions from your patients as they will undoubtedly increase as the time gets closer.
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CALENDAR AND UPCOMING EVENTS

February 14, 2017, 6:00 P.M.
Next SLOS CE and Dinner
Marriott West

Feb 22, 2017 5:30-9pm
Optometric Continuing Education Program
Galanis Cataract & Laser Eye Center
See details below

Membership Dues Forms can be Downloaded from the Website
www.stlouisoptometricsociety.org

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Feb 22, 2017 5:30-9pm
COCKTAILS and DINNER
3 hrs complimentary CE
Presented by
Galanis Cataract & Laser Eye Center
Moderators: John Galanis, M.D

and Kevin Krummancher, M.D
Topics: ● LASIK Update 2017 ● Retina Unknowns
● New Treatments for Presbyopia
There is no cost but registration required.
RSVP asap as seating is limited:
dmoellering@drgalanis.com or phone 314-633-8575
Diana Moellering, Clinical Services Coordinator
David A. Glaser, M.D.
Carla Territo, M.D.
B. Wayne Dudney, M.D.
Clayton G. Scanlon, M.D.

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