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FOCUS EYE CENTRE NEWSLETTER — WINTER 2006

PRK Garners Support, Earns Headlines

Superior results and lower complication rates cited as PRK earns rave reviews. Wavefront makes a good procedure even better.

By David Napier

For years LASIK (*laser in situ keratomileusis*) has been the choice of many people interested in laser vision correction, largely because the healing time after the procedure was relatively quick.

These days, however, many surgeons and patients are shying away from LASIK and the creation of fast-healing corneal flaps in favour of PRK (Photorefractive keratectomy), which involves the removal of a microscopic layer of the epithelium using a combination of freezing drops and a soft brush. PRK and LASIK differ in the method used to remove some of the epithelium layer of the eye, while both involve re-shaping the cornea with a cool-beam laser so precise that it can notch a strand of human hair without breaking it.

Dr. David Edmison, Founder and Medical Director at Focus Eye Centre, performs both PRK and LASIK procedures but says the benefits of surface ablation far outweigh the potential risks involved with making an incision and creating a corneal flap. (Possible infection and flaps that can become dislodged with direct contact are among the greatest risks.)



Wavefront measures imperfections in your eye 25 times more precisely than standard LVC.

Why Not Wavefront?

The benefits of Wavefront (sometimes known as “CustomVue”) have been lauded again and again, including the fact that it can produce vision that exceeds what patients had with either glasses or contacts. So why wouldn’t a patient opt for Wavefront Laser Vision Correction (LVC)?

There are probably only three good reasons *not* to have a Wavefront-guided procedure:

- 1. Medical History** — You are one of the 8% of people who, due to a pre-existing medical condition, do not qualify for LVC.
- 2. Price** — Due to the testing and technology involved, Wavefront/CustomVue procedures cost more than regular LVC.
- 3. Quality of Vision** — Some people opt for a regular LVC procedure because they feel that their visual outcome will not be significantly enhanced by Wavefront technology.

“I consider PRK to be the safest form of LVC,” says Dr. Edmison, who describes the move toward surface ablation as being “like any big change... It’s more of a slow pendulum swing, but, like a pendulum, it gains momentum over time.”

“It is very encouraging that more and more of the big names in ophthalmology are incorporating surface ablation into their practices, and doing so in significant numbers. This creates a ‘follow the leader’ effect,” Dr. Edmison adds, noting that Wavefront has simply enhanced the outcomes that many patients are achieving.

The trend has already gained enough momentum that *EyeWorld*, a widely-read industry publication based in

the U.S., devoted its September 2005 cover story to the “resurgence of surface ablation”. The article explores the medical reasons behind the shift from the more “marketing-friendly LASIK” to procedures such as PRK.

“There are some surgeons that aren’t comfortable facing the chance of potentially sight-threatening complications from bad flaps, slipped flaps... [who] now favour surface ablation,” said Dr. Richard Lindstrom, clinical professor of ophthalmology at the University of Minnesota, Minneapolis, in *EyeWorld*. “There are surgeons who have abandoned LASIK in favour of surface ablation [such as PRK] because they think it gives a better visual outcome,” he added.

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Dr. Edmison posits that the move is spurred by a desire to avoid what he calls the “more widely recognized complications” that can arise with LASIK. As for feeling somewhat vindicated by the renewed interest in PRK, he says, “Most definitely.”

He’s not alone.

“Five years ago, I was almost a lone voice saying surface ablation has a lot to offer,” said Capt. Steven Schallhorn Director of Cataract and Refractive Surgery at the U.S. Navy Medical Centre, San Diego, California. “Many physicians downplayed surface ablation years ago. It’s reemerging now because there are a lot of patients [who] are better served with surface ablation compared to LASIK,” insisted the fighter pilot-turned-surgeon when speaking with *EyeWorld*.

This sentiment was echoed when laser vision correction giant TLC published a recent newsletter in which Dr. Jim Owen of La Jolla, California, endorsed PRK.

“Whether you call it PRK, LASEK or Epi-LASIK, the primary reason for performing the procedure on the surface is to reduce the risks for the patient,” wrote Dr. Owen in the Clinical News section of *EVision*. “The quality of vision with PRK is as good if not better than that of LASIK.”

So while advocates of PRK will continue to wage a formidable public relations battle with those who favour LASIK, there are signs that the pendulum is gaining speed. As one prominent ophthalmologist confided to Dr. Edmison, he sleeps better at night knowing his patients are having a surface ablation procedure.



Five Good Reasons to Consider Laser Vision Correction

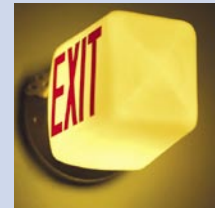
Freedom: People say that life without glasses changes everything; activities is much easier when you don’t have to search for glasses or wrestle contact lenses.

Affordability: Various cost analyses indicate that, over the long run, the cost of LVC is much less than the price of new glasses, contact lenses and solutions.

Empowerment: People who opt for LVC say that life without glasses and contacts brings a renewed sense of confidence.

Safety: LVC means tossing away your contacts and eliminating the infections and complications that come with use of soft and hard lenses. LVC also makes the hunt for glasses in an emergency situation a distant memory.

Wavefront: The biggest breakthrough in LVC since the laser itself, Wavefront treatments (aka, “CustomVue”) have helped enhance the vision of thousands.



ON OUR WEBSITE

Eye Witness News

“I made a decision to turn back the clock to a time when I could see things... without glasses,” says CJOH TV co-anchor, Carol Anne Meehan. “I’m so glad I did it.”



Carol Anne Meehan

Focus Eye Centre was recently featured on CJOH when local “News @ 6” co-anchor Carol Anne Meehan underwent a Wavefront PRK procedure.

Ms. Meehan’s allows the cameras to follow her as she experiences all facets of laser vision correction, beginning with an initial consultation with Medical Director Dr. David Edmison, progressing to the day of surgery, and moving well into her recovery period.

Part of a multi-part series on personal health, the story is a candid look at laser vision correction and what patients should expect before, during and after their procedure at Focus.

Watch Carol Anne’s story at www.focuseye.com

HISTORY

The Evolution of Eye Care



1869

Dr. Hermann Snellen, inventor of the eye chart, proposes using incisions across the steep meridian of the cornea to flatten it and treat astigmatism.

1936

Professor Tsutomu Sato of Japan observes flattening of the cornea after traumatic eye injury; in early 1950s, performs first Radial Keratotomy (RK) procedure.



1974

Dr. S.N. Fyodorov of Russia treats boy whose glasses broke, causing corneal lacerations and discovers the practical application of refractive surgery through Radial Keratotomy (RK).

1890s

Leendert Jan Lans began to systematically study and define the principles of keratotomy, establishing standard of refractive surgery.



1949

In Bogota, Colombia Dr. José Barraquer (working with Dr. Cesar Carriazo) develops a technique of opening a flap on the outer protective layer of the eye with a microkeratome and reshaping the cornea.

1978

Laser eye surgery (RK) introduced to the United States by Dr. Leo Boreas

Après-glasses

Three years and no regrets later, Laura Bruneau embraces life without lenses

By Mark Thompson

For years, Laura Bruneau didn't think she *had* to have laser vision correction (LVC), so she shied away from having a procedure. This despite the fact that it would free her from the glasses and contact lenses upon which she had become dependent since 1988.

"I was curious about laser vision correction, but did not seriously consider the surgery until my optometrist, Dr. Lu, told me that I was wearing my contact lenses too often and too long. I was surprised to hear this because I didn't wear my contacts to work very often. I mostly wore eye glasses to work as the office was very dry, although I did wear contacts every weekend and on holidays, that's for sure."

During the winter, the 39-year-old lawyer spends many of those weekends and holidays skiing and often the conversation would turn to LVC, given that many of her ski pals have had the procedure.

"The topic came up a lot because contacts plus wind really dries out your eyes, and wearing eye glasses under ski goggles is very uncomfortable and foggy. As my eyes dried out during the course of day skiing, my contacts would get so blurry that at times seeing moguls and rocks on the snow became an issue."

Laura listened to the rave reviews of friends (and family members), and heeded a stern warning from her eye doc regarding the dangers of habitual use of contact lenses. "Dr. Lu agreed that this was possibly the better solution for a person like me" —

namely, a strong-willed woman who could benefit from the better, safer vision afforded her with LVC.

"Within a month of that conversation, my surgery was booked."

The decision to move ahead so quickly was influenced by her initial consultation at Focus, which included a face-to-face meeting with Medical Director, Dr. David Edmison. "That meeting was very worthwhile," says Laura, explaining that she is a curious person who values answers to her many questions. "I am always pleasantly surprised when a service provider addresses my curious side without making me ask. To me, this means they are thorough and tuned in to my frequency."

Laura's surgery took place in March of 2003, but not before the Ottawa native took a dream ski vacation in Europe just the week before her surgery date. "I wished so much that I could have had surgery prior to trip," she muses retrospectively.

Upon returning to Canada Laura landed again in Dr. Edmison's capable hands, although she admits to feeling "a little nervous" about the risk of post-operative pain and the prospect of developing an infection. "All of my fear was



Laura Bruneau enjoying life without lenses.

driven by my imagination," she says, noting that even a dislodged bandage contact lens in the 24 hours after her PRK procedure was quickly and efficiently tended to by Focus staff.

"The surgery was very quick and easy, and I had feeling, from start to finish, that everything was under control and precise. Control and precision were huge factors for me in my pre- and post-assessment of the surgery," adds Laura, who recently launched her own legal consulting firm. Her care at Focus was managed down to the last detail: "The lighting, demeanor of staff, the process that I was asked to abide by, and the detailed and almost second-by-second verbal contact (with the surgical staff during her procedure)."

"The people at Focus were pleasant at all times. My post-op care was exceptional," she raves, adding that "Focus took the time to check-up on me very frequently in the beginning and the checks were thorough." Not surprisingly, all that hand-holding left her with a very positive impression of Focus and its services.

But the greatest testament to the care she received comes when asked if she would recommend Focus and LVC to friends or family.

"Yes, absolutely." ■

1986

Dr. Luis Ruiz of Colombia develops manual microkeratome; automated microkeratome.



1990

Dr. John van Westenbrugge of Calgary performs first Photorefractive Keratectomy (PRK) surgery in Canada.

1995

FDA approves Excimer laser for PRK refractive surgery to correct nearsightedness, with or without astigmatism. LASIK approved in 1996/97.

1985-88

Dr. Stephen Trokel of New York City patents Excimer laser (originally used in 1970s by IBM for etching silicone computer chips). Professor Theo Seiler of Germany performs first Excimer treatment on human eye. Dr. Marguerite McDonald performs the first PRK procedure in the United States.



1990/91

Dr. Ioannis Pallikaris and Dr. Lucio Buratto of Greece create basic concept of LASIK.



2002

Wavefront ("CustomVue") guided procedures approved by FDA; called greatest advancement in laser vision correction since Excimer laser.

Focus Expands into Sleek New Space

Commitment to patients, increased demand prompts expansion

Ottawa — In order to better serve the need of an ever-growing patient base, Focus Eye Centre expanded its office and surgical space at Suite 100, 1565 Carling Avenue in Ottawa.

The new space includes three additional exam lanes, bringing the total to six, and a laser room that is twice as large as the previous operating theatre. An open design and layout allows for patients and staff to move easily through wide hallways and glassed-in offices that receive a refreshing amount of natural light.

"After 13 busy years, during which time we've served many thousands of patients in Eastern Ontario, we simply reached a point where we outgrew the old space," says Jennifer Kearns, RN, Operations Manager. "The move furthers our commitment to provide patients with the best possible service and is a reflection of the wide-spread acceptance of laser vision correction."



Focus' new office in their old building on Carling.

Focus has seen a steady year-over-year increase in the number of people undergoing laser eye surgery, while laser vision correction is often referred to as the most common form of elective surgery in the United States. The widespread adoption of LVC has been fuelled by high profile patients (such as professional athletes and actors) and Wavefront technology.

"It's an exciting time to be involved in laser vision correction," says Focus Medical Director, Dr. David Edmison.



Dr. Garth Taylor: 'Great Humanitarian'

Death of former Focus staff member saddens the eye-care community

Ottawa — The ophthalmology community recently lost one of its most outstanding members: Dr. Garth Taylor. He died on November 19 at the Ottawa Heart Institute. Dr. Taylor was 61.

A past member of the Focus Eye Centre team, Dr. Taylor contributed greatly to the advance and practice of ophthalmology through his private practice as well as involvement with Canadian Surgical Eye Expeditions (CANSEE), which he co-founded, and ORBIS International, an aid agency dedicated to saving sight among the poor. Dr. Taylor took part in more than 110 ORBIS missions aboard that agency's converted DC-10, billed as the "world's only airborne eye hospital and training facility".

ORBIS issued a statement in which Dr. Taylor was hailed as "one of the world's great humanitarians" who "selflessly shared his skills and expertise with fellow ophthalmologists in developing nations, including his beloved Jamaica, China, India, East Africa, South America, Vietnam, Bangladesh, the West Indies, the Middle East, Russia and Eastern Europe."

Dr. Taylor, who was born in Montego Bay in 1944, was eulogized by Jamaica's High Commissioner to Canada, Carl Marshall, as "an exceptional human being [who] represented both

Patient Feedback

InFocus wants to hear from you. Email us with your LVC experiences at: info@focuseye.com



Dr. Garth Taylor

his country of birth, Jamaica, and his adopted home, Canada with unqualified distinction. His service to humanity, through the practice of ophthalmology, was extraordinary."

For his contribution to international ophthalmology, Dr Taylor received many awards and distinctions including the Meritorious Service Cross of Canada, the Paul Harris Fellow Medal from Rotary International, the Harry Jerome Award from the Black Business and Professional Association of Toronto, the Jackie Robinson Award from the Montreal Association of Black Business Persons and Professionals, and the Lifetime Achievement Award from the Academy of Ophthalmic Education. Most notably, Dr Taylor was named at the top of *Maclean's* magazine's Honor Role in 2004 and last summer was awarded the prestigious Order of Jamaica.



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