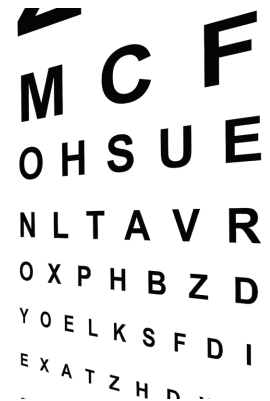




QUARTERLY NEWSLETTER

A Quarterly Publication by DLV Vision



A Message From Our Medical Director, Dr. Paul J. Dougherty

Paul J. Dougherty, M.D.

Thank you all for an amazing 2019 so far and for another year of growth and collaboration together. We wanted to take the time to share with you how grateful we are for all of the support we've received from our patients and you, our referring Doctors.



Let us continue to build on our relationship and provide better vision for everyone!



DLV Vision is hosting its annual 8-Hour Continuing Education Event this year on November 3, 2019.

Location - TBD

Time - 7:30 - 3:30

Pre-Sale tickets can be purchased on our Eventbrite page or [click here](#).

If you have any questions, please email Ron Zepeda at RZepeda@doughertylaservision.com.

Glaucoma Case Study



By: Houman Vosoghi, M.D.

To provide some insight on how we are helping underserved patients in the community, here is a case study we would like to share.

A 34-year-old male with a severe form of Juvenile Open Angle Glaucoma was referred in by the Conejo Free Clinic in February of 2017 with an initial IOP of 40 OD and 38 OS. 0.95 cups and significant visual field deficits were present. The patient had a good initial response to maximal drop therapy but the eye pressure slowly elevated over time. SLT was effective initially but wore off after six months. IOP in the right eye was at 21 in November of 2018 with documented progression on visual field. After donation of a Kahook Dual Blade (KDB) from New World Medical and approval for funding from the Andrew Dougherty Foundation, the patient underwent a partial Trabeculotomy in January of 2019.

We are happy to report this has been very successful and the patient's IOP was 12 at the most recent visit in April (3 months post-op). The success of this case highlights 2 very important points. First, the Andrew Dougherty Foundation is really making an impact in our community.

See patient's visual field and retina OCT scan on last page of newsletter

Preventing this 34 year old father of 3 from becoming legally blind hopefully will not only impact his family for many years to come, but will likely have rippling effects throughout the community. Another point here is knowing what surgery is best for each individual patient that is trusted in our care. Whether it is choosing which refractive procedure, lens choice, or glaucoma surgery is in a patient's best interest, our doctors pride themselves in maximizing benefit and minimizing risk. I am proud of our team of doctors for always choosing what is best for each individual patient. Our patient in this case could have easily had a trabeculectomy with all the inherent risks and side effects. We made the determination based on the subtype of glaucoma that the best surgical approach would be to tackle the trabecular meshwork directly (the presumed site of obstruction in Juvenile glaucoma cases).



Watch Miguel speaks about his successful treatment through the help of DLV Vision's own Glaucoma Specialist, Dr. Houman Vosoghi.
Click Play Button

Frequently Asked Questions

Doctors please make sure that you refract the first eye of your cataract patients at some point at 3 days or beyond after the first eye, but before the second eye has surgery. This information needs to be sent to us to modify the IOL power for the second eye

Text to 805-312-1521

Fax to 818-707-7668

Email to info@doughertylaservision.com

Q: What are the early signs of Kerataconus? When do I send for an evaluation (addresses doctors that do not have a corneal topographer & how to identify Kerataconus)?

- A: Some early signs of kerataconus includes
- poor vision despite glasses/ contact lenses or worsening.
 - Increasing astigmatism on refraction
 - Slit lamp findings
 - Corneal Cone
 - Apical stride or scarring
 - Corneal thinning

Q: What to do with high RX patients?

A: It depends on the Rx and age, but ICL comes in powers of -3.00 to -16.0 which can accommodate Rxs roughly -2.75 to -14.0. For higher Rxs we can combine procedures such as LASIK and ICL. If the patient has a high Rx and is over 50 years of age with high myopia, we recommend RLE because this can handle virtually all prescriptions. With moderate to high hyperopia, we will offer RLE as young as 40-45 years of age.

Myopic LASIK	Up to -6 to -8
Hyperopic LASIK	Up to +3
Toric LASIK	Up to -6

Q: When do I send out for Corneal Crosslinking?

A: The best candidate for Crosslinking is an individual with the diagnosis of keratoconus ages 12 and over and those with progressive keratoconus over age 40. Contraindication includes: cornea less than 350 microns thick, history of herpetic infections, severe corneal scarring/opacification, and autoimmune disorders.

Q: Who is not a LASIK candidate?

A: Non-candidates includes patients with thin corneas, irregular topographies, EBMD, and dry eyes.

Q: What are the parameters for RLE?

A: The age parameters for RLE is minimum of 40 to 50 years and more consideration is taken for patients with hyperopia.

Q: Why Softec HD is the O.D. lens of choice?

A: Softec HD IOLs are designed with BiAspheric optics for minimal aberration and sharper vision for patients. The Softec HD also provides an increased depth of focus, giving better intermediate vision than a standard lens.

Q: When do you do a Corneal Transplant instead of Corneal Crosslinking?

A: A corneal transplant is recommended for patients with severe scarring or opacification that limits their visual potential.

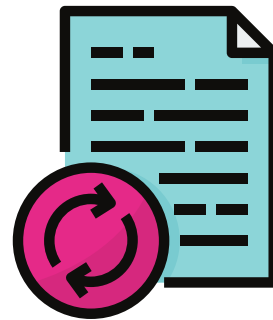
Most Effective Ways To Overcome Employee Issues

By: Renata Stone, MBA, CEO

One of the largest struggles we face in our day to day lives is how to lead, engage, and manage our team. Human resources is reported to be one the greatest challenges of optometry today. How can we drive a culture of excellence, performance, accountability, and fun? By challenging our beliefs about our current practice, seek fresh ideas, be a lifelong learner, and inspire your team to do the same! A recent Harvard Business Review study surveyed 11,000 workers and 6,500 leaders and found that there is a large gap in perception. Workers are far more willing and able to embrace change than employers assume. Employees are a reserve of talent and energy that can be tapped into by providing on the job training, opportunity for growth and development (HBR, May- June 2019). When you have a new position open, have you surveyed your current workforce to see if there is a strong candidate?



Employees are eager to learn as the heart of all humanity is an internal strive for greatness. Can we as employers tap into that rich talent & expose the true potential of our current teams? I believe the answer is YES. Our current teams are chronically underutilized. Let's shine light on the talent inside our own business and provide a win-win scenario for both our employees and our practices.



Cataract Post-Op Instructions Update!

We have updated our cataract patient post-op protocol. Our co-management guidebooks have been updated on our website as well. Any patient that has the diagnosis of glaucoma cannot have drop-less medication due to the risk of late pressure spike from the steroid.

If you have any questions you may send them to Dr. Paul J Dougherty at pjdm@doughertylaservision.com.

Practice Highlights



Congratulations to Dr. Marty Schneider who is excited to announce the launch of his new Camarillo office! Good luck and enjoy your new practice!

Congratulations to Dr. Carrie Kubota who opened her new office in Simi Valley! It is beautifully renovated and reflects the energy her patient's give when they come in to see her!



Lonella Joins DLV!



DLV/ ADV Vision are excited to announce the newest addition to our Outside Sales Team,

Lonella will visit Ventura County, Santa Barbara County, and San Luis Obispo County to service the needs of our referring provider network.

Lonella is a UCLA graduate and comes with extensive sales experience including Pharmaceutical Sales for over 15 years. She is eager and motivated to call on our DLV OD network and help take us to the next level.

Offices Looking For Per Diem

- **Dr. Jamie Cohen** - Target Optometry - Westlake Village - looking for maternity coverage from August 16th to October 31st on Tuesdays, Thursdays, and Saturdays - Please email drjamiecohen@gmail.com - \$400/day with an hour lunch, bonuses for visual field and optos
- **Dr. David Camuccio** - Woodland Hills - Please email - dmcamuccio@yahoo.com
- **Dr. Viktoria Goldenberg** - West Hills - Please email - drviktoria@gmail.com
- **Dr. Kim Jedrusiak** - Oxnard - Please email - b4ureyes2020@aol.com
- **Dr. Kim Tedder** - Moorpark - Please email - drkim@moorparkvisioncenter.com
- **Dr. Anna Lam** - Oxnard - Saturdays & Vacation - Please email - annalam.od@gmail.com
- **DLV Vision** - Westlake Village - 2-3 days/ week - Please email Renata Stone - RStone@DoughertyLaserVision.com

Upcoming Events

- July 14 - DLV 5 Hour CE Event
Herzog Wine Cellar - Oxnard
- November 3 - DLV 8 Hour CE Event

Need Marketing Materials? Send Us A Request!

We want to make getting our marketing materials to you easier and faster. If you are need of any marketing materials (ie. brochures, posters, business cards, etc.) you are now able to send in a request through our websites doctor portal. [Click here](#) now to get started!

We encourage all Doctors to inquire about our custom O.D. marketing materials. If you have any question, please contact Ron Zepeda at RZepeda@doughertylaservision.com.



Want More From Us?

If you would like to receive more information on our practice announcements, updates, and invites for our continuing education events send your information to Ron Zepeda at RZepeda@DoughertyLaserVision.com.

If you have any questions, please send an email to Ron Zepeda.

Case Study Scans

Continuing from Dr. Vosoghi's case study. Here you can see the patient's visual field and retina OCT scan.

STIMULUS: III, WHITE
 BACKGROUND: 31.5 ASB
 STRATEGY: SITA-FAST

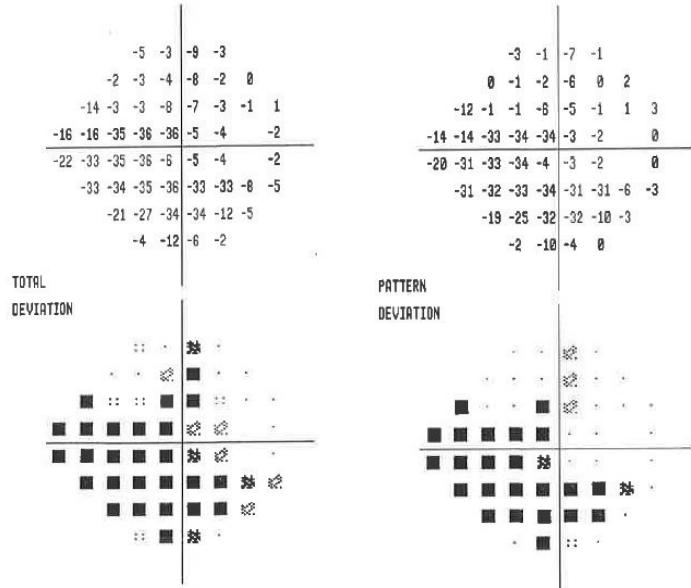
PUPIL DIAMETER:
 VISUAL ACUITY:
 RX: OS DC X

GHT
 OUTSIDE NORMAL LIMITS

MD -16.38 DB P < 0.5%
 PSD 14.93 DB P < 0.5%
 CENTRAL 24-2 THRESHOLD TEST

FIXATION MONITOR: BLINDSPOT
 FIXATION TARGET: CENTRAL
 FIXATION LOSSES: 0/15
 FALSE POS ERRORS: 1 %
 FALSE NEG ERRORS: 13 %
 TEST DURATION: 05:10

FOVEA: OFF



∴ < 5%
 ☼ < 2%
 ☼ < 1%
 ■ < 0.5%

