

Prisms

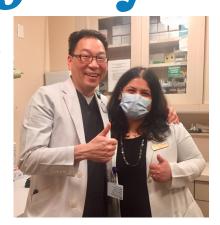
PEA'S NEWSLETTER

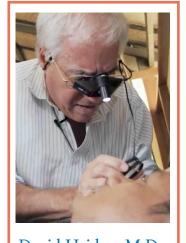
Welcome to PEA's very first newsletter, Prisms. In our quarterly newsletter we'll deliver updates about our office, doctors, and eye treatments, as well as create a community of like-minded professionals. We'll keep each of our newsletters to a five minute read. Time is precious and so are your eyes, no dry eyes on our account!

We count on doctors to make our newsletters better each time. Please email us with topics about which you would like to read.

In this quarter's newsletter:

- Dr. Oxford writes about our newest dry eye treatment, LipiFlow.
- Dr. Heiden awarded the Outstanding Humanitarian Service Award.





David Heiden, M.D. completed his uveitis fellowship at the Proctor Foundation at UCSF Medical School. In addition to his ophthalmological accomplishments, he's spent a dozen years as an emergency room doctor which lead him to work in refugee disaster areas. During these trips, Dr. Heiden has documented his work in photographs. These photographs have been published into a book, numerous magazines, and are in a collection at the SF MOMA museum.

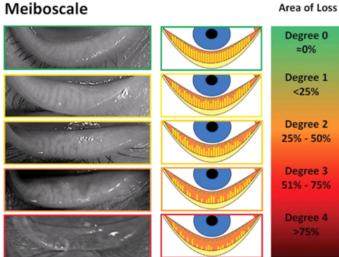
Dr. David Heiden received the 2018 Outstanding Humanitarian Service Award from the American Academy of Ophthalmology. He was nominated by Pacific Vision Foundation and Seva Foundation. Out of 32,000 members, only two physicians were selected for this honor. Dr. Heiden received the award in recognition of his work to bring state—of—the—art blindness prevention techniques to HIV/AIDS patients in politically unstable and poverty—stricken environments across the globe. He pioneered the practice of training primary care AIDS doctors how to use eye exams to diagnose and treat Cytomegalovirus (CMV) retinitis, a disease that can increase AIDS—related mortality and lead to sudden, irreversible blindness. He also trained AIDS doctors how to perform intraocular injection of medication to treat CMV retinitis, something that had never been considered before.

CMV retinitis is a complication of AIDS and now almost forgotten in the United States. But before 1995 and the availability of potent drug cocktails to treat AIDS, CMV retinitis affected up to one—third of AIDS patients in the U.S.. Now, in high—income countries, CMV retinitis has virtually disappeared. Unfortunately, this is not the situation for most of the 36 million people currently living with HIV/AIDS in other countries. These patients still risk going blind from CMV retinitis because of stigma around drug use, same—sex partnerships, and HIV/AIDS itself, combined with frequent lack of access to any healthcare, particularly doctors with appropriate eye care skills.

Dr. Heiden's interest in solving this problem led him to reach out to Seva Foundation, where he leads the AIDS Eye Initiative, and to partner with other organizations such as Doctors Without Borders, and the Wm J. Clinton Foundation. He has treated patients, trained doctors, or set up programs in Cambodia, India, Thailand, Laos, Myanmar, China, Uganda and the Russian Federation. The work has taken him from places such as the Bang Kwang Maximum Security Prison in Bangkok, to Mother Theresa's AIDS Hospice in the town of Khayelytsha, outside of Cape Town, South Africa. His most recent project was in Mozambique this past February, and in August he'll travel to Odessa, Ukraine, site of one of the worst AIDS problems in Eastern Europe.







LIPIFLOW® TREAMENT FOR DRY EYE

One thing that most eye care professionals have in common is a steady stream of dry eye patients. Many therapies target aqueous deficient dry eye, but about 80% of dry eye is evaporative due to poorly functioning Meibomian glands.

While we offer patients a regimen of artificial tears, warm compresses, eyelid cleansers, and supplementation with omega—3 capsules, sometimes patients need more. Meibography is helpful in determining the status of the Meibomian glands and provides visual information to the patient about dropout and truncation of the glands. In order to treat these dysfunctional glands, Pacific Eye Associates is now offering inoffice therapy for our dry eye sufferers in the form of LipiFlow.

LipiFlow works by applying activators to locally heat the eyelids to 42.5 degrees centigrade which is the melting point of meibum. A gentle massaging pressure is then applied to the eyelids to facilitate release of lipids from the blocked Meibomian glands. The treatment lasts 12 minutes and both eyes are treated simultaneously. One patient in our office remarked that she felt she had just had a "spa treatment."

The LipiFlow treatment should be repeated in 1 year, if needed. It is important

to emphasize to the patient that the effects of untreated Meibomian gland dysfunction include worsening dry eye, Meibomian gland dropout, and those not—so attractive chalazia.

What to expect from LipiFlow: In a controlled clinical trial, a majority of patients treated with LipiFlow reported an improvement in overall dry eye symptoms at 4 weeks post treatment. Patients with a recent history of eye surgery, eye injury, or infection are not good candidates for LipiFlow. Possible side effects from LipiFlow include but are not limited to redness, burning, stinging, discharge, blurred vision, dryness and sensitivity to light. A risk and benefit discussion should be carried out with each patient.

Karen W. Oxford, M.D completed her ophthamology residency at the University of Florida, Gainesville, and then received specialty training in Cornea and External Diseases here at the CPMC in SF. She earned her medical degree from the USC School of Medicine. She is the director of Corneal and External Diseases at PEA and is a Clinical Professor of Ophthalmology at CPMC.

