

WHEATON
EYE CLINIC

A publication of the Wheaton Eye Clinic
www.wheatoneye.com | Volume 1 • Issue 1

VISIONS

Plastic & Reconstructive Surgery

Patients of all ages can benefit

LASIK

Shedding some light
on an increasingly
common procedure

A pair of glasses with dark frames and clear lenses is positioned diagonally across the lower half of the page. The background is a light beige color with large, dark, serif letters scattered across it, including 'F', 'P', 'Z', 'O', 'I', 'E', and 'D'. The glasses are in sharp focus, while the letters in the background are blurred.

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WHEATON EYE CLINIC

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Visions, a publication from Wheaton Eye Clinic, is an educational and informative resource for current and potential patients and their families as well as physicians and other health care professionals. This publication features Wheaton Eye Clinic physicians and facilities, communicates news and trends involving ophthalmology and optometry, and contains other health-related topics of interest as well.

The information contained in this publication is not intended to replace a physician's professional assessment. Please consult your physician on matters related to your personal health.



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Opening Remarks



We can't imagine a more exciting time to present this first issue of *Visions* to friends, colleagues, and patients of the Wheaton Eye Clinic. Excitement comes from the energy of wonderful new physicians joining our practice, additional clinic expansion, and a new ambulatory eye surgery center. We also are experiencing an important surge in clinical research by our physicians as well as a unique worldwide perspective through ongoing medical missionary service to Third World countries with limited access to health care.

Over the past 65 years Wheaton Eye Clinic has become a premier provider of ophthalmic care for patients of all ages — from newborns to octogenarians. Patients come to us not only from Chicago and the surrounding suburbs, but from Wisconsin, Indiana, and Iowa. Our board-certified physicians provide full-service family eye care in all 12 ophthalmic medical subspecialties. They offer routine well-eye examinations as well as world-class treatment for a wide range of eye problems and diseases.

Also sharing our Wheaton campus is the Deicke Center for Visual Rehabilitation. This sister organization offers outstanding and unique services to people with low vision. It is fitting to pay tribute to the Deicke Center in this inaugural issue of *Visions*.

But it is the excellent eye care services our physicians provide, as evidenced by the more than 115,000 patient visits in 2007, which we are most proud to highlight. As always, our mission at the Wheaton Eye Clinic is to provide comprehensive eye care services of the highest quality and value. We strive to surpass each patient's expectations in the delivery of competent, timely and compassionate eye care.

We hope you enjoy this premier issue of *Visions* and find the material useful as well as informative. Remember, you can always keep up to date with Wheaton Eye Clinic by visiting our website at www.wheatoneye.com.

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Ruth D. Williams, MD
Glaucoma Surgery

Wheaton Eye Clinic In the News

Wheaton Eye Clinic in Plainfield

In early 2008 Wheaton Eye Clinic opened a new ophthalmic clinic on the campus of Edward Hospital in Plainfield. Located at 24600 West 127th Street in Bldg B Suite 150, Wheaton Eye Clinic of Plainfield joins our other three convenient clinic locations in Wheaton, Naperville and Hinsdale.

Welcome to WiFi

We are pleased to announce that the main reception area of our Wheaton clinic building is WiFi-enabled. This wireless network technology allows patients, visitors, and physicians to use laptop computers to access the Internet for browsing, reading, sending e-mail, and connecting to their offices and business systems. Thanks to advanced technology, this is another welcome convenience for those who visit our clinic.

Electronic Documents

With an eye on increased efficiency, the Wheaton Eye Clinic has moved to electronic document management. From now on patients will see physicians accessing computer terminals instead of consulting paper file folders. We maintain 300,000 patient charts, access 2,000 charts daily, and handle 400 to 500 incoming telephone calls that require chart referencing each day. Now our physicians can access patients' records from anywhere and at any time.

Wheatoneye.com

We'd like to remind you about our easy-to-use, comprehensive Web site. Visitors find helpful information about our doctors, facilities, and services, as well as various ophthalmic-related topics. We invite you to visit www.wheatoneye.com, to read about your doctor, learn about our clinic services, or browse through other interesting information.

New Physicians

We are delighted to welcome Michelle Andreoli, MD, Robert Grohe, OD, and Terry Voirin, DO, to our medical staff. Dr. Andreoli provides comprehensive eye examinations and diagnoses and treats medical diseases and disorders of the eye. She specializes in cataract surgery and has office hours in Wheaton, Naperville, and

Plainfield. Dr. Grohe specializes in working with patients whose complex medical conditions require unique and unusual contact lens fitting at the Wheaton Eye Clinic. He sees patients in Hinsdale. Dr. Voirin specializes in cataract and LASIK surgery. He will be seeing patients in our Wheaton, Naperville, Hinsdale, and new Plainfield offices.

Wheaton Eye Clinic helps you keep things in perspective.

Wheaton Eye Clinic has the largest private ophthalmology practice in Illinois which accommodates all of your family's eye care needs in any one of three convenient locations. We are a renowned eye clinic celebrating 65 years of care now offered by 23 physicians spanning all 12 ophthalmic subspecialties. No matter what your family's eye care needs, Wheaton Eye Clinic can meet them.



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LASIK

Shedding some light on an increasingly common procedure

By Thomas S. Michelson, MD

Every day patients come to The Wheaton Eye Clinic with questions about LASIK. Despite the barrage of media attention, many people still don't understand what LASIK is, what it can do, and what it can't do.

To understand LASIK, it's important to understand how the eye works. The cornea, the transparent front part of the eye that covers the iris and pupil, takes the light as it enters and focuses it onto the retina. The retina is a thin layer of neural cells that lines the back of the eyeball. It is comparable to the film in a camera. The shape of the cornea determines whether a person is nearsighted (myopia), farsighted (hyperopia), has astigmatism, or enjoys normal vision.

In LASIK (an acronym for Laser-Assisted in Situ Keratomileusis) procedures, the surgeon uses an FDA-approved excimer (ultraviolet chemical) laser to reshape the front surface of the cornea to allow images to focus properly on the retina. This reshaping is accomplished when the laser emits pulses of cool ultraviolet light to remove microscopic amounts of tissue.

The LASIK procedure takes approximately 60 seconds depending on the amount of correction needed. It is pain-free and performed on an outpatient basis. Patients are awake and comfortable throughout the surgery, thanks to a few drops of topical anesthesia and a mild sedative. When they leave the surgical center their vision may be a little blurry but most patients generally return to work within 24 hours.

As you might expect, the success of LASIK depends on whether or not your eyesight falls within the range of likely success factors. LASIK may be the answer for you if your vision is stable and you have nearsightedness or farsightedness with or without astigmatism and no other eye problems.

You are not a good candidate for LASIK if you are pregnant, have an eye disease, are

under age 18 (because the eye still is growing) or have either an autoimmune disease or history of ocular herpes.

In order to determine your suitability for LASIK, you will undergo an evaluation with a licensed and trained LASIK physician. During the evaluation you can expect to have your eyes dilated and your refraction (the way light focuses in your eye) measured. The physician will also examine your cornea and take measurements of its shape and thickness. These are used to evaluate your specific vision functions against known LASIK risk factors.

Despite what some high-traffic LASIK practices would like you to think, not everyone can benefit from LASIK vision correction. And some of the 2 million LASIK procedures performed this year will be more successful than others. Those considering LASIK should be cautious regarding their eyesight because all too often LASIK evaluations are made by eye care professionals other than ophthalmologists. It is

always preferable to have the operating surgeon determine whether or not LASIK is right for you. Qualified physicians use only competent surgical facilities with only FDA-approved excimer lasers.

The evening before, or the morning of, your procedure you will want to bathe or shower, cleansing your face and eyelids with soap. Do not wear contact lenses on the day of your surgery. In fact, you will be asked to not wear any make-up, hair spray, perfume, cologne, or aftershave because these products affect the performance of the laser.

Eat a light snack before LASIK, excluding milk or caffeine products, and dress comfortably. You also must make certain to bring along someone to drive you to and from your appointment. You both should plan on spending at least an hour at the surgical center.

You will be asked to lie face up on a reclining chair or table. Your eyelid will be carefully held open using a special instrument while the other eye is covered with a patch. Your doctor will ask you to look directly into a light in order to fixate your eye under the laser. Then a small suction device will steady your eye while a small motor-powered blade gently separates surface layers of the cornea. With the underlying corneal tissue exposed, the laser application begins. This usually takes 30-60 seconds, depending on the amount of vision correction needed. The computer calculates the exact number of pulses delivered by the laser. During the procedure, you will hear tapping sounds and may detect a slight odor.

After the laser treatment, the corneal flap is returned to its original position where it stays in place without the need for stitches. The last step is to place antibiotic and anti-inflammatory drops in the treated eye. For patients having both eyes corrected, the second eye is uncovered and treated using the same process.

Some patients experience a scratchy feeling for a day or two following the procedure. Because a major concern following LASIK is dislodging the flap created at the time of surgery, your doctor will warn you against vigorous eye rubbing or other injuries to the surface of the eye. To prevent this, you will be given an eye shield to protect the cornea. You will also want to wear it to bed for the first few days after surgery.

Again, plan on having someone drive you home after LASIK surgery because your vision will be blurry and your eyes light sensitive. In some cases, patients don't drive for a day or two while other patients are driving again within 24 hours. You shouldn't plan to return to work until you receive clearance from your physician, usually in a day or two. There may also be limitations on playing active sports and wearing eye makeup. You will be cautioned to wear dark sunglasses in bright light outdoors.

Return to the physician's office for an examination one day after surgery, one week after surgery, and again one month following surgery. Patients who do not have all of their vision corrected by LASIK can elect to wear glasses or contact lenses or have additional enhancement surgery. Generally, follow-up surgery is not performed for at least three months following the original procedure.

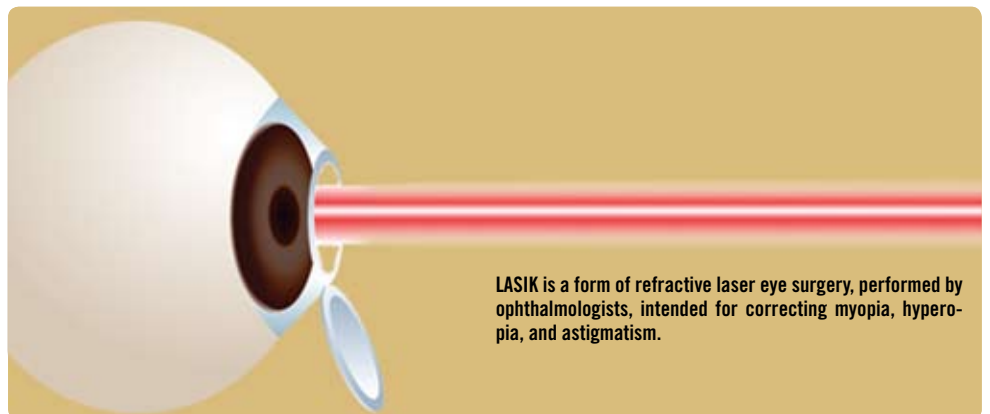
Four leaders in refractive surgery comprise the Wheaton Eye Clinic LASIK team. Peter

T. Brazis, MD, a pioneer in refractive surgery, performed the first radial keratotomy in Illinois in 1980 and has been performing surgery for nearsightedness longer than anyone in Illinois.

Thomas S. Michelson, MD, and Charles S. Sandor, MD, developed the Laser Vision Center at the Center for Surgery in Naperville in 1997 where more than 15,000 LASIK procedures have been performed. Terry G. Voirin, DO, has been an assistant professor of surgery at the University of Illinois and is certified on the Visx and Wavelight Allegretto lasers. Each physician provides the full-range of LASIK services to Wheaton Eye Clinic patients. **W**



Thomas S. Michelson, MD, earned his medical degree from the University of Health Sciences Chicago Medical School. His residency in ophthalmology at Loyola University was followed by a fellowship at the Illinois Cornea Center in Hoffman Estates, IL. His fellowship included in-depth training in advanced corneal refractive surgical techniques including radial keratotomy, ALK and excimer laser surgery. Dr. Michelson is certified by the American Board of Ophthalmology and specializes in LASIK for correcting nearsightedness and astigmatism. Dr. Michelson is Medical Director for the Corneal Refractive Surgical Service at the Center for Surgery in Naperville, IL. He instructs and proctors ophthalmologists and technicians in the use of the Visx Excimer laser for LASIK.



LASIK is a form of refractive laser eye surgery, performed by ophthalmologists, intended for correcting myopia, hyperopia, and astigmatism.

Community Vision Care

An affordable alternative to expensive eye care programs

In 1997 a group of Wheaton Eye Clinic physicians recognized the need for a locally based vision care benefits program for residents in DuPage, Kane, and Kendall Counties. Over and over they heard from their own patients that vision benefits weren't offered under their employers' large national insurance programs. Or, if they were offered, vision benefits were expensive and inconvenient because of limited local provider networks.

The desire to make a difference in their patient's health care prompted these physicians to form Community Vision Care. They took care to design a program that would make it easy for employees to obtain vision care coverage, at a valuable savings, from leading physicians and optometrists near their home. They also made certain Community Vision Care was a high quality, professionally-managed program which local employers would be eager to add to their employee benefits offerings.

Today Community Vision Care is a prepaid vision care program offered by a wide range of leading eye care professionals, including the Wheaton Eye Clinic, to people living throughout the western suburbs of Chicago. It is offered by many local employer organizations as a self-insurance program which can be used in conjunction with other health insurance coverage. Employees who choose Community Vision Care feel better knowing that an annual well-eye



exam can detect health problems, such as diabetes, glaucoma, and hypertension, before they affect their vision. By uniting community optometrists and ophthalmologists, services ranging from contact lenses to fashionable eyeglass frames and laser vision corrections are offered. Within a 12-month period, Community Vision benefits for each insured family member include a yearly well-eye exam, new frames or contact lenses, as well as discounts for laser eye correction (LASIK) and cosmetic eye surgery. Community Vision Care members count on network providers to offer only the

most advanced ophthalmic care. They also count on maximizing their savings on eye exams and eyewear purchases through plan coverage.

If you think Community Vision Care might be a good way for you and your family to look, see, and feel better, contact your human resources department. Or if you are interested in learning how Community Vision Care can enhance your organization's employee benefits plan, call (630) 668-8250 and ask about Community Vision Care or visit its web site at www.communityvisioncare.com.

Renewing Sight, Renewing Hope

Wheaton Eye Clinic's humanitarian effort

Khartoum, Sudan, almost feels like home to Dr. Richard Gieser. He has made four trips to teach retinal surgery in the Mecca Eye Hospital and at the University of Khartoum. Accompanying him has been his wife, Marjorie, who created large paintings for a church, a grade school, and a community center.

During the Gieser's most recent trip in November 2006, they were joined by Wheaton Eye Clinic neuro-ophthalmologist Dr. Jeffrey Haag, who traveled to Sudan in order to teach.

Sudan is a vast country, the largest in Africa and about the size of the United States east of the Mississippi River. Physicians there are educated in Sudan and have little exposure to medicine from the West. Dr. Haag and Dr. Gieser gave daily lectures to ophthalmologists regarding current developments in their specialties. They also examined patients as requested.

In the medical community of Sudan there is a sincere interest in learning. Sudanese physicians have become master technicians in the crafts of cataract and glaucoma surgery, often performing 500 procedures during their training period. However, visiting physicians are able to share current literature which provides answers to long held questions.

Differences also are evident in the area of corneal transplants. The Sudanese culture does not encourage organ donation of the deceased. Often religious leaders tell families that if they donate eyes of the deceased for corneal transplant, their loved ones

will have no eyes in heaven. Interestingly, there is nothing in the Islamic faith that actually prevents donation and, in fact, the royal family of Jordan is a sponsor of the eye bank in Ammon. For all of Dr. Gieser's trips, the Midwest Eye Bank and the San Diego Eye Bank have donated eyes for him to hand carry to Sudan for corneal transplants performed by local corneal experts.

"The cordiality of the Sudanese people in general, and my medical colleagues specifically, calls us back," Dr. Gieser says. "We have been immersed in another culture and are better for the experience. The wisdom, courage, and enthusiasm of the good people of Sudan will always be part of our lives." **W**



Dr. Gieser supervises an examination (left) and examines a young Sudanese boy (right).

Achieving the Impossible

Learning to cope with low vision

By R. Tracy Williams, OD

The Deicke Center for Visual Rehabilitation is affectionately known as the little yellow house. But the nickname doesn't fool anyone who knows the huge role it plays in the lives of thousands of people with low vision. Each year Deicke Center patients come to the little yellow house to maximize their existing vision as well as learn to function independently at home, school, work, and within the community at large.

The Deicke Center is located adjacent to the Wheaton Eye Clinic on Main Street in Wheaton. Although it enjoys a charming, home-like environment, this custom-built, state-of-the-art facility helps people learn to cope with their disability by offering specialized low vision tools and training. Low vision is an eye condition that cannot be improved medically, surgically, or with conventional lenses. Low vision can be the result of a variety of diseases, disorders, and injuries that affect the eye. While Deicke Center patients may have cataracts, glaucoma, or diabetic retinopathy, 60 percent have macular degeneration, the most common degenerative eye condition in people older than 60.

People with low vision often experience physical, psychological, or economic changes that can lessen the quality of their lives. This change in vision can affect daily living skills such as walking, going outside, cooking, reading, sewing, traveling, and the ability to perform job-related tasks. Often people become confused, grief-stricken, anxious, and depressed. This is why the Deicke

Center attracts people from throughout Illinois as well as Iowa, Wisconsin, and Indiana. They come to learn how to live on their own and restore their abilities to do all that they love to do.

Each patient meets with a rehabilitation counselor to set visual goals and learn coping skills. A low vision rehabilitation physician helps the patient understand the condition, which includes determining the patient's useable sight, prescribing appropriate optical devices, and developing an individual rehabilitation plan. A certified rehabilitation therapist instructs each patient in the use of the prescribed devices and daily living skills. Information on safe movement and mobility and techniques used to live independently are shared with each person.



The Deicke Center offers a comprehensive program for people of all ages living with macular degeneration, diabetic retinopathy, glaucoma, and other low vision impairments.

Deicke Center patients are introduced to everything from wonderful low vision resources to products which make day-to-day life easier and more manageable. Shoppers in the Deicke Center store will find a wide variety of items that can assist them with everyday tasks, such as large-print address books and calendars, playing cards, large button telephones, special cooking utensils, and talking clocks and watches.

An essential component of the Deicke Center comprehensive low vision program is Eye Tec, the high technology component that showcases, demonstrates, and trains people in the use of computer systems, talking

devices, and electronic reading machines. Eye Tec also provides services to assist those with low vision in gaining or maintaining employment.

In addition to these in-house programs, the Deicke Center offers important outreach programs. It serves more than 300 school children each year through a unique program called "Seeing is Believing" which gives free diagnostic exams and optical devices to visually impaired students throughout Illinois. The Deicke Center also partners with nearby Marianjoy-Rehabilitation Center to offer a driving program for persons who need telescopic glasses in order to meet state criteria for daytime driver's licenses. Visible Solutions provides presentations and exhibits for senior citizen groups, health care professionals, and the public to educate them on the causes of low vision and the availability and benefits of low vision rehabilitation.

Other outreach programs include a support group for patients and their families and friends, technology open houses, and workshops to help people increase their skills in the crucial use of technology devices.

Low vision is an eye condition that cannot be improved medically, surgically, or with conventional lenses.

The Deicke Center is one of the founding sponsors of the Discovery Low Vision Conference, a bi-annual event held in Chicago. It is a veritable warehouse of information for people with vision impairments, their families, employers/potential employers, as well as vision rehabilitation professionals. (More information is available on the Deicke Center website.)

The Deicke Center was founded 20 years ago by P. Kenneth Gieser, MD, an ophthalmologist who established the Wheaton Eye Clinic and who himself experienced low vision problems

Classifying Low Vision

Anyone with reduced vision that cannot be corrected with surgery is considered to be visually impaired. Low vision can have a wide range of causes. The World Health Organization uses the following classifications of visual impairment:

- 20/30 to 20/60 is considered mild vision loss, or near-normal vision
- 20/70 to 20/160 is considered moderate visual impairment, or moderate low vision
- 20/200 to 20/400 is considered severe visual impairment, or severe low vision
- 20/500 to 20/1,000 is considered profound visual impairment, or profound low vision
- Less than 20/1,000 is considered near-total visual impairment, or near total blindness
- No light perception is considered total visual impairment, or total blindness

In the United States, any person with vision that cannot be corrected to better than 20/200 in the best eye, or who has 20 degrees or less of visual field remaining, is considered to be legally blind or eligible for disability classification and possible inclusion in certain government sponsored programs.

associated with macular degeneration. Joining him was his good friend, and the center's first major benefactor, Edwin Deicke. Today, the Deicke Center is one of the Midwest's most highly regarded low vision centers as recognized by the National Eye Institute and has met

The Deicke Center for Visual Rehabilitation is located at 219 E. Cole Avenue in Wheaton, Illinois. Further information about Deicke programs may be found on their website: www.deicke.org or contact them by phone at (630) 690-7115 or e-mail: info@deicke.org. **W**



R. Tracy Williams, OD, is a graduate of the Illinois College of Optometry and completed a low vision externship at the New York Lighthouse.

rigorous standards to achieve accreditation by the National Accreditation Council for Agencies Serving Blind and Visually Impaired.

In 2002, following a successful \$2 million capital building campaign, the Deicke Center moved into its larger, wheelchair-accessible building with the latest state-of-the-art equipment. But it's not the little yellow building that tells the Deicke Center story. That story is being told everyday across the country by the more than 10,000 people of all ages, who have learned that vision loss is only a life challenge and not a life sentence.

A well-known speaker in the field of low vision rehabilitation, Dr. Williams is the immediate past-chair of the American Optometric Association Rehabilitation Section. He also is the co-chair of the Low Vision Sub-Committee of the National Eye Institute's National Eye Health Education Program. Currently Dr. Williams is the Executive Director of the Deicke Center for Visual Rehabilitation as well as Director of Low Vision Services and Clinical Associate Professor at Loyola University Department of Ophthalmology. Since 1994 when he was appointed by the Governor, Dr. Williams has served on the Illinois Blind Services Planning Council.

The Wheaton Eye Clinic

Representing the future of vision care

The Wheaton Eye Clinic has 24 board-certified ophthalmologists and six licensed optometrists, who treat more than 115,000 patients a year at four locations in metropolitan Chicago, with specialist physicians treating every conceivable aspect of eye care, from amblyopia to uveitis.

It is one of the largest ophthalmology practices in the United States and the group continues expanding through its new Plainfield location and additional medical staff. David Gieser, MD, son of the clinic's founder, says this has resulted, in part, because of his father's commitment to providing superb medical treatment in a compassionate manner. It is an ethos he not only passed down to his children, but instilled throughout the clinic.

Beginning in the 1970s, Richard Gieser, MD, the eldest son of the clinic's founder, had the vision to lead the clinic in a new direction. A retinal specialist himself, Dr. Gieser is credited for recruiting subspecialists to the Wheaton Eye Clinic to provide for more expertise in a number of different subspecialties. His vision is practiced today in that Wheaton Eye Clinic physicians pride themselves on diagnosing and treating complex diseases of the eye.

State-of-the-art technology, such as optical coherence tomography (OCT), automated visual field perimetry and an array of lasers to treat various eye diseases, is available at the clinic to provide the best of care for patients. The clinic also performs fluorescein angiography, a test that requires a dye to be injected into a vein in the arm helping the retinal specialist diagnose retinovascular diseases of the eye.

Advanced technology and clinical expertise has led to several specialists pursuing research in the treatment of eye disease. In May 2007, the clinic opened the DuPage Eye Surgery Center, a \$4.2 million 8,700-square-foot surgery center that includes three operating rooms. This state-of-the-art facility enables the clinic to continue its mission providing the best quality care and service for its patients. It is anticipated that more than 5,000 patients will be cared for by the surgery center annually.

The refractive surgeons at the clinic continue to be leaders in laser vision correction. For over ten years and thousands of LASIK procedures, they have been at the forefront of the latest surgical techniques and excimer laser technology. Wavefront analysis and Orbscan topography are routinely available as a part of the LASIK evaluation at the clinic.

Wheaton President Byron Tabbut, MD, says advances in the medical field are happening so fast that the group must maintain a conscious effort to stay abreast of the latest developments.

"We are constantly challenged by technology, by the latest changes in our industry," he says. "Our physicians are testing for procedures that weren't invented five years ago. Several members of the staff also serve on the faculties of Chicago-

area universities, meaning they have opportunities to be on the cutting edge of medical and ophthalmologic care."

One point Dr. Tabbut takes pride in is Wheaton Eye Clinic's commitment to social issues, and to contributing "something more" to local and global communities beyond the technical demands of top-notch eye care. The clinic readily accepts patients without regard to their ability to pay and supports medical organizations that provide for the underprivileged or uninsured such as Access DuPage, DuPage Community Clinic, and Peoples Resource Center.

In addition to service at the local level, the clinic physicians volunteer in needy communities overseas to provide eye care in places where it is usually not afforded high priority status. They have traveled to Africa, India, the Caribbean, Mexico, and other parts of the world in order to share their experience and knowledge.

Under Dr. Tabbut's leadership the clinic continues to grow and provide expert consultative services to optometrists and ophthalmologists in suburban Chicago. He spearheaded the implementation of a computerized medical record system so that the clinic would become more efficient in delivering patient care throughout all of its satellite offices.

For the future, he and the Wheaton Eye Clinic will continue to focus on providing better service to patients and to doctors who refer patients to the clinic for care. **W**

Ambulatory Eye Surgery Center

The new \$4.2 million DuPage Eye Surgery Center, connected to the Wheaton Eye Clinic in Wheaton, is now open and handling outpatient surgeries five days a week. The 8,500 square-foot facility houses three operating rooms and space for all ancillary services needed for pre-op, recovery, family waiting areas, and necessary support services.

Nursing Director Samantha Cooper, RN, brings a wealth of experience in ambulatory surgery center nurse management. She leads a well-qualified team of nurses and technicians who are dedicated to the safety, comfort, and well-being of each patient.

Also integral to the medical team is Ramesh Desai, MD, the center's anesthesiologist. Dr. Desai comes to Wheaton Eye Clinic from Loyola University where he spent many years practicing, as well as teaching, anesthesiology.

Wheaton Eye Clinic President Byron Tabbut, MD, noted that the clinic has been discussing an eye surgery center for the past 20 years. "But the advancement of technology, and our ability to treat patients on an ambulatory basis, make this the perfect time to establish our own facility. We are excited to bring easy and convenient surgical treatments to all of our patients."

The DuPage Eye Surgery Center is licensed by the Illinois Department of Public Health as well as Medicare, and accredited by the Accreditation Association for Ambulatory Health Care (AAAHC). It is expected to handle up to 5,000 cataract, corneal, glaucoma, retinal and oculoplastic surgeries a year.



Clinical Trials

Essential to medical advancement

Today, two Wheaton Eye Clinic physicians, Dr. Jon Gieser and Dr. Edward Sung, continue a long and distinguished tradition of clinical trial involvement. Dr. Gieser, who specializes in surgical and medical treatment of diseases of the retina and vitreous, is investigating the effects of an oral medication on the progression of diabetic retinopathy. Dr. Sung, who specializes in glaucoma and cataract surgery, is working with a family undergoing genetic studies for pigmentary glaucoma.

Dr. Gieser is examining a new medication's effect on diabetic retinopathy. This medication, ruboxistaurin, functions by inhibiting an enzyme called protein kinase C, which helps metabolize sugar. The enzyme malfunctions in patients with diabetes and contributes to the development of vision loss, among other problems. By inhibiting this malfunction-

ing enzyme, researchers hope to delay or prevent diabetic retinopathy. Dr. Gieser's first two trials, each lasting between three and five years, were conducted with the involvement of 20 to 30 Wheaton Eye Clinic patients.

Today Dr. Gieser has 12 active patients as part of this study; nationwide more than 700 patients are participating at various institutions. Whereas the previous two studies included use of both medication and placebos, today all study patients are being administered ruboxistaurin because the medication has been scientifically demonstrated to retard the progression of diabetic retinopathy. Pharmaceutical manufacturer Eli Lilly is sponsoring the studies.

Pigmentary glaucoma is the focus of Dr. Sung's research project. He is collaborating with Dr. John Fingert from

the Department of Ophthalmology and Visual Sciences at the University of Iowa. Dr. Fingert is supported by the National Institutes of Health, The Research to Prevent Blindness Foundation, and The Glaucoma Foundation. The study involves a family undergoing genetic testing for pigmentary glaucoma. A total of 29 family members are enrolled in this study because they all suffer from glaucoma and present a unique opportunity to research the genetic basis of what is known as "pigment dispersion syndrome."

Drs. Sung and Fingert already have examined 13 of the family members as part of the work to identify those chromosomes which are passed down to family members and cause the pigment dispersion syndrome. During the final portion of the study they will work to identify the actual gene which causes the disease. **W**



Doctors as Teachers

Educating the next generation

Who teaches the next generation of doctors? In the case of Chicago-area medical residents and students, many would say they are taught by a doctor from the Wheaton Eye Clinic.

Some might call it the “see one, do one, teach one” philosophy. But for our teaching doctors, philosophy turns practical as they dedicate many work hours each week to teaching at Chicago’s leading medical schools.

Residents at Loyola University Stritch School of Medicine can be found working at Edward Hines Veterans Hospital. These young doctors have graduated from medical school, served an internship and are now concentrating on their ophthalmology specialty. When a full-time glaucoma doctor left the Loyola faculty two years ago, long-time retina faculty physicians Richard Gieser and Mark Daily, both of the Wheaton Eye Clinic, suggested the University invite their colleague, Dr. Edward Sung, to join the teaching team. He agreed

and today Dr. Sung lectures and spends a half day each week in the Hines Hospital Eye Clinic.

“I have the opportunity to interact with people who are genuinely interested in learning ophthalmology but who don’t yet know how to perform surgeries or really manage glaucoma,” says Dr. Sung. “A glaucoma patient at Hines sees a resident physician who then presents the patient to me, along with a clinical evaluation and treatment plan. Together we provide patient care. Without this type of clinical teaching, there would be none of the essential hands-on medical training which is so critical for doctors to experience.”

“My teaching experience led to my personal motto of ‘To teach is to learn.’”

– Dr. Michael Kipp

Dr. Susan Anderson-Nelson agrees that this mix of lecture and chair side teaching is invaluable training for tomorrow’s ophthalmologists. For 16 years she has taught, supervised, and worked alongside ophthalmology residents and medical students from Chicago Medical School as they rotate through the John Stroger Hospital of Cook County. During her own residency, Dr. Anderson-Nelson met the woman who held this teaching position for many years. When it came time for a successor to be selected, Dr. Anderson-Nelson was asked to take over in this role of teaching physician.

“Cook County is such a unique place because of the sheer variety of our patients,” Dr. Anderson Nelson explains. “Many international patients literally get off the plane at O’Hare or Midway Airport, climb into a cab, and come directly to the hospital to see us. Because of the broad scope of work, I can honestly say

that I usually leave the hospital feeling I've learned just as much as the residents have learned that day."

For more than 17 years, Northwestern University Medical School's Department of Ophthalmology has been a part-time home to Dr. Robert Grohe, an optometrist who specializes in optics and contact

Across town at the University of Chicago Pritzker School of Medicine, the chairman of the ophthalmology department asked Wheaton Eye Clinic Pediatric Ophthalmologist Dr. Michael Kipp to "fill-in" for a doctor who was leaving. It would be a temporary assignment until other faculty could be hired. But this favor for his alma mater stretched into an eight year stint

"I'd say that over the past 10 years, about 50 percent of the material I teach has completely changed."

— Dr. Robert Grohe

lenses. In addition to seeing private practice patients at the Wheaton Eye Clinic, Dr. Grohe serves as Clinical Assistant Professor of Ophthalmology at Northwestern.

Working with a group of a dozen or more residents at any given time, Dr. Grohe balances classroom lectures with patient clinical applications. "Often the fundamentals we teach involve some fairly arcane and complex topics. So by mirroring this classroom work with practical applications in the clinic, we provide a rich learning environment so young resident doctors grow comfortable with new concepts," says Dr. Grohe.

"Over the past 10 years, about 50 percent of the academic material I teach has completely changed," he continued. "In the field of optics, science is successfully being applied to eye care. Astronomers must correct for aberrations due to extreme distances in space and now the same technology is being applied on a microscopic level for aberrations in the eye. Nanotechnology is being applied to develop new spectacle and contact lens materials as well as new eye medications. These exciting technology-driven changes create a lifestyle of perpetual learning for current practitioners and new generations of resident doctors. Experience-based teaching is a natural way to transfer the combination of fundamentals with clinical applications."

for Dr. Kipp during which time he served several years as Director of Pediatric Ophthalmology.

"My day there each week began with a morning lecture for about a dozen people, followed by either clinic appointments or surgery. At any given time I was working with residents, medical students, and optometry students. The University of Chicago offers a unique ophthalmology program because it is the only medical school in the country to be affiliated with a school of optometry, in this case the Illinois College of Optometry. The program nurtures understanding between two specializations and fosters better practitioners in both.

"My teaching experience led to my personal motto of 'To teach is to learn,'" Dr. Kipp continues. "I quickly found that when you teach something important to someone else, you must know the material extremely well in order to explain it simply and completely. So when any of us teach a new technique, procedure, or course of treatment, we must be flawless in our own understanding and use of it. Wheaton Eye Clinic patients definitely benefit from the fact that we use the same advanced concepts here that we are teaching to the next generation of ophthalmologists." **W**

The Art & Science of Contact Lens Fitting

For more than 20 years Robert Grohe, OD, has enriched his private practice with clinical studies, speaking, writing, and teaching. This work has given him unsurpassed experience in contact lens fitting and the chance to offer his patients solutions unavailable anywhere else.

Safety issues surrounding daily and overnight wear lenses, lens solutions, and lens care products have received close study by Dr. Grohe for both the Food and Drug Administration (FDA) and individual drug companies. He conducts contact lens fitting workshops and frequently lectures at universities, professional organizations, and manufacturer meetings.

"New products are exploding onto the marketplace like never before and more product options mean more flexible patient care," says Dr. Grohe. "One benefit of this research was the addition of protective UV blockers into contact lenses. These UV blockers provide eye protection from sunlight damage that can lead to cataracts and other eye diseases.

I'm fortunate that, in my practice, I can take whatever time is necessary to work with a patient to explore all the possibilities. Patients who do not have healthy eyes because of disease or trauma can especially benefit from a long term approach to fitting. Sometimes I even re-try options tried before, but with one slight change, and suddenly an option becomes a good solution for my patient."



Plastic & Reconstructive Surgery

Patients of all ages can benefit

By John Pak, MD, PhD

Most people rarely consider eyelids an important element involved with vision. But sometimes an accident, disease, birth defect, or natural aging create eyelid problems that manifest with visual disturbances. An ophthalmic plastic and reconstructive surgeon is specially trained to treat the eyelid, the eye's tearing mechanism, the bone cavity around the eye, and the surrounding facial structures. The ultimate goal is to improve the physical function of the affected area in an aesthetically minded manner.

Of the many eyelid treatments offered at the Wheaton Eye Clinic, the two most common are repair of ptosis, or drooping of the upper eyelid, and cosmetic blepharoplasty, the removal of excess skin and fat from upper and lower eyelids

Drooping Eyelid Signals Ptosis

The upper eyelid is surprisingly complex with several separate layers of skin and

muscle tissue. Two important muscles are the levator and Mueller's muscle which elevate the eyelid. These two muscles attach to a firm plate of tissue which serves as the backbone of the eyelid. This back layer is lined by a delicate tissue known as the conjunctiva, a mucous membrane that moistens and protects the eye.

Ptosis, or drooping of the upper eyelid, can affect one or both eyes. Symptoms include difficulty keeping the eye open, eye strain and eyebrow fatigue from the effort necessary to constantly raise the eyelid. Eye fatigue, especially during reading, is also common. In the most severe cases, ptosis actually impairs vision.

Sometimes traumatic injuries can affect the lifting muscles of the eyelid or the nerves leading to them. Scar tissue from an old injury also can severely restrict eyelid function.

When ptosis is present at birth, or shortly thereafter, it is most often the result of abnormal development of the levator muscle. Sometimes the condition is associated with other tissue abnormalities within the newborn's body.

At the other end of the spectrum is age-related ptosis which occurs because the tissue attaching the levator muscle to the eyelid gradually stretches and the eyelid falls, covering part of the eye. It is not uncommon for a person to develop upper eyelid ptosis following cataract surgery, which can sometimes cause stretching of the delicate tissue. Ptosis may also be the first sign of several other serious medical disorders.

Regardless of the type or cause, ptosis is treated surgically. The specifics of the operation are based on the severity of the ptosis and the condition of the levator muscle. But the desired outcome never varies. Surgery always is designed to reattach the stretched muscle to its normal location. The result is a normal field of vision, an eyelid that >>

Corrective Measures

Before & After

Blepharoplasty - Blepharoplasty can be both a functional or cosmetic surgical procedure intended to reshape the upper eyelid or lower eyelid. When an advanced amount of upper eyelid skin is present, the skin may hang over the eyelashes and cause loss of peripheral vision. The outer and upper parts of the visual field are most commonly affected and the condition may cause difficulty with activities such as driving or reading. In this circumstance, upper eyelid blepharoplasty is performed to improve peripheral vision.



Before



After

Before & After

Ptosis - Ptosis occurs when the muscles that raise the eyelid are not strong enough to do so properly. It can affect one eye or both eyes and is more common in the elderly, as muscles in the eyelids may begin to deteriorate. Ptosis may be caused by damage/trauma to the muscle which raises the eyelid, or damage to the nerve which controls this muscle. Such damage could be a sign or symptom of an underlying disease such as diabetes mellitus, a brain tumor, and diseases which may cause weakness in muscles or nerve damage, such as myasthenia gravis.



Before



After

Plastic & Reconstructive Surgery, continued

raises and lowers properly and is symmetrical with the other “normal” upper eyelid

Blepharoplasty Offers a Fresh Look

Aesthetic eyelid surgery, or blepharoplasty, can eliminate conditions that give an individual a tired appearance, such as wrinkled folds of skin on upper eyelids, bags under the eye and sagging eyebrows. Oftentimes, the excess skin can cause visual loss by covering the eyelid margin and eye. The goal of the surgery is to correct any excess skin and recreate the eyelid skin fold into an eyelid that is more youthful and rejuvenated in appearance.

Variables affecting the blepharoplasty include age, skin condition, health of the eyes and other physical and mental conditions. Blepharoplasty performed on younger individuals usually involves fatty tissue removal only. In older patients, loss of skin tone may require removal of superfluous skin as well.

Occasionally blepharoplasty is performed in conjunction with ptosis; the eyelid itself

has become lax and needs to be tightened. In some instances it is accompanied by an additional procedure to correct sagging eyebrows. Sometimes blepharoplasty is part of a surgical treatment for entropion (lower eyelid turns inward) or ectropion (lower eyelid turns outward).



John Pak, MD, PhD earned his medical and doctorate degrees in the combined program at Boston University School of Medicine. He completed a surgical internship at Northwestern University McGaw Medical Center, an ophthalmology residency at the University of Illinois Eye and Ear Infirmary followed by an American Society of Ophthalmic Plastic and Reconstructive Surgery-sponsored fellowship in oculoplastic and reconstructive surgery. Dr. Pak specializes in all areas of oculoplastic and reconstructive surgery with a focus on eyelids, eyebrows and periorbital areas. He is specially trained in functional oculoplastic and reconstruction surgery for conditions such as eyelid malposition, tearing, blepharospasm, eyelid tumor, and orbital reconstruction. Dr. Pak is certified by the American Board of Ophthalmology.

“Turned In” & “Turned Out” Eyelids

Entropion is the medical term to describe a lower eyelid and eyelashes which turn or roll inward towards the eye. **Ectropion** refers to the opposite condition, an abnormal lower eyelid which turns outward and no longer touches the eye. In both cases the cornea (the clear front part of the eye which allows light to enter the eye) is irritated. Entropion causes the eyelid and lashes to constantly rub against the cornea and conjunctiva. Ectropion causes the cornea to dry out because the eyelid no longer properly spreads the tear film across the eye; this also leads to the conjunctiva becoming dry and inflamed. Chronic irritation to the eye and eyelid produces similar symptoms for both conditions: excessive tearing, crusting of the eyelid, and mucus discharge. Patients also describe feeling that something is in the eye.

Natural changes during the aging process result in relaxation of eyelid tissues in both the turned in eyelid and the turned out eyelid. However, either condition also may be caused by eyelid injuries, undetected skin cancers or tumors, and inflammation or scarring on the inner surface of the eyelid. Sometimes entropion is seen immediately at birth because eyelids have not formed properly. Usually this resolves spontaneously within a few months.

Entropion and ectropion can lead to serious problems including infection and scarring, damage to the cornea, and severely impaired vision. These are important reasons to seek treatment or repair before permanent eye damage occurs. At times, these procedures can be combined with cosmetic lower lid procedures to eliminate excess skin and treat “puffiness” of the eyelids.



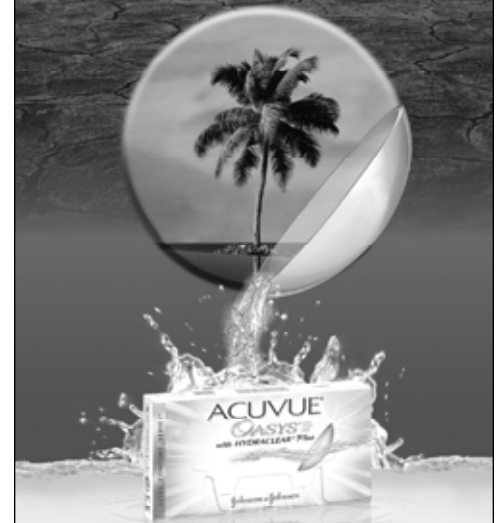
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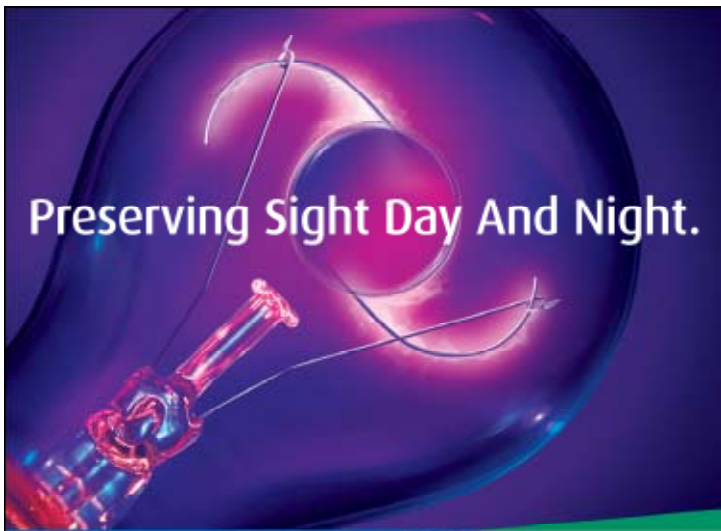
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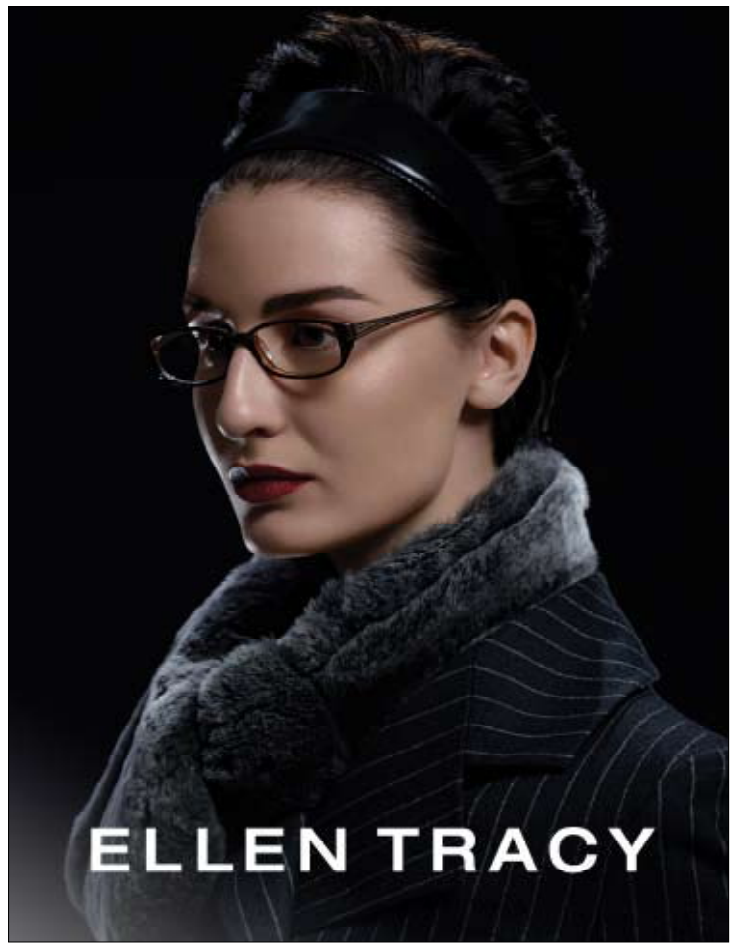
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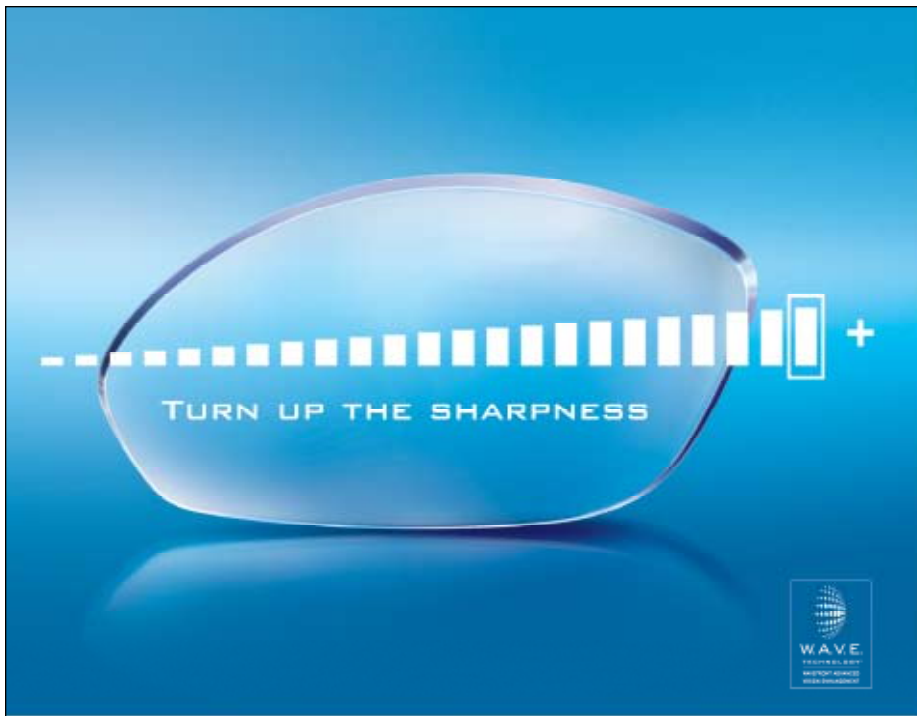


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INDICATIONS AND USAGE

RESTASIS® Ophthalmic Emulsion is indicated to increase tear production in patients whose tear production is presumed to be suppressed due to ocular inflammation associated with keratoconjunctivitis sicca. Increased tear production was not seen in patients currently taking topical anti-inflammatory drugs or using punctal plugs.

CONTRAINDICATIONS

RESTASIS® is contraindicated in patients with active ocular infections and in patients with known or suspected hypersensitivity to any of the ingredients in the formulation.

WARNING

RESTASIS® Ophthalmic Emulsion has not been studied in patients with a history of herpes keratitis.

PRECAUTIONS

General: For ophthalmic use only.

Information for Patients:

The emulsion from one individual single-use vial is to be used immediately after opening for administration to one or both eyes, and the remaining contents should be discarded immediately after administration. Do not allow the tip of the vial to touch the eye or any surface, as this may contaminate the emulsion. RESTASIS® should not be administered while wearing contact lenses. Patients with decreased tear production typically should not wear contact lenses. If contact lenses are worn, they should be removed prior to the administration of the emulsion. Lenses may be reinserted 15 minutes following administration of RESTASIS® Ophthalmic Emulsion.

Carcinogenesis, Mutagenesis, and Impairment of Fertility:

Systemic carcinogenicity studies were carried out in male and female mice and rats. In the 78-week oral (diet) mouse study, at doses of 1, 4, and 16 mg/kg/day, evidence of a statistically significant trend was found for lymphocytic lymphomas in females, and the incidence of hepatocellular carcinomas in mid-dose males significantly exceeded the control value.

In the 24-month oral (diet) rat study, conducted at 0.5, 2, and 8 mg/kg/day, pancreatic islet cell adenomas significantly exceeded the control rate in the low dose level. The hepatocellular carcinomas and pancreatic islet cell adenomas were not dose related. The low doses in mice and rats are approximately 1000 and 500 times greater, respectively, than the daily human dose of one drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Cyclosporine has not been found mutagenic/genotoxic in the Ames Test, the V79-HGPRT Test, the micronucleus test in mice and Chinese hamsters, the chromosome-aberration tests in Chinese hamster bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A study analyzing sister chromatid exchange (SCE) induction by cyclosporine using human lymphocytes *in vitro* gave indication of a positive effect (i.e., induction of SCE).

No impairment in fertility was demonstrated in studies in male and female rats receiving oral doses of cyclosporine up to 15 mg/kg/day (approximately 15,000 times the human daily dose of 0.001 mg/kg/day) for 9 weeks (male) and 2 weeks (female) prior to mating.

Pregnancy-Teratogenic Effects:

Pregnancy category C.

Teratogenic Effects: No evidence of teratogenicity was observed in rats or rabbits receiving oral doses of cyclosporine up to 300 mg/kg/day during organogenesis. These doses in rats and rabbits are approximately 300,000 times greater than the daily human dose of one drop (28 µL) 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed.

Non-Teratogenic Effects: Adverse effects were seen in reproduction studies in rats and rabbits only at dose levels toxic to dams. At toxic doses (rats at 30 mg/kg/day and rabbits at 100 mg/kg/day), cyclosporine oral solution, USP, was embryo- and fetotoxic as indicated by increased pre- and postnatal mortality and reduced fetal weight together with related skeletal retardations. These doses are 30,000 and 100,000 times greater, respectively, than the daily human dose of one-drop (28 µL) of 0.05% RESTASIS® BID into each eye of a 60 kg person (0.001 mg/kg/day), assuming that the entire dose is absorbed. No evidence of embryofetal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 30 mg/kg/day, respectively, during organogenesis. These doses in rats and rabbits are approximately 17,000 and 30,000 times greater, respectively, than the daily human dose.

Offspring of rats receiving a 45 mg/kg/day oral dose of cyclosporine from Day 15 of pregnancy until Day 21 post partum, a maternally toxic level, exhibited an increase in postnatal mortality, this dose is 45,000 times greater than the daily human topical dose, 0.001 mg/kg/day, assuming that the entire dose is absorbed. No adverse events were observed at oral doses up to 15 mg/kg/day (15,000 times greater than the daily human dose).

There are no adequate and well-controlled studies of RESTASIS® in pregnant women. RESTASIS® should be administered to a pregnant woman only if clearly needed.

Nursing Mothers:

Cyclosporine is known to be excreted in human milk following systemic administration but excretion in human milk after topical treatment has not been investigated. Although blood concentrations are undetectable after topical administration of RESTASIS® Ophthalmic Emulsion, caution should be exercised when RESTASIS® is administered to a nursing woman.

Pediatric Use:

The safety and efficacy of RESTASIS® Ophthalmic Emulsion have not been established in pediatric patients below the age of 16.

Geriatric Use:

No overall difference in safety or effectiveness has been observed between elderly and younger patients.

ADVERSE REACTIONS

The most common adverse event following the use of RESTASIS® was ocular burning (17%). Other events reported in 1% to 5% of patients included conjunctival hyperemia, discharge, epiphora, eye pain, foreign body sensation, pruritus, stinging, and visual disturbance (most often blurring).

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Please see additional information on next page.

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