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*Submitted by: **Niki A. Silverstein, M.D., SILVERSTEIN Eye**, is a Diplomate of the American Board of Ophthalmology and a Fellow of the American Academy of Ophthalmology. Dr. Silverstein received her medical degree from the State University of New York at Downstate Medical Center. She completed her residency in ophthalmology at Albert Einstein College of Medicine, Montefiore Hospital and Medical Center. In addition, Dr. Silverstein spent two years working with the pioneer/inventor of modern cataract surgery at the forefront of the current technology (phacoemulsification). Dr. Silverstein has performed over 15,000 cataract procedures.*

1. What is the difference between an optometrist and an ophthalmologist?

An **Optometrist** is a Doctor of Optometry, an O.D. (*not to be confused with a Doctor of Medicine, an M.D.*). To become an optometrist, one must complete pre-professional undergraduate college education followed by 4 years of professional education in a college of optometry. Some optometrists also do a residency. Optometrists can examine eyes, measure for eyeglasses and contacts, and treat some eye conditions. They are not licensed to perform eye surgery or laser therapy.

An **Ophthalmologist** is an eye M.D., a medical doctor who is specialized in eye and vision care. Ophthalmologists are trained to provide the full spectrum of eye care, from prescribing glasses and contact lenses to complex and delicate eye surgery. They may also be involved in eye research.

After 4 years of medical school and a year of internship, every ophthalmologist spends a minimum of 3 years of residency (hospital-based training) in ophthalmology. During residency, the eye M.D. receives special training in all aspects of eye care, including prevention, diagnosis and medical and surgical treatment of eye conditions and diseases. An ophthalmologist may spend an additional year or two in training in a subspecialty, that is, a specific area of eye care.

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2. What is a cataract and what are the signs?

Cataract: A clouding of the lens of the eye. The normally clear aspirin-sized lens of the eye starts to become cloudy. The result is much like smearing grease over the lens of a camera. It impairs normal vision.

There are many causes of cataracts including cortisone medication, trauma, diabetes, many other diseases and simply aging. Cataracts will affect almost all people if they are fortunate enough to live long enough.

The symptoms of cataracts include double or blurred vision and unusual sensitivity to light and glare. Cataracts can be diagnosed when the doctor examines the eyes with a viewing instrument.

3. Is cataract surgery necessary?

The ideal treatment for cataracts is surgical implantation of a new lens. Surgery is recommended for most individuals who have vision loss and are symptomatic from a cataract. If you have significant eye disease unrelated to cataracts that limits your vision, your ophthalmologist may not recommend surgery. Sometimes after trauma to the eye or previous eye surgery, a cataract may make it difficult for your eye-care professional to see the retina at the back of the eye; in these cases, it may still be appropriate to remove the cataract so that further retinal or optic nerve evaluation and treatment can occur. The mode of surgery can be tailored to individuals based on coexisting medical problems. Cataract surgery is generally performed

with minimal sedation. "In the past, cataract and refractive patients were faced with limited options in lens implants." Continues Dr. Silverstein. "Today, we have the ability to provide presbyopia-correcting intraocular lens implants (IOLs) that can restore near vision and reduce dependence on glasses with minimal unwanted side effects. This new FDA lens technology provides a true *bifocal* intraocular lens (IOL) which offer patients a prescription for both distance and *full* near correction! In clinical trials, 80% of patients reported never wearing spectacles at any distance postoperative while average near and distant visual acuities were reported as being excellent."

"I was proud to be one of the first ophthalmologists in New Jersey to perform CTR for complicated cataract surgery. Morcher **Endocapsular Tension Ring (CRT)** aids surgery on patients with weak or damaged zonular support (thin tissue fibers that hold the lens in place) as it assists the cataract surgeon in placing and centering an intraocular lens. "Though inserting a **CTR** is relatively straightforward, knowing the best time to do it, and in whom, is more an art than science." remarks **Niki A. Silverstein, M.D.** "This is why at **SILVERSTEIN Eye**, we screen potential candidates very carefully. Only after thorough evaluation, the patient is considered a candidate for **CTR** if they have weak or partially absent zonules supporting the capsular bag of the eye and are undergoing cataract surgery."

4. *What is glaucoma?*

Glaucoma: Glaucoma is a condition in which the normal fluid pressure inside the eye slowly rises as a result of the fluid aqueous humor, which normally flows in and out of the eye, not being able to drain properly. In glaucoma, the fluid collects and causes pressure damage to the optic nerve and loss of vision.

5. *Why should I worry about glaucoma?*

There are no symptoms in the early stage of glaucoma. Glaucoma is often called "the sneak thief of sight." Often, by the time the patient notices vision loss, glaucoma can only be halted, not reversed. The **diagnosis** of glaucoma is made by an ophthalmologist who may perform the following tests – visual acuity, a common eye chart test which measures vision ability at various distances; pupil dilation where the pupil is widened with eye drops to allow a close-up examination of the eye's retina; visual field test which is designed to measure a person's side vision; and tonometry, a standard test to determine the fluid pressure inside the eye. "That is why we stress the importance that everyone has a comprehensive eye care exam at least every two years". Remarks Dr. Silverstein. "If untreated, glaucoma may damage the optic nerve and other parts of the eye, causing the loss of vision or even blindness."

6. *How is glaucoma treated and can it be cured?*

If your ophthalmologist does diagnose glaucoma, your **treatment** plan will be determined based on the following factors – your age, overall health and medical history; extent of the disease; your tolerance for specific medications, procedures or therapies; expectations for the course of the disease; and your opinion or preference. Although there is no cure for glaucoma, early treatment can control its progression. Among the treatments recommended are *medications* to cause the eye to produce less fluid or lower pressure by helping fluid drain from the eye; *conventional surgery* to create a new opening for fluid to leave the eye; and several types of *laser surgery*, the most common one being trabeculoplasty which is used to place "spot welds" in the drainage area of the eye allowing fluid to drain more freely. The latest in laser technology does not create tissue damage, meaning that it can be repeated more times than previous laser modalities to lower pressure and to reduce dependence on, or complement medications.

7. *What is LASIK surgery and who are the best candidates for LASIK surgery?*

Laser-assisted in situ keratomileusis: A kind of laser eye surgery designed to change the shape of the cornea to eliminate or reduce the need for glasses and contact lenses in cases of severe myopia (nearsightedness). The procedure is best known as **LASIK**, an acronym for *laser-assisted in situ keratomileusis*.

LASIK is an ambulatory procedure done in an ophthalmology office or clinic. Numbing eye drops are used. The eyelids are held open so that there is no interference with the laser. The ophthalmologist creates an ultra thin flap on the front of the eye with a precise automated instrument. The flap is gently lifted and the preprogrammed laser then reshapes the inner cornea to refocus the eye. The flap is repositioned and holds

itself in place, healing naturally without the need for any stitches.

8. What are the risks of LASIK surgery?

"The most important decision in having any type of surgery is doing your homework and choosing the right surgeon." Most risks (over treatment, developmental vision problems, and dry eye) can be avoided or minimized when patients understand how to go about choosing a board-certified, medical doctor to perform their surgery," cautions Dr. Silverstein.

- 1 **Go to a specialist** – a board-certified ophthalmologist who is highly trained in refractive surgery. The most highly trained refractive surgeons are corneal specialists who have an additional training in refractive surgeries.
- 2 **Look for a quality support staff.** A surgeon who offers a highly trained team of experts assisting you at every step in the process.
- 3 **Ask to see the surgeon's credentials regarding refractive surgery.** Your doctor should be experienced in all available procedures. Ask your doctor how many refractive surgeries they've performed.
- 4 **Look for personalized care** – not assembly line medicine. A good doctor is one you can trust to tell you "no", as well as "yes".
- 5 **Be sure your surgeon allows plenty of time for your questions.** Establishing a good rapport with your surgeon will allow you the additional confidence and freedom to make the right eye care choice for you.
- 6 **Do your research to make sure that your surgeon is board-certified.** Certification by the American Board of Ophthalmology is the "gold standard" of ophthalmologists.
- 7 **Chose an eye surgeon who stays at the forefront of the latest technologies.** You'll want to know that your surgeon utilizes state-of-the-art diagnostic and surgical equipment.
- 8 **Ask your surgeons about payment plans.** Most refractive surgeries are not covered by insurance. Some surgeons offer 0% financing for their patients.

9. What are the different kinds of laser surgery?

The surgeons at **SILVERSTEIN Eye** remain at the forefront of technology and expertise in the performance of laser vision correction surgery including **LASIK, PRK, RK, and CTR** for complicated cataract surgery procedures. Emerging laser technology enables our doctors to **personalize your laser vision treatment** to match each of your eye's individual optical characteristics. "This is clearly a superior therapy," states Dr. Silverstein. "With these advancements in technology, we have a higher percentage of patients reaching 20/20 vision and increased night vision clarity."

On the cosmetic side, **Dr. Niki Silverstein** is certified to perform **Laser Skin Resurfacing** to reduce fine wrinkles and lines, and **Laser Cosmetic Eyelid Surgery**. **Dr. Silverstein** is certified in **Advanced Cosmetic Procedures** and **Dermal Filler Techniques** for aesthetic skin enhancements, utilizing the latest, most advanced techniques to achieve superior integration in key facial area for greater outcomes.

About Dr. Silverstein:

Niki A. Silverstein, M.D., Director, SILVERSTEIN Eye, is a Diplomat of the American Board of Ophthalmology and a Fellow of the American Academy of Ophthalmology. Dr. Silverstein received her medical degree from the State University of New York at Downstate Medical Center. She completed her residency in ophthalmology at Albert Einstein College of Medicine, Montefiore Hospital and Medical Center. In addition, Dr. Silverstein spent two years working with the pioneer/inventor of modern cataract surgery at the forefront of the current technology (phacoemulsification). Dr. Silverstein has performed over 15,000 cataract procedures. Consistently voted **Top Surgeon** by **Consumers Research**. For more information on **SILVERSTEIN EYE**, www.silversteineye.com or call **908-879-7297**.
