



A Quarterly Publication  
of The Eye Institute of  
The Pennsylvania College  
of Optometry



# Eyesight

MARCH | APRIL 2007

## March is Save Your Vision Month

### Threats to your Vision:

- **Cataracts are the leading cause of vision loss in adults over age 55**
- **Glaucoma is the leading cause of blindness among African-Americans.**
- **Diabetic retinopathy, the most common diabetic eye disease, is a leading cause of blindness in American adults.**
- **The Eye Institute can detect and treat all of these vision threats.**

More than 3.4 million Americans are visually impaired and nearly 80 million Americans are at risk of developing potentially blinding eye diseases.

While these statistics are upsetting, many of these eye conditions are preventable by getting to know your individual risk factors.

During March, The Eye Institute is celebrating "Save Your Vision Month" by launching the campaign "Don't Turn A Blind Eye: Get To Know Your Risk Factors For Eye Diseases".

One of the most important things to do to prevent eye diseases is to get a regular

comprehensive eye exam no matter what age you are. The Eye Institute of the Pennsylvania College of Optometry will offer free vision screenings to help you determine your vision health (see attached schedule). But in order to understand what vision diseases you are most susceptible to, it is essential that you know your individual risk factors.

There are several risk factors you should watch out for so you don't turn a blind eye to eye disease. They include age, gender, race, family history, diabetes, high blood glucose levels, obesity, high blood pres-



*Dr. Susan Oleszewski (right) receives proclamation recognizing The Eye Institute's efforts to promote Vision Safety, from City Councilwoman, Marian B. Tasco (left), and Loraine Ballard Morrill of WDAS.*

sure and smoking.

With an understanding and awareness of your individual risk factors, you can be on your way to preventing unnecessary eye disease and vision loss.

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## Inaugural Edition of Eyesight

Welcome to the first edition of Eyesight, a quarterly newsletter from The Eye Institute of the Pennsylvania College of Optometry. As responsible eye care professionals serving the communities of Oak

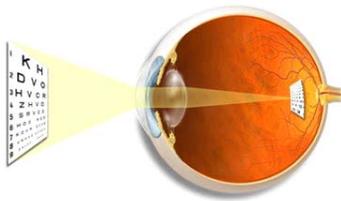
Lane, Germantown, Mount Airy, Chestnut Hill, Elkins Park, Cheltenham, and Strawberry Mansion for over 30 years, we want to keep our patients informed of the latest in vision health and treatments on an on-

going basis.

We hope you enjoy reading the information and continue to take care of your vision and ocular health. After all, good vision is a terrible thing to waste.

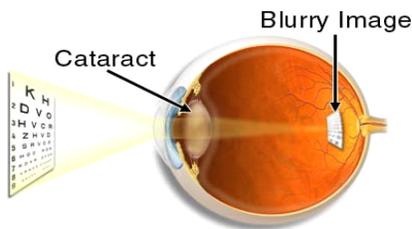
## Age-related Cataract: Facts and Fiction

When older adults are told that the explanation for their blurry vision is that they have cataracts, it can be a scary time. After all, it is often assumed that surgery will be necessary to regain clear vision. The following will help you to understand what cataracts are, what they are not and how they are treated.



Normal Eye

***“It is important to know that a cataract is a normal age-related change to the proteins of the lens of the eye that almost always can be successfully treated with surgery.”***



Eye with Cataract

### What are Cataracts?

A cataract is a clouding of the lens of the eye. The lens is an internal eye structure that helps to focus light onto the retina. It is the retina that sends signals to areas of the brain that are responsible for vision. The lens tissue is made mostly of protein and water. In a young person, the lens proteins are arranged in a way that causes the lens to be perfectly clear. As the eye and lens ages, its protein structure changes in ways that lead to lens clouding or cataract formation. Adults who get cataracts in their 50's have very few vision problems because the cataracts are small and do not interfere with vision, and therefore do not require surgery. The older we get, the more likely we are to get cataracts that affect vision. Nearly everyone develops some degree of cataract by age 75-85 years.

There are many misconceptions about cataracts. Some patients believe that a cataract represents “a film” that grows over the eye. Another misconception is that a cataract is a cancer-like growth. Finally, it is not true that cataracts cause irreversible blindness.

### What Causes Cataract?

Although it is not completely understood what all the factors are that lead to cataract formation, it is generally accepted that cataracts are related to aging of the eye. Other potential causes for cataracts include medical problems, such as diabetes; certain medications, like corticosteroids; injury to the eye; and long-term unprotected exposure to sunlight (ultraviolet light).

### What are the Symptoms of Cataracts?

Individuals with cataracts may experience one or several of the following symptoms:

- Painless blurring of vision
- Glare or light sensitivity
- Changes in the eyeglass prescription
- Needing brighter light to read
- Poor night vision and “star bursts” associated with lights at night
- Fading or yellowing of colors

### How are Cataracts Detected?

A comprehensive eye examination by an optometrist or ophthalmologist can detect the presence of cataracts, as well as any

other eye condition that might be causing blurred vision.

### Treatment for Cataracts

When cataracts are mild, they often can be treated with a change in the spectacle prescription. However, once the lens of the eye becomes too cloudy, changes in the eyeglass prescription is no longer effective. At this point, cataract surgery is the best way to restore sight.

Surgery typically involves making a small incision in the front of the eye and removing the cataract. Through the same incision, a plastic lens is inserted into the eye. Healing time is typically one month or less.

Cataract removal is one of the most common operations performed in the United States. It is also one of the safest and most effective types of surgery. Post-surgical treatment involves using eye drops and maybe the use of a minor eyeglass prescription.



## Spotlight On... James Lewis, MD – Cataract Specialist

In a time when many people seem unhappy with their career choices, it's refreshing to speak with Dr. James Lewis. His enthusiasm for his work is apparent. Dr. Lewis is an ophthalmologist (eye surgeon) on staff at The Eye Institute who performs cataract surgeries on hundreds of patients every year.

Far from being dissatisfied or bored with what he does, Dr. Lewis says his job is "like playing baseball and hitting a home run almost every time at bat," because of the dramatic and emotional difference the removal of cataracts has on his patients. Unlike most surgeries that have a post-operative period that can be painful, slow and/or frustrating, cataract sur-

gery has immediate positive results for the patient. "There is no pain involved," says Dr. Lewis, and cataract patients can go back to regular activities right away.

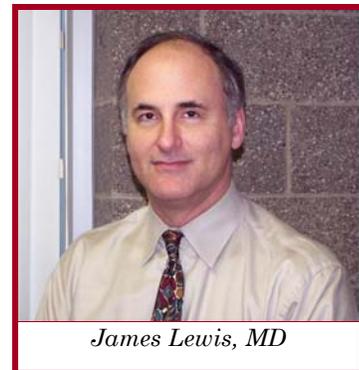
Despite the relative ease of cataract surgery these days, Dr. Lewis points out that many people still believe that their cataract surgery will be painful, the recovery long, and the expense costly. These misconceptions often lead to patients ignoring their symptoms or postponing surgery. Dr. Lewis adds, "Cataract surgery does not involve needles, stitches, pain, or physical restrictions." Additionally, patients usually don't need glasses to read or watch TV after the surgery. Patients

also need to know that the vast majority of insurance companies will pay for cataract surgery.

Dr. Lewis stressed another very important point for patients with cataracts who also have diabetes or glaucoma. "Cataracts can block the view of the retina. It is very important to remove the cataracts in these patients, so that the glaucoma and diabetes can be properly treated."

Dr. Lewis's professional and personal mission is centered on brightening the world of his patients.

Dr. Lewis is a graduate of Princeton University and Jefferson Medical College. He completed his Ophthalmology residency at Duke University.



*James Lewis, MD*

***"The Eye Institute is fortunate to have Dr. Lewis on staff. He is a gifted cataract surgeon who provides compassionate, state of the art surgical and medical eye care to our patients."***

*-Dr. Susan Oleszewski  
Executive Director, TEI*

## Patient Focus



*Ms. Mary Mack is happy with her cataract surgery and improved vision.*

When observing Dr. Lewis and his cataract patients, it's easy to see why he loves his job so much – and why his patients love him. Here are just a couple of comments from his many pleased patients.

Lillie Mae James was asked about the difference cataract surgery has made in her life, Ms. James said, "I'm seeing things I haven't seen in years," a common reaction with patients who have

had cataracts removed. Ms. James adds with a quick smile, "Things are so much clearer - except now I see wrinkles I didn't see before!"

For Ms. Mary Mack, another patient of Dr. Lewis, it was glare and seeing headlights that was so distracting. "I used to see four headlights instead of two. Now my good eye sees only two, but the 'bad' eye still sees four," she explains. When Dr.

Lewis asks about operating on her second eye, Ms. Mack replies without hesitating, "I want to get it done immediately!" She adds, "Everything is so bright! Why didn't I have this done years ago

As Dr. Lewis says goodbye, Ms. Mack tells him, "You're the greatest, Dr. Lewis! I pray for you every night – and those hands." There is no doubt that Ms. Mack's feelings are shared by many of Dr. Lewis' patients.

## Free Vision Exam for Infants

InfantSEE™, a no-cost public health program developed to provide professional eye care for infants nationwide, was launched in June 2005 by the American Optometric Association (AOA), in partnership with The Vision Care Institute of Johnson & Johnson Vision Care, Inc. Under this program, supported by former President Jimmy Carter, who serves as honorary national chair and spokesman, participating optometrists will provide a one-

time, comprehensive eye assessment to infants in their first year of life, offering early detection of potential eye and vision problems at no cost, regardless of income.

Public health experts agree that visual development is most dramatic between 6 and 12 months of age and that early detection can prevent and help reduce the threat of serious vision impairments. In fact, one in every 10 children is at risk from undiagnosed eye and

vision problems. If left untreated, eye and vision problems can impact learning and may lead to permanent vision impairment.

The Eye Institute is a participating Provider in the InfantSEE™, program. To arrange for your free infant eye assessment, call our appointment line (215) 276-6111 and mention InfantSEE™.

***“Optometrists, through their clinical education, training and experience, have the means to provide the most effective primary eye and vision services to children, as a complement to routine well-care exams given by pediatricians”***

- Scott Jens, OD, FAAO  
InfantSEE™ chairman

Cooing, sitting up and crawling are signs that your baby is growing.

Did you know her vision has stages of development too?



To ask about making a no-cost InfantSEE appointment, call (215) 276-6111 today.



## Seemore Finds a Home

What is 8 feet long, bursting with colorful characters, promotes children’s eye health and always offers you his seat?

That could only describe Seemore the Polar Bear Bench and new mascot of The Eye Institute’s Pediatric department.

Seemore was The Eye Institute sponsored entry in the AbZOOlutely Chestnut Hill

promotion this past fall. He is a fiberglass replica of a polar bear with a handy bench seat for a belly.

Seemore was brought to life by the noted children’s book illustrator and local artist, Rebecca Thornburgh. Her use of whimsical characters and word picture puzzles that feature eye health and eyewear produced an absolutely de-

lightful work of art.

After being on display on Germantown Avenue, Seemore has settled into his new home in our Pediatric reception area. Children that visit The Eye Institute can spend hours locating all the eye-related references painted all over him.

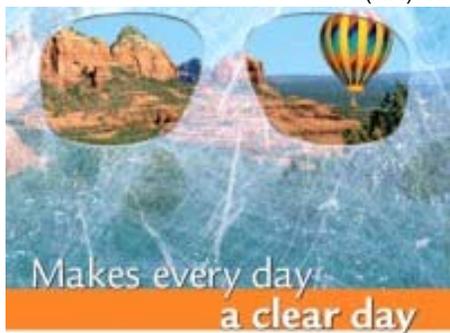
Be sure to visit Seemore and see what you can find.



*Seemore attracts attention during his stay on Germantown Avenue.*

## Product Feature

### Anti-Glare Coatings



Applying an antireflective (AR) coating to the surface of a lens can play a valuable role in improving the quality of a patient’s vision. Lenses which have an AR coating allow more light to pass through the lens.

AR coatings help to reduce eye fatigue in many situations, particularly while viewing computer screens and driving at night. With-

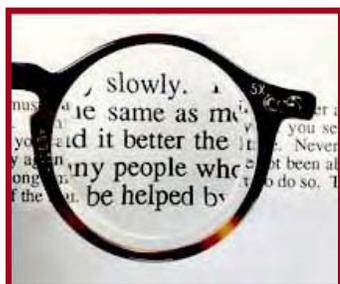
out an anti-reflective coating applied to a lens, light is reflected off the lens surface, resulting in a patient experiencing “glare at night”. On coming car headlights at night often appear as “star bursts” that decrease night vision, resulting in patients deciding to minimize their night driving.

AR coatings, besides reducing night glare provides a number of other patient advantages:

- Improved vision, by allowing more light to reach the back of the eye
- Enhanced visual comfort, especially with computer work, by reducing glare off the computer screen
- Improved cosmetic appearance, by reducing reflections off the lens surface

Ask our expert opticians in The Eye Institute’s optical department (“Eyeworks”) about the value of AR coatings.

## Cataracts: Low Vision Rehabilitation



People with cataracts often find that their vision is cloudy or blurry. Bright light and glare also bother them. Activities such as reading, watching TV or traveling become a challenge.

Not all people with cataracts are candidates for surgery and sometimes problems with vision continue even after cataracts

are removed. Tinted lenses, glare free lighting and specialized magnifying devices can help to improve vision in these cases.

Help is available through low vision services that are provided by the staff of the Feinbloom Vision Rehabilitation Center at The Eye Institute. At the Feinbloom Center, optometrists, social workers and rehabilitation

therapists work together to provide people who have reduced vision with the necessary adaptive equipment and resources that will enable them to use remaining vision at home, school and work.

If you or anyone you know is experiencing any of these problems, please call the low vision service at 215 276-6060.

## Acknowledgements

The Eye Institute would like to acknowledge the generous support of Alcon Laboratories in the production of this newsletter.

Alcon’s mission is “ To discover, develop, produce, and market innovative,

high quality eye care products that preserve, restore, and enhance vision.” For more information, visit their website at:

[www.alcon.com](http://www.alcon.com).

Also the following sources were used in the information published herein:

National Eye Health Program/National Institutes of Health

Glaucoma Research Foundation



**The Clear Choice for Your Vision Care Needs**

**Three convenient locations to serve you:**

**The Eye Institute  
1200 West Godfrey Ave  
Philadelphia, PA 19141**

**The Eye Institute  
At Mount Airy  
7145 Germantown Ave  
Philadelphia, PA**

**The Eye Institute  
At Strawberry Mansion  
2800 West Dauphin Street  
Philadelphia, PA**

**Main: 215-276-6000**

**Appointments: 215-276-6111**

**Mailing Address Line 1**

**Mailing Address Line 2**

**Mailing Address Line 3**

**Mailing Address Line 4**

## Telephone System Blues

When calling The Eye Institute in recent months, you may have encountered problems such as a constant ringing without answer, connecting to the right department, unusually long wait times for an operator, a fast busy signal leading to disconnection or just a confusing “loop” in the telephone menu program.

We apologize for your inconvenience and thank you for your patience during our attempts to improve your service. This

past July, we installed an upgrade to our telephone system. To our own dismay, the changes that were made resulted in sporadic system failures. We have been extremely troubled and embarrassed by these interruptions to your service.

We have continued to study the problems and implement corrections to our systems. We hope our latest upgrade, due to be installed during the printing of this newsletter, will provide a much improved

phone experience for all.

Your continued patience during this process is greatly appreciated. Our peak call volume times are between 10 and 11 AM and from Noon to 2 PM. If you experience problems during these times, please try to call back at an off-peak time. Please report any problems to your Eye Institute operator. Thank you!

