Updates

New treatment for ocular allergies

Relief may finally be here at last! Alomide, a topical mast cell stabilizer produced by Alcon Ophthalmic, has been submitted for final approval by the FDA. Alomide (Lodoxamide 0.1%) has been used in Europe for years for treatment of allergic and vernal keratoconjunctivitis. A recent study published in the June 1992 *American Journal of Ophthalmology* reported a comparison of Lodoxamide 0.1% treatment with Cromolyn Sodium 4% for cases of vernal keratoconjunctivitis. Its clinical efficacy was judged to be superior for resolution of the clinical signs and symptoms in these patients. Lodoxamide 0.1% was deemed safe for topical ophthalmic use when used four times daily for up to 28 days.

Comment: Certainly, these results are encouraging that a new nonsteroidal anti-allergy agent may be available for our use soon. Its method of action and clinical indications would be the same as for our old friend "Opticrom." Recall that the Opticrom took up to three to four weeks to stabilize the mast cells and that additional therapy was indicated during this time. It makes sense that this same delay in effectiveness would be present with this drug as well. While we may not see very many patients with vernal conjunctivitis, I am sure that this drug will find its usefulness with many of our other allergic patients. *LSP*

Doctors outside the Louisville calling area are urged to use our toll-free number. It's 1-800-477-0055.

Maternal cigarette smoking as a risk for childhood strabismus

A population-based case-control study was performed to look for a possible association between childhood strabismus and prenatal risk factors, including maternal smoking. It found that cigarette smoking was associated with esotropia, but not exotropia for women who smoked throughout the pregnancy. This risk was not elevated for women who quit smoking before pregnancy or during the pregnancy. The effect of secondary smoke did not increase the risk unless the mother smoked. This effect of smoking on the risk of esotropia was strongest for low-birth-weight infants and infants in the upper half of the birth-weight distribution. *Archives of Ophthalmology, 1992; 110: 1459-1462.*

Comment: Cigarette smoking has been linked to a number of health problems, most recently cataract formation. Maternal smoking during pregnancy has been associated with a variety of central nervous system anomalies in infants. Because strabismus is thought to be a problem with CNS control over the ocular motor system, it too could be affected by smoking. A separate study has also shown that children born to drug-dependent women also show higher rates of strabismus. A direct causal link cannot be derived from this study, but there is a strong argument that a cause-effect relationship does exist. As primary care and preventive health providers, it is in our patients' best interests to be advised of this risk. By putting the word out, we may be able to convince a few more people to break the habit and reduce the possibility of a serious ocular problem in some children. *LSP*

Eye Centers of Louisville
Medix Professional Building
4500 Churchman Avenue
Louisville, Kentucky 40215
502 364-0033

See You At The KOA

EYE CENTERS OF LOUISVILLE
EYE PHYSICIANS AND SURGEONS

OUTLOOK

Spring 1993 ◆ Eye Centers of Louisville ◆ vol. 1, no. 1

Semonin Building, Suite 204
4812 U.S. Highway 42
Louisville, Kentucky 40222

Medix Professional Building
4500 Churchman Avenue
Louisville, Kentucky 40215

Carroll County Memorial Hospital
309 Eleventh Street
Carrollton, Kentucky 41008

Take A Look!

Donald W. Bennett, O.D., M.D.

Welcome to the first edition of Outlook, our quarterly newsletter. The purpose is simple: To keep you up to date on new developments in eye care and (especially) our practice.

We will now be able to share news from our office and community, teaching and research, and the world of Medicare and third party reimbursement. We encourage any input you may have and always welcome your suggestions.

We have also begun a series of quarterly LOOK Seminars. (That's "Leaders in Optometry and Ophthalmology in Kentuckiana.") These "town meeting"-style gatherings will bring us together for discussion of scientific topics, current issues and concerns affecting our practices.

Whether it's through our newsletter, LOOK Seminars, or personal contact, communication with you is of prime concern. We want to encourage as much awareness and dialogue as possible. I'm convinced that this is one of the best ways to build our practices and develop professionally in an increasingly hostile political environment.

News from Our Practice

It has been less than six years since Donald Bennett, O.D., M.D., opened his doors in the Louisville community. Since then, what began as a small office with one full-time and one part-time assistant has grown into a three-office practice with two doctors and eleven full-time and part-time staff. Here are some recent highlights:

Improved information and patient flow. The latest staff increase added more technical help, as well as a full-time transcriptionist. Now our patient flow is more efficient, which means less in office waiting time for your patients. Also, the transfer of information for our mutual patients has been streamlined.

Renovations include improved photo capabilities. With last year's renovation of the Medix office, we've added a dark room and film processor. This allows us to produce STAT angiography for diagnosis and treatment of a variety of retinal conditions, including diabetic retinopathy and macular degeneration.

More availability. In response to numerous requests, our East End office hours have been expanded. Patient appointments are now available Tuesday and Wednesday mornings as well as Friday afternoon. This will not affect our Carrollton office, nor will it take away from our South End office, which will continue to be available five days a week, Monday through Friday.

CO-MANAGEMENT SEMINAR

And a good time was had by all

Interest in co-managing post-operative cataract care continues to expand. That's why Eye Centers of Louisville will continue to provide instructional seminars for those wishing to add this aspect to their practice and those just interested in a "refresher."

Our most recent course in February included the 1993 Medicare figures and was complemented by a reception in our Semonin office. (Our thanks to all who attended.) If you have any questions about Medicare, contact Beth Lawrence at our Medix office (364-0033) or plan to attend our next seminar in the summer.

Look for our LOOK Seminars

Our first LOOK Seminar (Leaders in Optometry and Ophthalmology in Kentuckiana) was a big success... with more on the way. About 30 doctors met at the Jefferson Club and participated in discussions on a variety of eye care and medical topics. Watch for your notice for the next seminar.

Dr. Peplinski during the discussion on Branch Retinal Vein Occlusions, third-party billing and the future of health care at the March 24 LOOK Seminar.

Medicare Questions & Answers

Question: *Do I collect a co-pay from patients for post-operative visits?*

Yes. Patients without a supplemental policy are responsible for the balance up to the allowed amount.

Question: *Can I bill for post-operative care electronically?*

Yes, and you no longer need to submit the co-management percentage form (but you must keep this agreement in your records). Use the surgery code with a 55 modifier; the date of service is the first time you see the patient; and, you bill for the exact charge as calculated on the co-management form.

Question: *When billing for corneal foreign body removal (65205-65222), can I also bill for an office visit?*

As of 1993, the global fee period of ten days was eliminated for this procedure; therefore, you may bill an office visit.

Question: *When can I bill for extended ophthalmoscopy?*

There are no hard and fast rules, but three guidelines exist: (1) When making a detailed retinal drawing (such as for tears or retinal detachment), (2) when using a fundus contact lens, or (3) when performing extensive scleral depression. You may NOT bill this procedure for a normal indirect, 90D, or Hruby lens exam.

• **Let us know if you have any other Medicare questions.** •

First Year Impressions

It is hard to believe a year has already gone by since Cathy and I came to Louisville. It has been a very rewarding year for us, both professionally and personally.

During this time, we have built a number of friendships with other O.D.s and their families. We've already seen some families add new little members (and others are about to). We've learned from others' experience in the Louisville real estate market, and gotten helpful hints from those who have built new homes. We've discovered our favorite dining and entertainment spots through your suggestions. And we have had the opportunity to explore the Kentuckiana region and get a taste of the area.

Lee S. Peplinski, O.D.

I want to thank all of my colleagues for helping us to feel at home in a new area. It has been equally enjoyable working with such a fine group, and I look forward to many more years of the same.

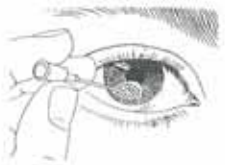
Lee

Case Report

A 29-year old white female was referred in for evaluation of a recurrent corneal erosion in her left eye. She was initially scratched with a finger nail four months ago and had multiple recurrences over the past two months. Treatment with hypertonic ointment at bedtime did not resolve her problem. Her most recent recurrence was managed with pressure patching, but again the problem persisted.

Her corrected acuities were 20/20 O.U. Anterior segment exam was normal in the right eye. The left eye showed an area of epithelial irregularity with microcyst formation just below the pupillary border. The remainder of her exam was unremarkable.

The area of damaged epithelium was debrided and anterior stromal puncture was applied in the affected area. She was pressure patched over night, and the following day the epithelium had completely healed in with no evidence of basement membrane irregularity. Treatment with FML drops q.i.d. and hypertonic ointment q.h.s. was started. At her two week follow-up, her vision was 20/20 and the eye seemed "much better". The cornea showed tiny scars inferiorly in the area of treatment and the epithelium was regular with no haze. The FML drops were discontinued, and the patient will continue use of the hypertonic ointment for another month.



Anterior stromal puncture

When more conservative therapies of recurrent corneal erosions fail, debridement and/or anterior stromal puncture, or corneal tattooing, is next indicated. First line therapy includes patching of the eye when there is an epithelial defect. Hyperosmotics may be used next, to decrease "closed lid" edema and promote proper apposition of the epithelium to the basement membrane. The ointment form also reduces friction and prevents adhesion of the lids to cornea during sleep.

When these efforts fail, measures need to be taken to promote better adherence of the epithelium to the basement membrane. Removal of the loose epithelium and scraping of the basement membrane via debridement accomplishes just this. The addition of anterior stromal puncture induces the cornea to produce new basement membrane complexes and stimulates more secure epithelial bonding. This is accomplished with topical anesthesia and the bent tip of a 20 gauge needle. Small punctures spaced about 1.5mm apart are applied to cover the entire area of the defect. Avoid treating in the area of the optical axis to prevent any visual reduction from stromal scarring. Adjunct therapy with a mild topical steroid helps to minimize this effect.