



Dr. Talamo to speak at the American Academy of Ophthalmology in Chicago



Buckingham Fountain is based on the 'Bassin de Latone' at the [Versailles Palace](#) near [Paris](#) and was built by Edward H. Bennett, who had also designed the Michigan Street

The American Academy of Ophthalmology is scheduled for October 14 through October 19, 2010 in Chicago's McCormick Place.

Dr. Talamo will be speaking on "Integrated OCT for Incision Placement in Femtosecond (FS) Laser Cataract Surgery". Femtosecond laser cataract surgery is the latest major development in the field, and the first quantum

leap in surgical technique since Dr. Charles Kelman introduced phacoemulsification in the 1970's. While phaco was a significant improvement over manual extracapsular cataract extraction, significant limitations with regards to accuracy and predictability remain.

FS lasers act like a laser scalpel, producing precise incisions in the cornea and lens without damaging adjacent tissues. The advent of the first FS lasers for LASIK surgery in 2001 ushered in a new era of safety and precision. Dr. Talamo was one of the first surgeons in the world to adopt FS laser technology, and played a significant role in its development over the last decade. Over the past 3 years, he has re-

focused (no pun intended...) this interest and expertise on the development of an FS laser cataract surgery system as a consultant and medical advisor to Optimedica Corporation (Santa Clara, CA).

Having the ability to create precise and reproducible incisions is critical for safer and more predictable cataract surgery. FS laser technology has resulted in less surgical time inside the eye, reduced phaco energy, decreased amounts of irrigating fluid running through the eye, and marked reduction of manual intraocular manipulations. Improved astigmatism management and surgical wound integrity are future goals that this exciting new technology should soon achieve as well!

Inside this issue:

DR TALAMO TO SPEAK AT AAO MEETING	1
DR HATCH TO PARTICIPATE IN ALK COURSE	1
STAFF UPDATES	2
DRY EYE SYNDROME	2

In the next issue

- FEMTOSECOND LASER CATARACT SURGERY
- TLEC CHARITABLE ORGANIZATIONS/FUNDRAISING EFFORTS
- CRYSTALENS "LIFESTYLE" IOL
- CO-MANAGEMENT UPDATE

Kathryn Hatch, MD to attend Anterior Lamellar Keratoplasty Course

October 5, 2010. Dr. Kathryn Hatch will be attending a course of Deep Anterior Lamellar Keratoplasty (DALK) utilizing the "big bubble" technique for treatment of keratoconus and corneal scars. This surgical procedure removes the corneal stroma down to Descemet's membrane.

Traditionally, penetrating keratoplasty (PK), which involves a full thickness corneal graft, has been the choice for treatment of stromal dis-

eases. But PK can be complicated by graft rejection, irregular astigmatism and corneal opacification, resulting in visual impairment. DALK offers an alternative treatment that may lessen those risks because the Descemet's membrane and endothelium are preserved.

The injection of air into the deep corneal stroma has proven more effective at separating the Descemet's membrane from the stroma, allowing for a smoother and

more uniform host-donor interface.

The utilization of the injection of air bubble has resulted in better preservation of globe integrity, faster recovery, and longer graft survival. More surgeons are electing the DALK "big bubble" technique as the treatment of choice for corneal scars and keratoconus.

Dr. Kathryn Hatch has been actively performing PK/DSEK surgery as early as her fellowship at the Massach-

setts Eye and Ear Infirmary/Harvard Medical School and has been involved with the progression to today's DALK "air bubble" technique. To remain cutting-edge and knowledgeable with regards to this technique, Dr. Hatch will be attending the Anterior Lamellar Keratoplasty in Indianapolis where she will obtain first-hand instruction from world renowned surgeons who have been utilizing this method for a number of years.



Lizzy Luu

FRONT DESK RECEPTIONIST

Lizzy comes to Talamo Laser Eye Consultants with more than nine years secretarial experience. She commenced her work as a Medical Secretary for a pediatric practice in Chelmsford, MA where she developed an innate ability to multi-task in a fast-paced environment.

Lizzy moved onto a busy internal medicine practice in Concord, MA where she fur-

ther nurtured her customer service skills through her experience as a Medical Secretary. Lizzy oftentimes utilized her diplomatic skills to resolve patient conflicts and eventually transferred those skills into office protocols.

Since her arrival to TLEC, Lizzy has proven herself very capable at taking on special projects. She has immersed herself into our daily opera-

tions rather smoothly, works closely with our optometrist Dr. Karen Zar, and handles all contact lens related duties.

We are pleased to have Lizzy as one of our staff members and are confident that our partnering doctors will experience the same.

Restasis Therapy for Dry Eye Syndrome

Dry Eye Syndrome or dry eye is a common complaint. About 20 million Americans experience some degree of difficulty from dry eye.

Dry eyes are caused by both decreased tear production and quality, usually caused by inflammation. The most common symptoms include pain from irritation, a sandy feeling, and lack of tolerance when wearing contact lenses.

Dry eye syndrome has many causes. One of the most common reasons for dryness is

simply the normal aging process. As we grow older, our bodies produce less oil. This is more pronounced in women. The oil deficiency also affects the tear film. Without as much oil to seal the watery layer, the tear film evaporates much faster, leaving dry areas on the cornea. Various systemic diseases such as lupus, rheumatoid arthritis, or Sjogren's Syndrome can also cause dry eyes. Environmental conditions, some prescription and over the counter medications,

and wearing contact lenses also contribute to dryness.

Restasis therapy combined with the intake of omega three fatty acids to combat Dry Eye has proven effective for patients with mild dry eye symptoms, and in our practice we routinely use this approach, often combined with punctal plugs and non-prescription artificial tears and ointments..

Restasis is the first and only FDA approved medication that treats the cause of dry

tion, Restasis allows the body to produce its own quality and quantity of tears.

Symptomatic relief can be expected within one to six weeks, but may take three to six months for maximum therapeutic benefit. Restasis therapy must be used long-term or the dry eye condition will return.

OD Outreach a Priority

TLEC has gone to great lengths to ensure that communication is ongoing and as seamless as possible between our facility and our referring doctors. New protocols for transfer of patient information have been implemented, and every effort is made to relay information to our referring colleagues within 24 hours every time a patient is

seen after surgery.

Patients are now being tracked by Nicole Tongue in our office to ensure that all postoperative data is promptly received and reviewed by our surgeons. As such, please be aware that you may receive a reminder phone call from Nicole from time to time.

COPE meetings are now planned through the

month of June 2011 to allow for sufficient notice for those planning to attend.

We would like to encourage any of our referring doctors to please contact Nicole Tongue at 781-890-4979 ext 34 or ntongue@lasikofboston.com to set up for a site visit and informal discussion regarding optometric outreach programs at TLEC.

“EVERY EFFORT IS MADE TO RELAY INFORMATION TO OUR REFERRING COLLEAGUES WITHIN 24