

Fran MacEachern was having problems seeing street signs.

"I am a pretty outgoing person, but I found myself avoiding driving anywhere I wasn't familiar with because I was afraid I would not be able to see those signs in time to make a turn," confides the retired teacher. "My optometrist had predicted that I would likely require cataract surgery within the year, but my eyesight suddenly seemed to diminish very quickly."

While talking with friends and neighbors, many recommended that she see William J. Mallon, MD, a board-certified ophthalmologist and fellowship-trained ophthalmic plastic and reconstructive surgeon at the Center for Advanced Eye Care in Vero Beach. He and his staff focus much of the practice on educating their patients.

Fran scheduled an appointment for August 4, 2011.

"I found Dr. Mallon to be very professional," she remembers. "He was genuinely interested in any concerns I had, and his staff is outstanding. I've never met so many upbeat people in one place."

She says the doctor always takes a lot of time with her, and made her feel very secure.

"When a patient comes in for an appointment, we perform a full eye exam, including dilation and refraction, which determines what a patient's best vision is," says Dr. Mallon. "Once we determine someone has a visually significant cataract, it is up to them to decide if and when they should have it removed."

Choosing the right lens

Along with deciding when their eyesight has deteriorated to the point that they want their cataracts removed, patients also need to choose what type of eyesight they want following surgery. Dr. Mallon spends a lot of time with his cataract patients, discussing their needs and their post-cataract goals. "There are many intraocular lens [IOL] options and techniques to choose from," he notes, "and my goal is to educate our patients so that they can make their own best choices."

"No one lens is perfect for every patient. With today's improved predictability of cataract surgery, we are usually able to reduce patients' dependence on eyeglasses for either distance vision or near vision, and sometimes for both. Although we have many patients who will never need glasses for any activity, results vary. That is why I really listen to my patients and spend enough time with each one to learn about his or her lifestyle so we can determine what is going to work best for that patient before selecting the right lens implants."

Because Fran was farsighted, she was glasses dependent and wore contact lenses.

After consulting with Dr. Mallon, Fran chose to have both eyes corrected for distance vision with standard lenses.

The doctor notes, however, that many nearsighted patients who enjoy being able to read without glasses choose to have their eyes corrected for close-up vision: "Some of the unhappiest patients I've seen are those who have had cataract surgery that was technically perfect, but no one had discussed with them the option of staying nearsighted. When you take away a woman's ability to put her makeup on without glasses getting in the way, she could be very unhappy."

"Choosing the right lens is not a cookie-cutter process. It should be highly individualized, and our philosophy has always been to help each patient make the choice that will maximize his or her vision goals."

Dr. Mallon performed surgery on Fran's first eye on August 10, and her second eye on August 23.

"I can't believe how great my eyesight is now," Fran marvels. "It's incredible to me. Unless the print is really small, I can read without glasses, and my distance vision is better than twenty/twenty."

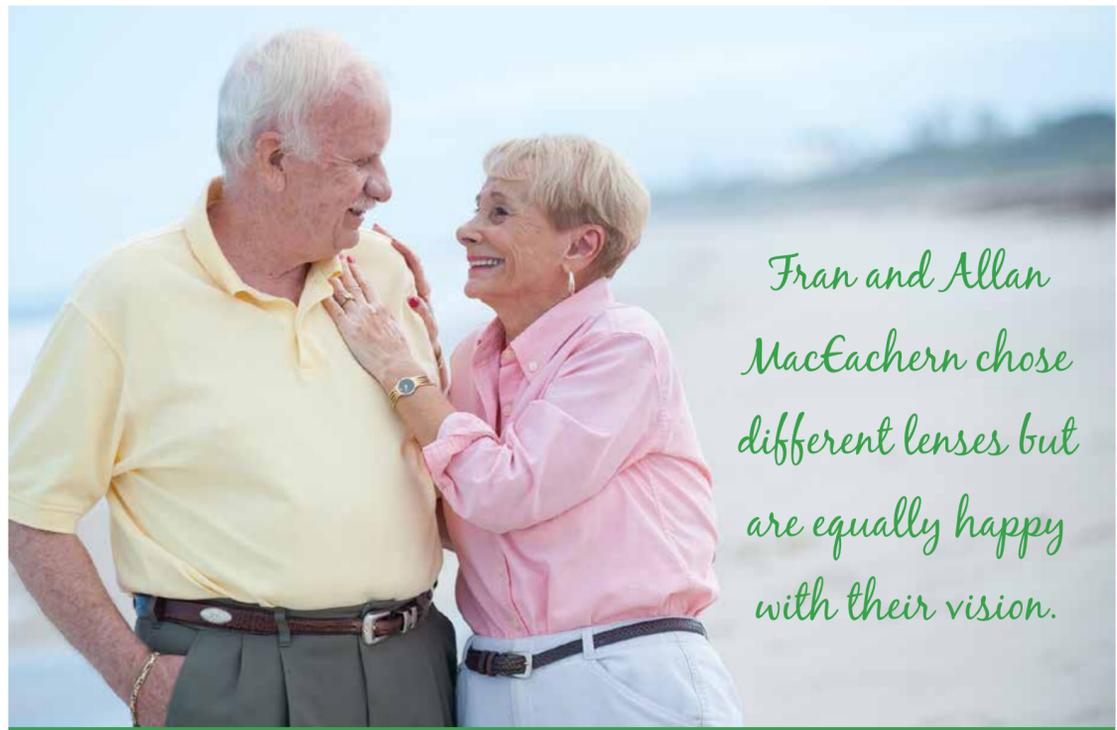
Dr. Mallon explains that it is the distance between the photo receptors in the retina that ultimately determines a patient's visual acuity potential, and that farsighted people may have the ability to see better than 20/20, which is typically considered perfect vision.

Premium lenses

"Along with standard IOLs, there are several types of premium lens implants available today," points out Dr. Mallon. "There is the Crystalens, which is designed to move inside the eye and help patients be more glasses independent."

When It Comes to Cataract Surgery, One Size Does Not Fit All

With so many different choices in intraocular lens replacement available, patients do well to look for ophthalmologists who customize treatment for each individual's needs.



Fran and Allan MacEachern chose different lenses but are equally happy with their vision.

HCN PHOTO BY MARC EDWARDS



WILLIAM J. MALLON, MD
J. MICHAEL SCHNELL, MD
ADAM M. KATZ, MD

Then there are multifocal lenses, which work similarly to a bifocal and provide more than one focal distance.

"There are also different versions of what is called an *aspheric* IOL," informs the doctor, "which have been shown to provide patients with improved contrast sensitivity."

Additionally, for patients with astigmatism, there is an IOL called *toric* that can correct both vision and astigmatism simultaneously without having to make extra incisions on the eye. The doctor explains that astigmatism results from the unequal curvature of one or more refractive surfaces of the eye, resulting in blurred vision.

"I had noticed for the past couple years that I would have to seek out more light to read, and I no longer liked driving at night," admits Allan MacEachern, Fran's husband, who wore glasses to correct both his farsightedness and his astigmatism. "By the time Dr. Mallon did my wife's eyes, I knew I had a cataract problem because my optometrist had pointed it out to me. So, while I was at Dr. Mallon's with Fran, I scheduled an appointment to have my eyes examined."

The doctor confirmed the diagnosis.

"Patients with astigmatism have different options during cataract surgery," notes Dr. Mallon. "There is a surgical procedure called *limbal relaxing incisions* [LRIs], during which the ophthalmologist makes tiny incisions at opposite edges of the cornea to correct the vision. Other patients decide to have the standard lenses, and then wear glasses that are corrected for astigmatism. The downside to that choice is that if the patient's glasses become tilted, even to a slight degree, the quality of the vision is degraded tremendously. Also, the cost of astigmatism-correcting glasses is significantly higher than that of other glasses."

"A third option is the toric lens. Although toric lenses were approved by the FDA several years ago, they just approved higher levels of toricity for patients with more serious astigmatism."

Allan reports that he chose the toric lenses: "Dr. Mallon by no means pushed me into the decision; it was my own. He went over all the options, but I think these are great. It was my understanding that I would need glasses to read, which I do, but my distance vision is fantastic – like a teenager's. Everything is so much brighter. It's like someone just cleaned the windshield of my car."

Fran concludes: "Dr. Mallon has made us so happy." **HCN**

Dr. Mallon Installed as FSO President

After serving on its board for the past eight years, Dr. Mallon has been installed as president of the Florida Society of Ophthalmology (FSO), the preeminent statewide professional association for doctors who specialize in vision care, at its annual meeting held June 24-26, 2011. The FSO is a nonprofit medical society representing more than 500 physician members in the state.

Seeing better

The caring staff at Center for Advanced Eye Care welcome your questions regarding ophthalmology and ophthalmic plastic and reconstructive surgery. To schedule an appointment, please contact Center for Advanced Eye Care, located at **3500 US Hwy. 1** in Vero Beach, at **(772) 299-1404**.

CATT Trial Proves Affordable Avastin as Effective as Lucentis

Adam Katz, MD, who is dual fellowship trained in retina care, has been using the cost-effective Avastin for his patients with the wet form of macular degeneration almost exclusively for the past several years.

"At Center for Advanced Eye Care, we always provide patients with the best possible treatment available for any condition, regardless of cost," assures Dr. Katz. "It just so happens that Avastin costs forty times less than Lucentis, which is another medication used for the wet form of macular degeneration."

In the recent CATT (Comparison of AMD Treatments Trials) study, Avastin was proven to be just as effective and safe, with no increase in strokes or heart attacks compared to Lucentis.

The doctor says that in light of these results, he is pleased to be able to avoid contributing to the financial drain on Medicare and creating large financial burdens that are unnecessary: "While there is a financial incentive for practices to use Lucentis, I prefer Avastin. Of course, if a patient requests, I can offer them Lucentis or recently FDA approved Eylea."



William J. Mallon, MD, is board certified by the prestigious American Board of Ophthalmology. After receiving his undergraduate degree from Michigan State University, East Lansing, he was awarded his medical degree from Wayne State University, Detroit. Dr. Mallon served his internship at Methodist Hospital, Memphis, TN, and completed his residency at the University of Tennessee in Memphis, followed by a fellowship in ophthalmic plastic & reconstructive surgery in Memphis. He is a member of numerous professional organizations, including the American Academy of Ophthalmology and the American Society of Cataract & Refractive Surgery, and is president of the board of the Florida Society of Ophthalmology.



J. Michael Schnell, MD, is board certified by the prestigious American Board of Ophthalmology. After receiving his undergraduate degree from Dickinson College and a Master's degree in counseling from Colgate University, Dr. Schnell was awarded his medical degree from the University of Maryland, where he also served his medical internship and his residency in ophthalmology. He is a member of several professional organizations, including the International Association of Ocular Surgeons and the American Academy of Ophthalmology.



Adam M. Katz, MD, is board certified by the prestigious American Board of Ophthalmology. After receiving his undergraduate degree from Union College in New York, graduating summa cum laude and Phi Beta Kappa, he was awarded his medical degree from Albany Medical College, NY. Dr. Katz completed his internship in internal medicine at Lenox Hill Hospital in New York City. After completing a three-year residency in ophthalmology at Saint Vincent's Hospital, Manhattan, he went on to complete a one-year medical retina fellowship at NYU and a second two-year retina fellowship in Memphis with world-renowned retinal surgeon Steve Charles, MD. Dr. Katz has over ten years of clinical experience treating patients with retinal and vitreous disorders.