



A word from our Doctor

Paul J. Dougherty, M.D.

The first quarter of 2019 is wrapping up and it has been nothing but awesome so far! We've had the pleasure of working with some of the best optometrists on the planet while developing new relationships as well.

We are delighted to introduce our 2019 quarter one newsletter! This year we intend to keep you up to date with the most current news and developments which relate to the practice. Thank you for your confidence in our doctors and trusting us with the care and support for your patients!

Frequently Asked Questions

Q: Should I use Cyclogel prior to dilation during the LASIK or PRK pre-operative exam?

A: Absolutely not, unless the patient is a young hyperope with latent hyperopia. In these cases, the Cyclogel must be administered at least 3 days prior to the scheduled surgery date to avoid a dilated pupil that makes centration and tracking difficult. Typically, 1% Tropicamide is all that is necessary, and the dilation wears off in 3-4 hours. I have had many patients that have come in for surgery who were dilated with Cyclogel the day before and we had to postpone the surgery because of persistently dilated pupils, which leads to disappointment for both the patient and surgeon. Cyclogel dilation can last from 24-72 hours. Please avoid it in the 3 days prior to LASIK or PRK

Q: I have a patient with increased cup to disc but eye pressure has always been normal. Is there a concern for glaucoma?

A: Yes. Of course a lot depends on the patient demographics and risk factors but up to 1 out of 3 women, and 1 out of 5 men with glaucoma have Normal Tension Glaucoma. Risk factors include female gender, Asian ancestry (highest risk among patients of Japanese descent), history of Migraine headaches (ever), Raynaud's phenomenon, low blood pressure, sleep apnea, and a history of vascular problems. OCT is very helpful in helping in these cases. Any time you are in doubt, please feel free to send the patient in for a glaucoma consultation.

Q: When is the appropriate time to refer a patient back for YAG and laser vision correction after cataract or RLE surgery?

A: The standard time to wait for YAG and/or laser vision correction after IOL surgery is 3 months. If YAG is performed before 3 months, there is an increased risk of CME and IOL dislocation. We perform LVC at least 3 months after surgery to allow the wound and refractive error to stabilize. There are some unusual cases where we perform both of these procedures as soon as 6 weeks i.e. aggressively unhappy patient or patient who is leaving the area permanently. In these cases, the decision is made by the patient and surgeon with the understanding that the patient is accepting the increased risks discussed above

Q: What is your approach to post-LASIK or post-RK cataract patients?

A: Post-LASIK and post-RK corneas violate the assumptions of standard intraocular lens calculations, due to an altered relationship between the anterior and posterior cornea. Because of this, the accuracy of our usual intraocular lens calculations is reduced. I use the ASCRS post-refractive calculator and Barret True K formula, as well as intraoperative aberrometry measurements, to make the most informed lens power selection. For RK patients, with the fluctuation in corneal hydration status from morning to evening, I advise two separate lens measurements at different times to allow a comparison of the keratometry and biometry values. In addition to the differences in lens calculations, post-LASIK and post-RK patients are not ideal candidates for multifocal lenses. For these patients, I advise monofocal intraocular lenses or monofocal lenses with enhanced depth of focus (such as the Softec HD). If there is regular and reproducible astigmatism on topography, a toric lens can be considered. I would be cautious about a toric lens in a post-RK patient given the diurnal variation in keratometric measurements. Lastly, a thorough preoperative discussion with patients to explain the special circumstances involved in their measurements is helpful to optimize postoperative outcome.

Q: Why do I need to see the patient back for refraction after post-op day 1 after cataract surgery, but before surgery on the second eye?

A: Because it is typically impossible to accurately refract a patient on day 1 because of corneal edema. Any residual refractive error that is discovered at the subsequent visit (even as low as +/- 0.25 D of sphere) will be used to adjust the IOL calculation for the second eye. This is particularly important for patients who have paid for one of the vision correction packages where they are expecting a certain refractive outcome.

Q: When is it appropriate to consider a corneal transplant in a patient with corneal edema after cataract surgery?

A: Patients with Fuchs corneal dystrophy and some patients without can risk corneal decompensation after cataract surgery. The vast majority patients will recover from this insult to the cornea within the first few weeks after cataract surgery. For those patients who may experience corneal edema, I advise medical management with Muro-128 drops & ointment, as well as topical steroids (Durezol, Lotemax, or Prednisolone). Patients may need to be on these medications 4-6 times daily. If improvement is noted, I taper the medications slowly once the corneal edema has completely resolved. In the minority of cases that do not respond to medical management, patients may have to consider the possibility of a corneal transplant. However, I do not recommend turning to this until patients have been on medical management for at least 2-3 months. While most patients will respond within a few weeks, there are some patients that can show improvement within a few months and, therefore, can avoid surgical intervention. Patients are unlikely to experience improvement on their own after 3 months. For these patients, I recommend endothelial keratoplasty.

Q: What are your ocular surface considerations prior to cataract surgery?

A: Cataract surgery has become an increasingly refractive procedure, with patients seeking postoperative vision that suits their lifestyle. In order to optimize postoperative outcome, we must watch for preoperative conditions that must be addressed prior to surgery. The ocular surface is one of the most important factors to consider. Patients with ocular surface dryness can have inaccurate intraocular lens calculations and false astigmatism measurements due to irregularity of the surface. Patients with moderate to severe fluorescein staining should be counseled to use regular artificial tears and possible nightly ointment. They may benefit from punctal plug insertion to enhance the tear lake and promote more adequate coverage of the surface. Patients with significant blepharitis should be started on twice daily lid scrubs and warm compresses and, if severe, possibly a course of doxycycline. Visually significant pterygia are another consideration. If a pterygium is at the limbus or has extended onto the corneal surface, it would be wise to perform an excision prior to cataract surgery to ensure stable corneal curvature and allow the most optimal astigmatism correction (if necessary) at the time of cataract surgery.

Q: What visual field change should I be most concerned about?

A: Any visual field change from normal should warrant some degree of concern and further investigation. The most pressing though tends to be changes that respect the vertical midline. Those changes usually imply a central nervous system problem and need to be investigated right away with MRI. Given time may be of essence in such cases, a direct phone call doctor to doctor is warranted to discuss and expedite consultations. Note that the classic homonymous hemianopsia or bitemporal hemianopsia seen in textbooks are not representative of all cases you will encounter. Some degree of asymmetry in milder cases are common. The key feature almost always present is an almost perfect respect for the defect not passing the vertical midline.

Q: I have a patient with increased cup to disc but eye pressure has always been normal. Is there a concern for glaucoma?

A: A: Yes. Of course a lot depends on the patient demographics and risk factors but up to 1 out of 3 women, and 1 out of 5 men with glaucoma have Normal Tension Glaucoma. Risk factors include female gender, Asian ancestry (highest risk among patients of Japanese descent), history of Migraine headaches (ever), Raynaud's phenomenon, low blood pressure, sleep apnea, and a history of vascular problems. OCT is very helpful in helping in these cases. Any time you are in doubt, please feel free to send the patient in for a glaucoma consultation.

DLV Vision's 3 Hour Continuing Education Event



DLV Vision will host a free 3-Hour Continuing Education Event at Panzanella Ristorante in Sherman Oaks. To RSVP, follow the link below to register on Eventbrite or click [here](https://dlvision-3hr-ce.eventbrite.com).

Link: <https://dlvision-3hr-ce.eventbrite.com>

Date: March 26th, 2019

Location:

14928 Ventura Blvd
Sherman Oaks, CA 91403

Check-In: 6 PM

Start Time: 6:30 PM

DLV Vision's Simi Valley Open House



Come join us for a tour of our new Simi Valley Office! Enjoy delicious appetizers, fine wine, and refreshments as we celebrate this big accomplishment for our practice!

Date: April 4th, 2019

Location:

2796 Sycamore Dr., Ste. 101
Simi Valley, CA 93065

Time: 6:30 PM - 8:30 PM

Key Dates For 2019

- March 26 - 3 Hour CE Event - Sherman Oaks
- April 4 - Open House - Simi Valley
- April 7 - San Fernando Valley Optometric Society CE Event
- April 25 - ADV Morro Bay Round Table
- May 30 - ADV Pismo Beach 2 Hour CE Event

Practice Updates!

- Dr. Paul J. Dougherty will no longer see patients at our Beverly Hills location
- Dr. Asha Balakrishan will assume the care of all patients in Beverly Hills effective *March 1, 2019*
- Cataract Surgery now available in Oxnard at St. John's Hospital
- Dr. Dougherty will operate at St John's Hospital on the first and third Wednesday of each month
- Dr. Dougherty will see patients in Camarillo on Monday all day and Wednesday in the afternoon

Offices Looking For Per Diem

- Dr. Paul J Dougherty - DLV Vision - Westlake Village - 3-4 days/ week - Please contact Ron Zepeda - RZepeda@DoughertyLaserVision.com
- Dr. Jamie Cohen - Target Optometry - Westlake Village - Please contact Dr. Cohen - drjamiecohen@gmail.com
- Dr. Kambiz Silani - Beverly Hills Optometry - Beverly Hills - Please contact Dr. Silani - bheyeguy@gmail.com
- Dr. Joanne Gronquist - Santa Barbara - Please contact Dr. Silani - info@sboptometrist.com

Drop-Less Medication Update

We have updated our cataract patients post op protocol. 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 pjdmd@doughertylaservision.com.

**Film your Surgery on Facebook
LIVE! Tag
Your Patient on Facebook Live
And Share It
On Your Timeline!**



Didn't Get The Invite?

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

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

Patient Spotlight



Dr. Dougherty performed successful vision correction surgery this year for legendary guitarist, Robbie Krieger of The Doors!

DLV Vision's Monthly Ad

Below is DLV's March calendar ad for your office. If you would like a copy of this, or custom one made for your office please one reach out to Ron Zepeda or Farah Miloud.



**\$1000
OFF LASIK**

DID YOU KNOW? The average consumer spends \$40,000 by age 50 on glasses & contacts.

**Come Join Us For A
FREE CONSULTATION.
(VALUED at \$200)
12 Months - 0%
Financing Available.**

"The Doctor's Doctor"
Office: 805.987.5300
Text: 818.874.3048
Online Appointments Available
doughertylaservision.com
info@doughertylaservision.com



Our employee's husband, Daren, came in for an annual eye exam, but little did he know his whole life was about to change! After speaking with Dr. Dougherty during his exam Daren decided to have same day LASIK surgery. Being an athlete he knew that his vision always held him back to some degree and he wanted to see the world without the need for them. His wish came true as Daren was already seeing 20/20 after surgery! He is excited to start this "whole new chapter in his life" - free from glasses after 25 years!

Click the play button to hear from Daren himself 24 hours after his LASIK surgery!