



WHEATON  
EYE CLINIC

A publication of the Wheaton Eye Clinic  
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# VISIONS

## **DSAEK:**

**New Corneal Procedure  
Offers Safer Surgery,  
Quicker Healing**

## **GLAUCOMA**

**The Silent Thief of Sight**

**The Doctor Who Makes  
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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'RE NEVER WITHOUT GOOD NEWS here at the Wheaton Eye Clinic and some of our best news is the addition of Dr. Janet Lee to our growing medical staff. She joins Peter Brazis, MD and Anna Park, MD, of our cornea team, in providing our patients with the most current and effective diagnostic and treatment plans available anywhere.

These three are among the first in the area to offer patients an exciting new corneal transplant procedure, DSAEK, which we explain in some detail later in this issue.

In other news, we've seen a dramatic increase in pediatric check-ups thanks in large part to a new state law. Illinois is only the third state in the nation to mandate eye exams for all children entering kindergarten or enrolling for the first time in any Illinois elementary school. WEC has always advocated early screening to detect such childhood disorders as amblyopia (lazy eye) or strabismus (misalignment of the eye) and we have always provided comprehensive pediatric eye exams in each of our clinic locations.

Another increase noticed around here has been the number of times our doctors are being interviewed, quoted, or publicly honored for their expertise and exceptional quality of medical care. In the first six months of this year alone, more than half of our doctors have represented Wheaton Eye Clinic on TV, in print media and through professional award recognition.

This issue of *Visions* also comes as DuPage Eye Surgery Center heads into its third year. I confess to having a difficult time remembering life before the ease and convenience of our own ambulatory surgery facility.

As you enjoy this issue of *Visions*, we hope you'll find the articles not only interesting but of practical use. Yes, we want to keep you posted on what's new and exciting at Wheaton Eye Clinic. But we always work to give you the information you and your family need to enjoy the very best eye health possible. Please feel free to share this magazine with others and know that much more information about our clinic, and a wide variety of eye care topics, can be found at [www.wheatoneye.com](http://www.wheatoneye.com).

—Byron R. Tabbut, MD  
President  
Wheaton Eye Clinic



## PHYSICIANS OF THE WHEATON EYE CLINIC

Susan J. Anderson-Nelson, MD Retina & Vitreous	Mary G. Mehaffey, MD Comprehensive Ophthalmology
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David K. Gieser, MD Glaucoma	Michelle G. Sims, MD Cataract Surgery
Jon P. Gieser, MD Retina & Vitreous	Susan M. Stepleton, OD Pediatric Vision Care
Richard G. Gieser, MD Retina & Vitreous	Darin L. Strako, OD Pediatric Vision Care
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Jeffrey R. Haag, MD Neuro-Ophthalmology Cataract Surgery	Steven T. Tichy, MD Emergency Ophthalmology
Michael A. Kipp, MD Pediatric Ophthalmology Strabismus	Terry G. Voirin, DO Cataract and LASIK Surgery
Steven R. Lafayette, MD Cataract Surgery Comprehensive Ophthalmology	Ruth D. Williams, MD Glaucoma
Janet A. Lee, MD Cornea and External Disease	

# WHEATON EYE CLINIC IN THE NEWS

## WEC Doctors Named Nation's Best

Three Wheaton Eye Clinic physicians have been recognized for their medical experience and skill by their peers throughout the country. Mark J. Daily, MD, David K. Gieser, MD and Ruth D. Williams, MD were elected to the prestigious list of Best Doctors in America 2007-2008. The list represents the top 5% of U.S. physicians. In its notification, Best Doctors, Inc. said election "means a doctor has earned the highest esteem of peers, an achievement that can never be bought. It recognizes a physician's superior skills which have enabled him/her to consistently improve the lives of patients and to exemplify high quality care."

## Welcome Dr. Janet Lee



We are delighted to welcome a new physician to our practice. Janet A. Lee, MD, specializes in corneal and external diseases of the eye.

Dr. Lee earned her Medical Doctorate from the University of Illinois at Chicago and completed her residency in Ophthalmology at the University of Illinois Eye and Ear Infirmary where she was Chief Resident. She furthered her training during a fellowship in cornea, external disease and refractive surgery while there. In addition to patient care, Dr. Lee has been involved in research throughout her career. At the Wheaton Eye Clinic she sees patients by appointment in our Wheaton, Naperville and Hinsdale offices.

## Spectrios Award Goes to Mark Daily, MD



Mark J. Daily, MD has been honored by the Spectrios Institute for Low Vision (formerly the Deicke Center for Visual Rehabilitation) and received its very first Partner with Vision Award. For 20 years Dr. Daily, a retina-vitreous specialist here at the Wheaton Eye Clinic and Clinical Professor of Ophthalmology at Loyola Medical Center, has been a steadfast supporter of the Spectrios mission to help those with severe vision loss live vibrant and independent lives. During the award presentation, Spectrios Executive Director Tracy Williams called Dr. Daily one of its top referring doctors and recognized his work during the organization's Capital Campaign which resulted in its House of Hope.

## Gieser Family Nationally Recognized



The Academy of Seniors of the American Academy of Ophthalmology and the Museum of Vision in San Francisco, CA have included our very own Gieser family of physicians in their Multigenerational Family Project. Approximately 30 families throughout the country have participated in this historical list of families with three or more generations of ophthalmologists.

Wheaton Eye Clinic founder, P. Kenneth Gieser, MD began the family legacy and was followed into the practice by sons, Richard G. Gieser, MD and David K. Gieser, MD. Dr. Richard's son, Stephen C. Gieser, MD, makes the third generation of Giesers who continue to serve patients here at Wheaton Eye Clinic. The Academy's Legacy Project recognizes three other Gieser family ophthalmologists including Paul Gieser, MD and two Wheaton Eye Clinic physicians Jon P. Gieser, MD and Ruth D. Williams, MD.

## Surgery Center Completes First Two Years

The DuPage Eye Surgery Center has completed its second year of bringing easy and convenient out-patient surgical treatments to Wheaton Eye Clinic patients. During the past 24 months the Center handled over 10,000 cataract, corneal, glaucoma, retinal and oculoplastic surgeries.

## Dr. Darin Strako Joins WEC



Pediatric Optometrist Darin L. Strako, OD has joined Wheaton Eye Clinic to work with patients of Michael Kipp, MD in the Hinsdale office.

Dr. Strako specializes in primary care optometry with an emphasis in pediatric vision care and strabismus management. He received his Doctor of Optometry Degree Cum Laude from the Illinois College of Optometry after receiving a B.S. Degree in Chemistry from the University of Illinois. In addition to seeing Wheaton Eye Clinic patients, Dr. Strako works in private practice in Deerfield, IL.



# Glaucoma

## The Silent Thief of Sight

by Stephen C. Gieser, MD, MPH

**G**laucoma often strikes without warning. Many times those who have the disease don't experience noticeable signs or symptoms until their vision has been irreparably damaged. And, although glaucoma can be controlled once discovered, lost eyesight usually cannot be regained. The key to combating this silent thief of sight is early detection followed by ongoing management of the disease.

Interestingly, glaucoma is not a single disease. Rather it is a group of conditions in which the major nerve of the eye, the optic nerve, is damaged. Since the optic nerve is responsible for taking light from the retina and sending impulses to the brain which are perceived as vision, damage to the optic nerve dramatically diminishes eyesight. In fact, glaucoma is characterized by a distinctive pattern of progressive damage to the optic nerve that begins with such subtle loss of peripheral (side) vision, that it can go undetected for years. If left undiagnosed and untreated, glaucoma eventually progresses to loss of central vision and eventually total blindness.

If you think of the eye like a basketball, it is round and firm with an internal pressure normally ranging between 10 and 20 millimeters of mercury. When the pressure is too low, the eye becomes softer; when pressure is too high, the eye becomes harder. The optic nerve is the most susceptible part of the eye to high pressure and elevated pressure in the eye

is the main factor leading to glaucoma. However, because glaucoma can be caused by a variety of factors, even people with "normal" levels of pressure can experience vision loss due to glaucoma.

As many as 65 million people around the world have glaucoma. The World Health Organization cites the disease as the second leading cause of blindness. In the United States, it is estimated that over four million people have glaucoma but only half of them know it.

### Glaucoma Symptoms Can Be Subtle

The two most common types of glaucoma have completely different symptoms. Some people experience gradual loss of peripheral vision, usually in both eyes, which then advances to tunnel vision. Other people experience more pronounced symptoms including severe eye pain and headache, sometimes accompanied by nausea and vomiting, as well as blurred vision, halos around lights, sudden visual disturbances in low light and reddening of the eye.

Because early detection and effective treatment can protect eyesight from glaucoma, it's important to know whether you are at risk for the disease. Individuals between 18-60 years should have routine eye checkups, including glaucoma screening, every two years. A yearly check up, with



eye dilation, is recommended for those older than 60 as well as those with high risk factors for glaucoma. People shouldn't wait for noticeable eye problems before making checkup appointments.

### Are You At Risk?

The highest risk factors for glaucoma are elevated internal eye pressure, which can only be detected during a doctor's examination, and age. People are six times more likely to get glaucoma if they are over 60 years old. In addition, glaucoma is the leading cause of blindness among African-Americans. They are six to eight times more likely to get glaucoma than are Caucasians which means African-Americans should begin to have their eye pressure monitored before age 30. Hispanic populations and people of Asian descent also face an increased risk of glaucoma.

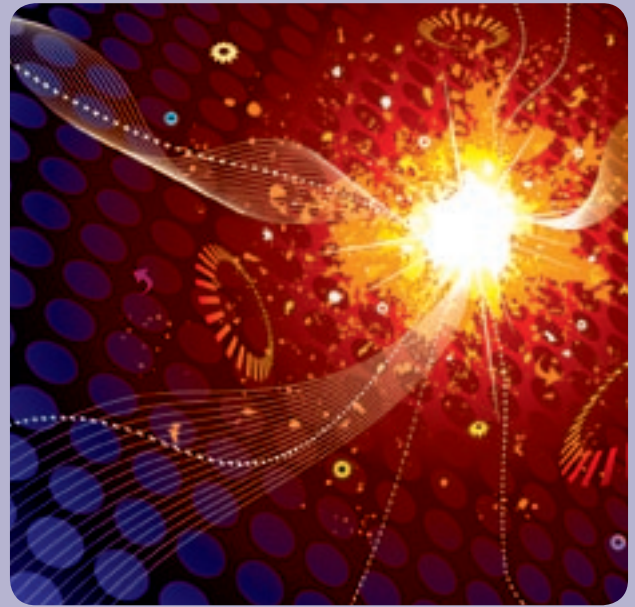
Family history and individual medical conditions present other risk factors. Current medical findings indicate glaucoma may have a genetic link that causes members of some families to be unusually susceptible to the disease. Medical conditions such as diabetes, high blood pressure, heart disease or even nearsightedness also can increase a person's risk. Using corticosteroid medications for prolonged periods of time, especially in eye drop form, also appears to create risk of glaucoma. Major eye injuries can cause glaucoma to occur immediately after the injury or even years later.

If you are at risk for glaucoma, or experiencing any of its symptoms, the physicians of Wheaton Eye Clinic urge you to get a glaucoma screening. Early detection of this disease can mean the difference between sight and vision loss or even blindness.



*Stephen C. Gieser, MD, MPH, specializes in the diagnosis and treatment of glaucoma. Following his graduation from the University of Illinois College of Medicine in Chicago, Dr. Gieser completed a residency in ophthalmology at Yale University. Because of his interest in blindness prevention in developing countries, he obtained a Master's degree in Public Health*

*from Johns Hopkins University. His additional fellowship training included glaucoma specialization. In 1991 he was awarded a Fulbright Scholarship to investigate eye diseases in India. Dr. Gieser is a national and international lecturer who has published many scientific articles, including eight textbook chapters. Dr. Gieser is a Fellow of the American Academy of Ophthalmology, a Fellow of the American Board of Ophthalmology and a member of the American Medical Association.*



## Glaucoma Risk Factors

These factors increase a person's chances of developing glaucoma:

- Elevated Internal Eye Pressure
- Age 60 and over
- African-American, Hispanic or Asian heritage
- Diabetes
- High Blood Pressure
- Heart Disease
- Nearsightedness
- Corticosteroid Medications
- Major Eye Injuries

Early detection may mean the difference between sight and vision loss or even blindness.



# The Doctor Who Makes House Calls

## Providing Compassionate Care



**S**teven Tichy, MD has been “the doctor who makes house calls” ever since he graduated from medical school. Today he continues that tradition by serving

Wheaton Eye Clinic patients who are homebound because of Alzheimer’s, obesity, amputation, stroke, severe heart disease or brain damage.

“These patients are being cared for at home, usually by sons and daughters or spouses, because they have conditions which prevent them from leaving home and sometimes from even getting out of bed,” explains Dr. Tichy. “Roughly 50% of the people I see are Alzheimer’s patients and another 30% are diabetics who have had one or more amputations. Still

others have severe skeletal problems which prevent them from enjoying normal mobility.” Sometimes Dr. Tichy ends up providing eye health care to patient spouses or other family members because, as care-givers, they too are home bound.

Home visits account for only about 20% of Dr. Tichy’s out-of-clinic appointments. The bulk of his time is spent in institutions such as nursing homes, assisted living communities and rehabilitation, or other specialized, hospitals. There he sees Alzheimer patients who are not able to leave their secured facilities, burn victims who cannot risk outside exposures, motorcycle and auto accident victims who are critically injured or brain-damaged, and even ventilator-dependent patients.

Every Saturday afternoon and Tuesday night, after the doctors of Wheaton Eye Clinic have seen their last patients,



Dr. Tichy loads his car with portable Clinic equipment, and a variety of medicines, and begins his rounds. Usually he plans to spend between 20-30 minutes traveling to and from each appointment and at least 45 minutes with each patient. Often only one patient can be seen in an evening while three or four patients might be visited each Saturday.

“For five years after residency, I actually drove a van which I had customized with all the ophthalmology equipment necessary to examine and treat patients,” remembers Dr. Tichy. “Eventually the demands of my own practice forced me to sell the van and donate the equipment to a Romanian mission. But sometimes, as I’m loading and unloading equipment, I wish I still had that van.”

Dr. Tichy considers many of his patients the hidden sufferers of our community. “Over the last 20 years I’ve gone on many mission trips, often to Honduras. There’s nothing


I’ve seen, even in the bleakest conditions, that I haven’t seen right here in our own community. In fact, the same needs exist in DuPage and surrounding counties that exist overseas. The hidden poor are here and I am blessed to be able to help relieve even a fraction of their suffering.”

Homebound patients are referred to Dr. Tichy by family practitioners who make house calls as well as by doctors, nurses and administrators of the institutions he visits. Sometimes family members will seek Dr. Tichy’s help. “We know there is a growing need for this service,” he adds, “and we are dedicated to making it available to those

who are truly homebound.”

If you or someone you know has a family member who could be served by Dr. Tichy, call Wheaton Eye Clinic at 630-668-8250 and ask for Dr. Tichy, the doctor who makes house calls.

**Saturday afternoon and Tuesday night,  
after the doctors of Wheaton Eye Clinic have seen  
their last patients, Dr. Tichy loads his car with  
portable Clinic equipment,  
and a variety of medicines,  
and begins his rounds.**



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## New Corneal Procedure Offers Safer Surgery, Quicker Healing

by Anna J. Park, MD

**F**or many years doctors have used corneal transplants to improve the vision of patients whose corneas have been damaged by disease or injury. The surgery is very familiar to most physicians and, in most cases, restores excellent vision. Recently, however, a new corneal procedure, called DSAEK (Descemet's Stripping Automated Endothelial Keratoplasty), has been developed and it offers patients safer surgery as well as faster recovery.

The cornea is a transparent dome of tissue on the front of the eye. Light passes through the clear cornea on its path toward the retina in the back of the eye. Occasionally, disease or injury compromise the function of a thin layer of cells, called endothelial cells, on the back surface of the cornea. When these cells are damaged, swelling called corneal edema occurs and causes the cornea to lose its transparency. When this swelling gets to the point where

light can no longer pass through the normally clear cornea, vision is reduced or even lost.

Unlike many cells in the body, endothelial cells are not capable of dividing or repairing themselves. The only treatment for their loss is to surgically replace them using a corneal transplant. Until recently, the gold standard in patient care has been for doctors to perform full-thickness corneal transplants requiring complete removal of the patient's own central cornea followed by replacement using a donor cornea. But now DSAEK offers doctors a way to replace only the thin layer of endothelial cells and the adjacent basement membrane, called Descemet's membrane, with donor corneal tissue. This new surgical procedure reduces and even eliminates risks associated with traditional corneal transplantation.

With full-thickness corneal transplants, the junction



between the new cornea and old cornea takes years to heal so the new cornea is sutured in place with very fine stitches. Sometimes these stitches are left in place indefinitely to maintain strength and stability. After the operation, it takes from several months to several years to obtain the best vision. Because it is very difficult to predict the final curvature of the cornea, the vast majority of patients need to continue using glasses or contact lenses after surgery. In addition, if the stitches break, the patient feels some discomfort, described as a feeling of sand in the eye, and removal of the stitches may change the curvature of the cornea, requiring new glasses. In addition, the broken stitches may produce a corneal infection requiring antibiotics.

Advantages of DSAEK are that extensive stitching is not required and the eye heals more quickly. In the DSAEK procedure, a thin piece of donor corneal tissue containing the endothelial cells is placed in the eye through a small incision on the side of the eye. This tissue adheres to the back surface of the patient's cornea and clears the corneal swelling. Although glasses are still required after the operation, they may be much thinner because the power of the eye after DSAEK is much more predictable than after full-thickness corneal transplantation. In addition, DSAEK surgery is safer because the new cornea is inserted through a small incision rather than a complete opening of the front part of the eye. This reduces the chance of hemorrhage during the surgery or infection afterwards. Since a small incision is used, the eye is left stronger and less susceptible to serious injury if ever inadvertently struck.

In order to make the new tissue stick onto the back of the old cornea, an air bubble is used to completely fill the front part of the eye. An hour after surgery, the air may need to be partially released. During the first 24 hours, patients must stay on their backs as much as possible in order to keep the air bubble positioned correctly and anchor the new tissue in place. It may be necessary at the next day follow up appointment, or the second appointment one week later, to reposition the new tissue and place a new air bubble. For six critical weeks the transplant is carefully monitored but once the tissue sticks, it remains in place permanently.

There are some disadvantages of the DSAEK procedure. Because the new endothelium is manipulated more directly than in full-thickness corneal transplantation, more damage may be produced during surgery and possibly result in graft failure. There is a 25% chance that the new tissue will not adhere properly requiring repositioning or, in less than 1% of cases, re-operation. In addition, due to the addition of tissue on the back surface of the cornea, it is left thicker than the original, which may make it more difficult to watch or treat glaucoma. Finally, the long term survival of DSAEK tissue transplantation has not been fully studied.

Although vision after DSAEK is much better than before the operation, ultimately it may not be as crisp as in a full-thickness corneal transplant because there is an interface between the patient's cornea and the adjacent donor cornea. However, in some studies, patients preferred DSAEK, even with slightly worse vision, because they heal faster, their vision clears faster and they can return to normal activities sooner.

As with full-thickness corneal transplantation, eye drops are required for at least a year after DSAEK, and more often for life, to prevent graft rejection. Fortunately graft rejections are very unusual (less than 10% of the time) and if they do occur, can be treated successfully with eye drops and, occasionally, oral medications.

Wheaton Eye Clinic is pleased to bring DSAEK to our patients. Anyone who is interested in this new procedure, or who has questions, is invited to contact us directly for a consultation.



*Anna J. Park, MD, earned a Bachelor of Science degree in molecular biophysics and biochemistry from Yale University and a Medical Doctorate at Jefferson Medical College. She completed her internship in internal medicine at Pennsylvania Hospital, followed by an ophthalmology residency, and fellowship in cornea, external disease and refractive surgery, at Wills Eye Hospital in Philadelphia. She diagnoses and treats disorders of the front portion of the eye including corneal infections, inflammatory conditions, corneal dystrophies and degenerations, and disorders of the eyelid and conjunctiva. Dr. Park is certified by the American Board of Ophthalmology.*

**Advantages of DSAEK  
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# Two Doctors Return to Favorite Mission Locations

**A**lmost every Wheaton Eye Clinic doctor can tell you about medical mission trips he or she has taken. Recently, two doctors have completed third visits to what have become their favorite international destinations. Ed Sung, MD, finds particular satisfaction in his travels to Kenya while Jeffrey Haag, MD talks with delight about his repeat trips to Ensenada, Mexico.

Although he has been to Haiti, Togo and Mexico, Dr. Sung is licensed to practice medicine in Kenya. “After my first trip I was asked to apply for a Kenyan medical license if I thought I might return,” he explains. “In anticipation of a second trip, I decided to go ahead and file my paperwork. I understood this request was a way for the Kenyan government to make sure visiting doctors are properly trained and bringing the best medical care to the Kenyan people.”

Two more times Dr. Sung has traveled more than 22 hours to reach Kapsowar Hospital outside Eldoret, a town five hours from the Kenyan capital of Nairobi. On his last trip he joined a team of five physicians, a pharmacist, two medical students,



Dr. Sung is joined by Kenyan nurse Michal Kimutai (left), Dr. Sarah Pae, MD and Mark Yoon during a mission trip to Kenya.

two pastors and a nuclear physicist, representing four churches, with connections to the medical director of Kapsowar Hospital. “As the only ophthalmologist, I spent my time in the hospital seeing patients and giving lectures to doctors and medical students. I really enjoyed bringing a new level of expertise to the hospital staff by teaching modern approaches to eye diseases and donating current medical journals and textbooks on CD’s to

their library,” explains Dr. Sung. “I also left the power point presentations from my lectures so that they could be used again and again for other groups.”





Left: Dr. Haag with one of his patients (dark glasses) and translator. Dr. Haag supervises a surgery (top right) and examines a local patient (bottom).

But it was time spent traveling to outlying areas, setting up clinics where there are few, if any, medical resources that really occupied the visiting doctors. “We went to the Rift Valley, an area even the government and local doctors hesitate to visit because of long-standing feuds and violence between various groups of people,” says Dr. Sung. “But we never saw any violence, nor did we feel threatened, and our clinics were very successful everywhere we went. In addition to my equipment to examine eyes, I brought lots of antibiotics, eye drops and other medicines, as well as over 150 pairs of reading glasses. By the time the week and a half was over, everything I, and each of the other doctors, brought was being used by people who were grateful for our medical care and encouraged by our presence. Although I don’t know exactly when I’ll go back to Kenya, I’m quite sure I will.”

Dr. Jeffrey Haag also has returned to his favorite mission location, Ensenada, Mexico, three times as part of a Spring Break mission trip called “Potter’s Clay, sponsored by Westmont College. “The college has been sending kids down to Ensenada every year since 1977, but my wife and I went for the first time when our daughter was a Westmont student. We’ve been back twice since she graduated.”

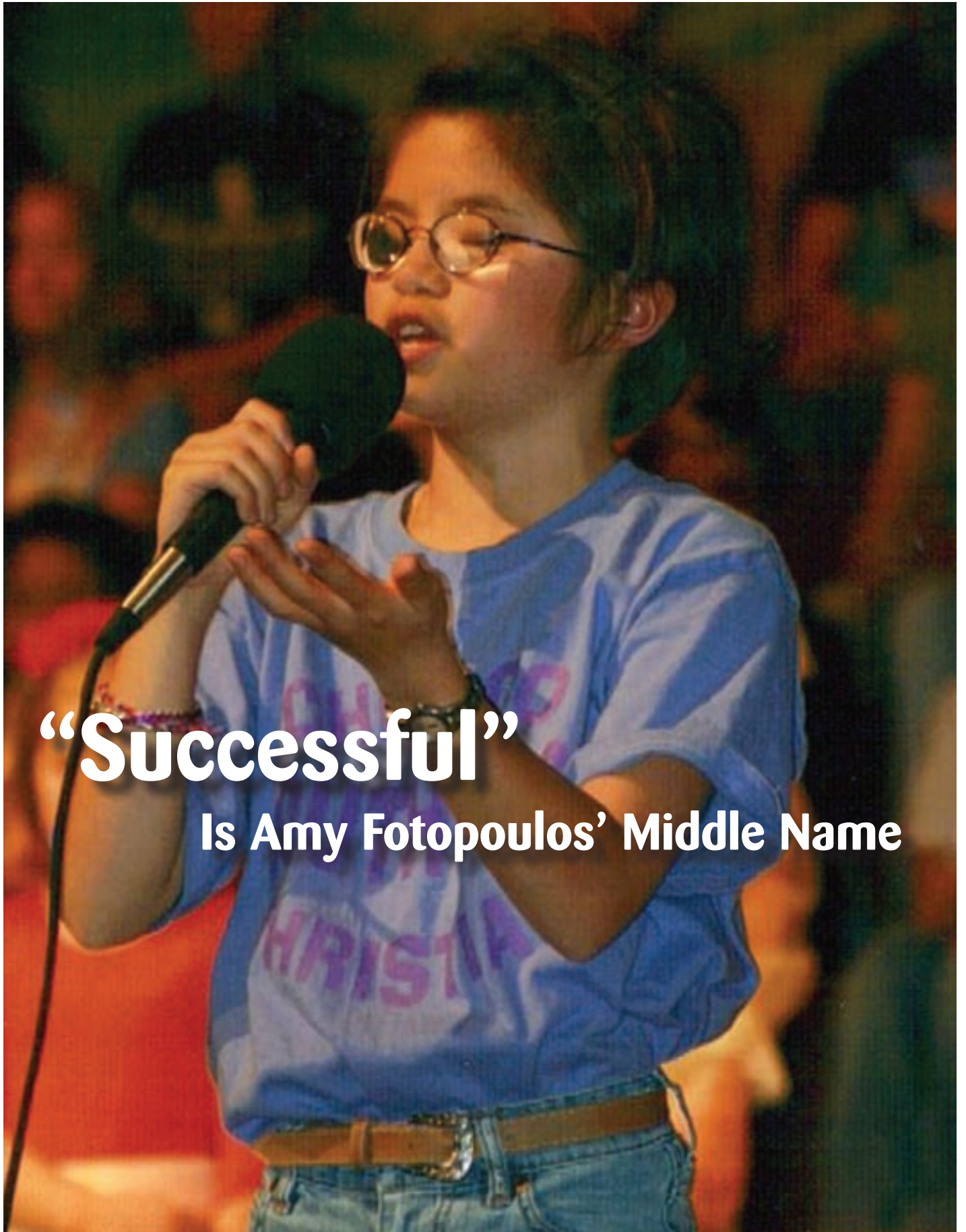
Dr. Haag’s last trip involved 250 students, divided into five different teams, offering a youth sport camp, construction assistance, a children’s Vacation Bible School, camp food, and medical clinics. “We all drove down in vans and trucks which then served as our transportation as we went from small town to small town. We always stay in a very rustic camp outside Ensenada, called Aqua Viva, and use it as our base of

operations,” explains Dr. Haag. “The last trip was wonderful because we had 12 doctors and dentists and were able to set up very extensive clinics. We’d work from a local school or community center and, with the assistance of Westmont students who did preliminary paperwork and took basic histories, I saw between 50 and 60 patients each day.”

Before traveling to Ensenada for the first time, Dr. Haag contacted Surgical Eye Expeditions International (SEE), a worldwide humanitarian organization that treats cataracts and other causes of blindness around the world. He was put in touch with SEE member Marco Barrera, MD, an ophthalmologist living in Ensenada. Dr. Barrera is another ophthalmologist with a heart for serving those who need his help, regardless of their ability to pay for his care.

“Meeting Dr. Barrera was important because when I saw a patient with a significant eye problem needing long term treatment, I could refer the patient to a local ophthalmologist for care after I left,” explains Dr. Haag. “During my last two trips, Dr. Barrera and I spent one day together performing surgeries in his office.”

For 30 years Potter’s Clay has become such an important event in Ensenada that strong bonds exist between Westmont College, its students and the people of Ensenada. “One of the highlights each year is the mayor’s dinner, put on for all his Westmont visitors as a way to show the town’s appreciation. It always features lots and lots of wonderful food and the most lively music, dancing and entertainment,” says Dr. Haag. “I start to look forward to that evening every time I begin planning our next trip!”



**“Successful”**

**Is Amy Fotopoulos’ Middle Name**





**F**or a little girl thought blind at birth and abandoned on the steps of a palace in China, Amy Fotopoulos is the most normal 14-year-old you'll ever meet. This musician, photographer, equestrian, writer, artist, youth leader and honor student lives life at full speed thanks to many determined adults in her early life and timely medical treatment by the Wheaton Eye Clinic.

Because congenital cataracts completely covered Amy's tiny eyes, caregivers in her Chinese orphanage assumed she was blind. But when the visiting head of Chicago suburban-based Sunny Ridge Family Center took Amy's photograph, she surprised everyone by blinking at the flash. Returning home he showed Amy's photos to Pediatric Ophthalmologist Dr. Carolyn Oesterle and was told that cataract surgery was Amy's only hope for sight. "The photos nearly broke our hearts," said Dr. Oesterle, "because we knew proper medical care was unavailable to her in her own country. I remember saying that if Sunny Ridge and Healing the Children could get Amy to us, we would do the rest."

Compassionate charitable care has always been a hallmark of the suburban ophthalmology clinic so eight-month-old Amy made the trip from China to the western suburbs of Chicago. Dr. Mark Daily, a Wheaton Eye Clinic retina specialist, successfully performed the delicate surgery but when it came time for Amy to go home, everyone worried that her important follow up care simply would not happen in China; they knew she needed to stay in the United States.

By this time Amy was a year old and living as a foster child with the Fotopoulos family. Jim and Kay had adopted their older daughter, Joni, through Sunny Ridge and were hoping

to adopt again, this time from China. It took a while, but eventually the Chinese government agreed Amy could remain with them. The last step required the new family to return to Amy's birthplace in order to complete the two-week Chinese adoption process. "We cannot think about Amy's miraculous life without recognizing the Author of her story," said Kay. "God has had his hand on her since before she was born until now. Everyday we watch as He continues to guide her."

Today Amy deals with her low vision by wearing strong prescription glasses, using a magnifier when her eyes get tired and wearing a telescope around her neck when she needs to see farther than five feet. "I can do pretty much anything I want," Amy explains, "except cheerleading was a little dicey when we had to do lifts. I guess that's why I like horseback riding, especially showing underprivileged kids that if I can ride, they can too."

As Amy heads off to high school next year, she expects her eyes will stay healthy through yearly medical checks by Dr. Oesterle and ongoing assistance from Spectrios Institute for Low Vision. And, although few might have predicted she could lead such a rich and vibrant life, Amy laughs off any doubts by reminding people that her middle name at birth, Xu-Yang, means "successful." She really can't imagine being anything less.

## Illinois Mandates Grade School Eye Exams



**I**spy is a common childhood game that may not be so easily played by children with eye problems. In an effort to help detect vision difficulties among grade school children, Illinois state legislators have passed a new law mandating that all children entering kindergarten, or enrolling for the first time in Illinois public, private or parochial elementary schools, must undergo a comprehensive eye examination by an eye care professional. Just as with vaccinations, students are required to provide proof of these mandated vision exams to their schools.

“Many vision problems in children are preventable or treatable if caught early,” explained Carolyn S. Oesterle, MD, a pediatric ophthalmologist at Wheaton Eye Clinic. “National statistics show that nearly 25 percent of school-age children are found to have vision problems or diseases that can cause vision loss, the fourth most common disability in the United States.” Illinois joins Kentucky and Missouri as only the third state to require eye exams for children entering school.

Even if a child is too young or too old to be affected by the mandatory

eye exam law, adults should be alert to the signs of childhood eye disorders. Children may exhibit symptoms of squinting, closing one eye, or turning their head to view an object. They may complain of headaches, eye-strain or demonstrate reading difficulties. Many of these complaints can be readily dismissed after an eye examination. However sometimes these symptoms indicate more serious problems such as amblyopia (“lazy eye”) or strabismus (misalignment of the eye). Both conditions can be improved, and even corrected, if treated before a child reaches the end of the visual development period, or around age eight.

As specified by the Illinois law, Wheaton Eye Clinic pediatric examinations are conducted by eye care professionals to include a patient history, visual acuity, refraction and both internal and external eye examinations. In response to increased demand prompted by the new law, Wheaton Eye Clinic doctors provide pediatric eye exams at each of the Clinic’s four locations in Wheaton, Naperville, Hinsdale and Plainfield.



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## Your Eyes Need Sun Protection Too

**S**unscreen is great at maintaining healthy skin, but what many people may not realize is just how vulnerable the eyes are to sun damage. Overexposure to the sun's harmful ultraviolet rays has been shown to contribute to the development of cataracts as well as more serious eye cancers. Macular degeneration, the leading cause of blindness among older Americans, also has been linked to prolonged exposure to the sun.

The doctors of Wheaton Eye Clinic recommend that anyone spending time outdoors wear sunglasses with UV-A and UV-B protection. Wraparound and fitted styles—the bigger the better—are best at reducing how much sunlight can enter the eyes from the side. Lens color is not as important to effectiveness as the lens material and coating, which determine the UV protection. The best sunglasses are made of either polycarbonate or plastic lenses which block 97-100% UV-A and 100% UV-B rays.

“And don't forget a hat,” says Michael Kipp, MD, a Wheaton Eye Clinic pediatric ophthalmologist. A wide brimmed hat, even a baseball cap worn forward, effectively blocks sunlight from reaching eyes. Also keep in mind that UV rays penetrate through clouds and haze and are reflected

by water and bright surfaces. So, while sunglasses should be worn at all times outdoors, they are particularly important during mid day, at high altitudes and on the water.

This time of year the increase in outdoor activities always brings increased eye injuries. “Athletic-related injuries most commonly involve soccer and tennis balls but we also see injuries from baseballs, racquetballs and golf balls,” says Dr. Kipp. “Other eye accidents occur during outside maintenance work when someone is using power tools or even just pounding a nail or using a chisel. We've seen eyes stabbed with everything from nails, screwdrivers and other tools, to branches and even broken glass. Paint-ball injuries can be particularly devastating as well.”

To avoid harmful eye injuries, protective goggles should always be worn when the risk of eye injury is increased. Swimmers, especially contact lens wearers, find that goggles protect the eyes from chemical irritation caused by chlorinated pools. Even in freshwater and saltwater, tiny organisms can get trapped between eyes and lenses. To protect the eyes when swimming, a contact lens wearer should at least wear protective goggles or, for best protection, invest in prescription goggles and leave the contacts out.

## Dr. Tim Kietzman Continues Family Legacy



Left: Tim and his son admire the view of the Gupus Valley pictured below. Top: Laurel and sons, Ben, Tim, Joey, and Michael with a young Pakistani family in 2000 as they began their work in Gilgit, Pakistan.



No where is the saying “like father, like son” more evident than in the work of Dr. Tim Kietzman, son of retired Wheaton Eye Clinic ophthalmologist and oculoplastic surgeon Dr. Ben Kietzman. Tim, also an ophthalmologist and eye surgeon, lives with his family in Gilgit, in the northern frontier area of Pakistan, providing critical medical care and spiritual support to the people there.

Tim was born in Nigeria in 1959 while his parents served under SIM at the Kano Eye Hospital in Northern Nigeria. After Tim graduated from Hillcrest high school in Jos, Nigeria, the family returned to the Wheaton area and Dr. Ben Kietzman joined the Wheaton Eye Clinic, where he worked for 26 years before retiring in 2005. Tim graduated from Wheaton College and Loyola medical school and completed his residency in ophthalmology while serving in the U.S. Army at Brooke Army Medical Center in San Antonio, Texas. Part of his service took him to Iraq as a physician during Desert Storm. After the Army Tim moved to Tifton, Georgia where he spent six years in private practice. But during that time his

heart was still committed to service overseas. In 2000 Tim and his wife, Laurel, accepted a call to work with Interserve in the strategic town of Gilgit, located in the central area of five valleys and seven distinct language groups living in the recesses of the Karakoram Mountains.

Laurel, a board certified physician in Emergency Room Medicine, has made a significant impact in the local community and, on occasion, in distant villages by holding medical camps. She is unusually gifted in language and one of her recent projects is translating the classic Christian parable, “My heart, Christ’s home” into Urdu. Their four sons have attended Murree Christian School near Islamabad and their oldest son just finished his senior year at Wheaton College as a physics major.

In his newsletter *Kietzman Konnection*, Tim writes “Sometimes, when living day-to-day in Gilgit, it seems doubtful that God’s promise will be fulfilled. We see obstacles so clearly: unjust judges, hard hearts, spiritual blindness (in the nicest people), deceit and poverty.” In addition, Tim





The medical staff at the Gilgit Eye Hospital enjoy chai in the new library funded by the Christian Blind Mission in 2008. Tim uses the library to give short daily lectures on subjects that come up during patient exams.

faces the disheartening task of trying to salvage an unusual number of neglected cases of severe trauma to the eye while working under the restraints of the local majority religion and culture.

But such things do not stop the Kietzmans from routinely and creatively overcoming an endless array of difficulties and inconveniences. Tim continues steadfastly serving his patients and mentoring his hospital's staff of ophthalmic assistants, technicians and other co-workers. Thanks to perseverance and hard work, Gilgit Eye Hospital has become the region's referral center for eye care.

The partners at Gilgit Eye Hospital consistently work to give top quality eye care while using locally derived resources. Instruments, medicines and equipment are always in demand. An improved water supply recently reduced the hospital's electric costs spent pumping water out of a 13-year-old well. A recent switch in internet providers has brought reliable DSL service to the hospital staff. Funding from Christian Blind Mission created a proper medical library and a place for Tim's daily staff training lectures.

Every article in the *Kietzman Konnection* newsletter ends with a prayer request. In one issue Tim writes, "Ask God to give us the energy and perseverance to keep up with all the unusual demands of living here," and later, "Praise God we are able to give good vision to the vast majority of patients we operate on." And finally, Dr. Tim Kietzman asks, "Pray for us as we proclaim the truth and try to impact the ingrained thinking patterns of our friends and neighbors."

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Kietzman family home on furlough from Pakistan, Christmas 2003.

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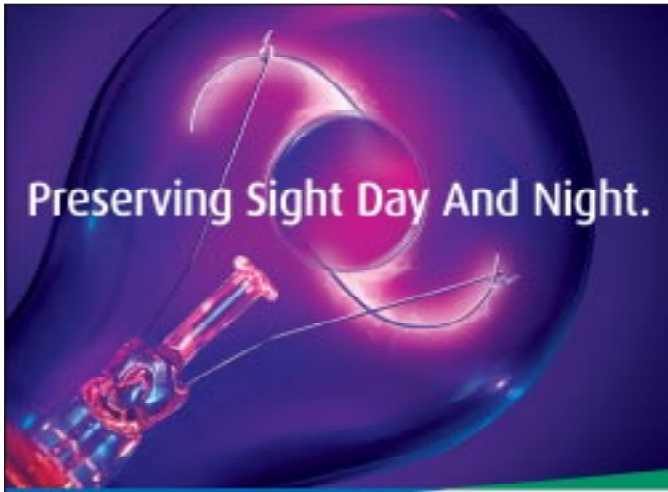
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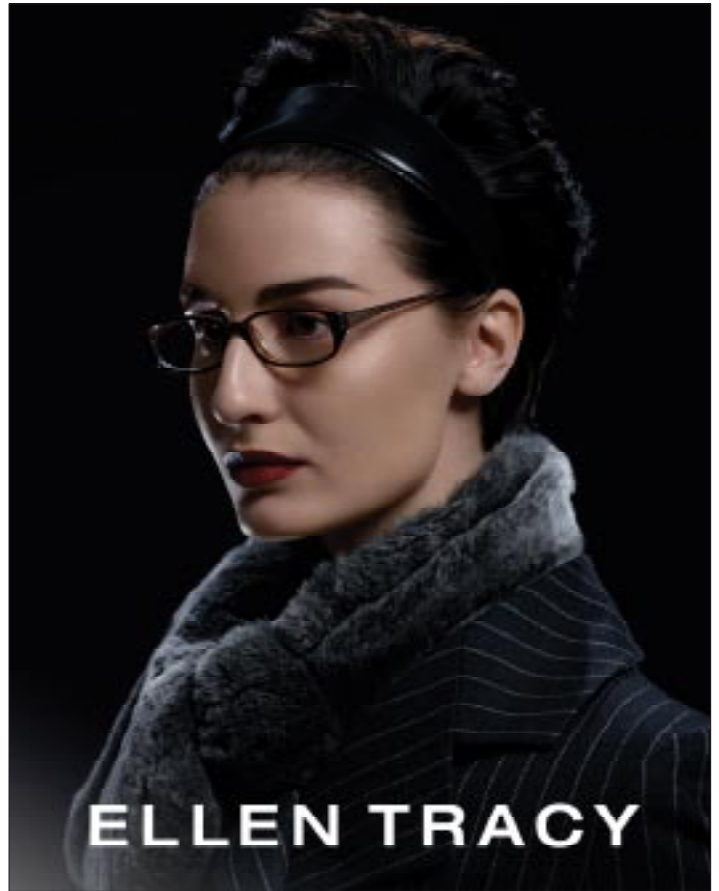
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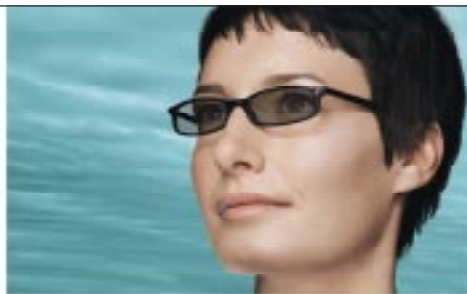
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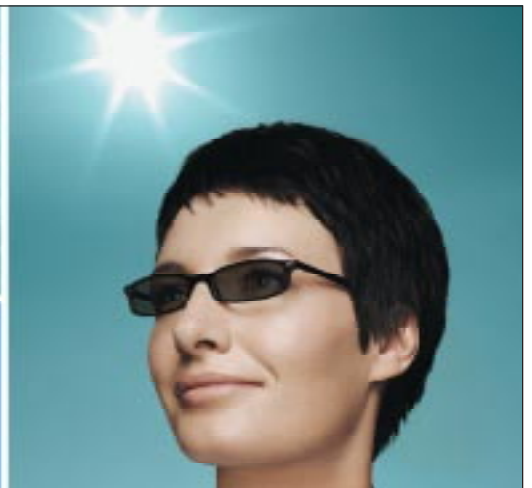
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#### INDICATIONS AND USAGE

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 76-week oral (i/d) 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 (i/d) 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 vivo* 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 embryolethal toxicity was observed in rats or rabbits receiving cyclosporine at oral doses up to 17 mg/kg/day or 38 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, at 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 15.

#### 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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RESTASIS® Ophthalmic Emulsion should not be used by patients with active eye infections and has not been studied in patients with a history of herpes viral infections of the eye. The most common side effect is a temporary burning sensation. Other side effects include eye redness, discharge, watery eyes, eye pain, foreign body sensation, itching, stinging, and blurred vision.

Please see additional information on next page.