



SEARCHLIGHT ON GLAUCOMA

The Glaucoma Service Foundation to Prevent Blindness

GLAUCOMA SERVICE STAFF AT WILLS EYE INSTITUTE

Mary Jude Cox, MD • Scott Fudenberg, MD • L. Jay Katz, MD • Marlene R. Moster, MD • Jonathan S. Myers, MD
Rachel Niknam, MD • Michael J. Pro, MD • Courtland Schmidt, MD • Geoffrey Schwartz, MD
Louis W. Schwartz, MD • George L. Spaeth, MD • Patrick Tiedeken, MD • Tara Uhler, MD

George L. Spaeth, MD FARVO, earns the 2010 ARVO Mildred Weisenfeld Award for Excellence in Ophthalmology



**George L. Spaeth,
MD FARVO**

We are thrilled to announce that George L. Spaeth, MD FARVO, is being presented with the 2010 ARVO Mildred Weisenfeld Award for

Excellence in Ophthalmology. His selection is a tribute to his "outstanding contributions to visual science and ophthalmology." He is being presented this distinguished honor for his lasting contributions to the gonioscopic evaluation of glaucoma and the advancement of its treatment, and to the education of two generations of ophthalmic physicians.

The Weisenfeld Award is presented in recognition of distinguished scholarly contributions to the clinical practice of ophthalmology.

The Weisenfeld Award is presented in recognition of distinguished scholarly contributions to the clinical practice of ophthalmology. ARVO (Association of Research in Vision and Ophthalmology) established the Weisenfeld Award for Excellence in Ophthalmology in 1986, to recognize individuals for scholarly contributions to clinical ophthalmology.

The award and lecture are scheduled for Monday, May 3 at approximately 6:30 p.m. during the 2010 ARVO Annual Meeting held in Fort Lauderdale, Florida at the Great Fort Lauderdale/Broward County Convention Center located at 1950 Eisenhower Blvd. Dr. Julia Haller, Ophthalmologist-in-Chief of the Wills Eye Institute/Jefferson Medical College, will be introducing Dr. Spaeth. A reception in honor of Dr. Spaeth will follow from 7:30-8:30 PM.

Dr. Spaeth's lecture will also be published in ARVO's scientific journal, *Investigative Ophthalmology & Visual Science*, later in the year. ■

MEETING THE CHALLENGE OF GLAUCOMA THROUGH EDUCATION AND RESEARCH

Please consider us when you are planning your estate. Help us to fight this progressive disease. Please contact Dr. Zeff Lazinger, Chairman of the Board at (732) 740-7477 to make an appointment.



E. B. Spaeth Oration

By: Rita M. Stern

The E. B. Spaeth Foundation Dinner was held on February 1st, 2010 at the College of Physicians in Philadelphia. Since 1978, the Edmund B. Spaeth Clinical Research Foundation has been hosting the E. B. Spaeth Foundation Dinner. The foundation has fostered events designed to broaden and deepen ophthalmologists' understanding of the art and science of medical practice. The intent of the Trustees of the Foundation is to present new concepts, and to celebrate the essential role in medicine and in society of great teaching and great teachers. The guest speak-

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er was Robert N. Weinreb, MD, Distinguished Professor of Ophthalmology and the Director of the Hamilton Glaucoma Center at the University of California, San Diego. Known for its unique cross-disciplinary investigative programs, the Hamilton Glaucoma Center is home for a world-renowned team of 60 scientists and staff. His topic was "Next Steps for Glaucoma." This year there were over 150 attendees surpassing last year's atten-



Pictured from left to right are Drs. Fudemberg, Katz, Pro, Moster, Myers, Weinreb, Spaeth, Wilson

dance. Attendees included doctors, residents, medical students and fellows from Wills Eye, Temple, Jefferson, Scheie Eye Institute, Drexel, Children's Hospital of Philadelphia, and Philadelphia College of Osteopathic Medicine. Additionally, there were employ-

ees from Merck, Pfizer, and Wills Eye and Board Members from the Glaucoma Service Foundation as well as ophthalmologists throughout the entire Delaware Valley. Alcon Laboratories, Inc. was the sponsor for this wonderful and informative evening. ■

CHAT SUPPORT GROUP

www.willsglaucoma.org

1st and 3rd Wednesday of the month 8:30 – 9:30 pm

Hosted by a Wills Glaucoma Specialist

Mondays, 8:00-9:30 pm

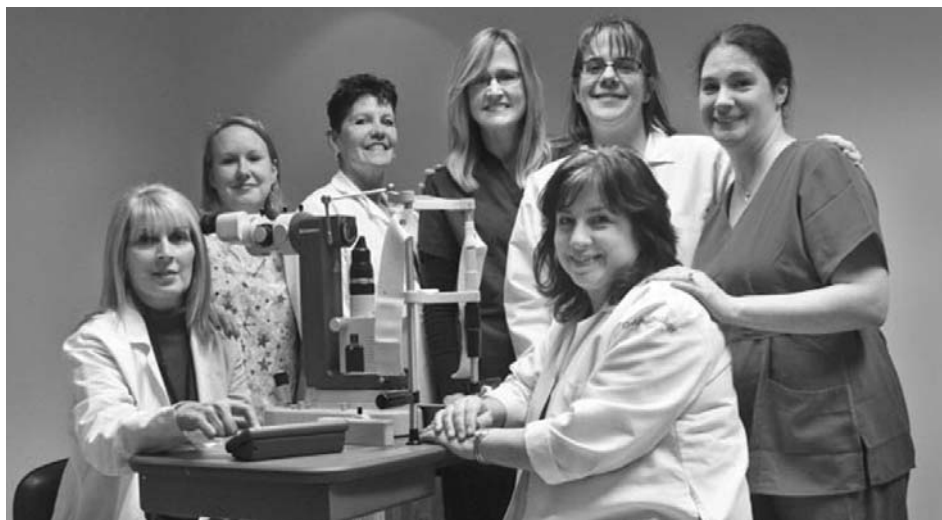
Patients and family members only

Current and archived chat highlights are available for review on our website www.willsglaucoma.org If you do not have access to a computer, call the Foundation to have a printed copy mailed to you. If you are interested in a specific topic, please let us know.



Meet the Glaucoma Service Technicians

The Glaucoma Service Technicians are a dedicated group of women. The technicians have worked with the Wills' Glaucoma Service ranging from three months to twenty-plus years. The group is comprised of the following individuals: Roe Verlengia, Effie Birbilis, Susan Hatty, Rebecca Davis, Christy Shoop, Addrienne Knight, Beth Ann DiVirgilio, and Heather Southwick. The technicians are the initial point of contact for a Wills Glaucoma patient. They also play a critical role in assisting the Glaucoma Service doctors. Their many responsibilities include screenings, visual field testing, eye pressure, HRT (picture of optic nerve), pachymetry (cornea thickness testing). Additionally, they also take phone calls from patients regarding follow-up proce-



Pictured from left to right are Roe Verlengia, Rebecca Davis, Sue Hatty, Christy Shoop, Addrienne Knight, Heather Southwick, Effie Birbilis

dures. Many of the technicians are certified but most of the job involves hands-on training. When I asked the technicians their favorite aspect of their job, the response was overwhelmingly the

“patient interaction.” I am also impressed by how cohesively they work together and immediately put patients at ease from the moment they walk into the door.

“Go Green” and Fundraising Campaign

In an effort to defray printing and postage costs and help in saving trees, the Glaucoma Foundation to Prevent Blindness is initiating a “Go Green” campaign. We currently send out approximately 23,000 Searchlight quarterly newsletters every year. If you are enjoying reading the Searchlight online, and don't want us to mail you a copy, please let us know.

E-mail:

Rita Stern (rstern@willseye.org) or
Robert Kump (rkump@willseye.org)

Via Phone:

Please call Rob Kump at 215 928-3190.
We will need your name and address.

Website:

www.willsglaucoma.org

It is the aspiration of the Foundation to continue to supply this valuable quarterly publication in an effort to

supply the readers with important and ground-breaking information about glaucoma, to keep you up to date on what YOUR doctors are doing and to share with you some of the wonderful experiences of the Glaucoma Service, including the introduction of the many Research and Clinical Fellows from all over the world.

Thank you to the many of you who have contributed to the Searchlight in the past. Unfortunately, the current economic climate has threatened the future publication of the Searchlight and has made a big impact on small non-profits like the Glaucoma Service Foundation. Even a small donation will help to continue this beneficial and informative publication.

We hope to continue to bring important information to you and your families through the publication of Searchlight. Thank you in advance for your very important donation!

The GSF Team



Interview With Dave Lo-Drexel Medical Student

By: Robert Kump



On October 19, 2009, I had the opportunity to sit down with Dave Lo, a medical student currently conducting research with

the physicians of the Wills Eye Glaucoma Service.

Robert Kump- How did you hear about opportunities to work with the glaucoma specialists here at Wills Eye Institute?

David Lo- Another student had the chance to work here a year ago and recommended it to me.

Robert Kump- Where do you attend medical school?

David Lo- Drexel University College of Medicine.

Robert Kump- Please share with me the research project you are currently working on.

David Lo- I'm working with Dr. Spaeth right now on a project called SPARCS (Spaeth/Richman Contrast Sensitivity). It's a project to test Contrast Sensitivity on a computer. The standard contrast sensitivity test uses the Pelli-Robson chart and can only test central vision and requires a certain office setup to produce accurate results. SPARCS is designed to examine contrast sensitivity in both central and peripheral vision, which is particularly important for glaucoma patients.

In addition, we hope that having an online exam will make contrast sensitivity a more widely used tool in ophthalmology.

Robert Kump- What staff/physician do you spend most of your time working with?

David Lo- It depends on the project. Lately I have been working closely with Dr. Spaeth on the SPARCS project; previously, I had been working with Dr. Parul Ichhpujani (a Research Fellow). The Research Center Staff has also been helpful. They teach us how to use, conduct and analyze the different tests, and we help them input data on current studies.

Robert Kump- What are your long term goals in medicine?

David Lo- I would like to go into a field which offers long term patient care. I am very interested in ophthalmology.

Robert Kump- What interested you most in glaucoma research?

David Lo- I shadowed a general ophthalmologist during college and thought it was fascinating. Most of the cases dealt with eye check-ups, eye irritants, and so on. Although interesting, I feel like I would prefer to specialize in a field that continues to have long-term patient care but has a little more variety than general ophthalmology. Glaucoma perfectly fits into my goals.

Robert Kump- What has been the most rewarding experience of your time here?

David Lo- I think the most memorable moment was during a time when we were testing a new visual field test, the Heidelberg Edge Perimeter (HEP). A patient came in who was nervous about the test. She had done the old tests before, the Humphrey and the old Octopus test, and disliked them. Before she went in I had the chance to spend some time with her and calm her down. She was then able to complete both the HVF as well as the new HEP, which I administered myself.

Robert Kump- How much longer will you be here?

David Lo- Not too much longer. I would like to continue coming to Dr. Spaeth's Monday morning lectures and his ethics lecture series. I will stay in touch with Dr. Spaeth regarding the H.E.P. project, and the SPARCS project.

Robert Kump- Is there anything else you'd like to say about your time here?

David Lo- It's been an incredible experience. All of the doctors in the Spaeth/Katz/Myers/Fudenberg practice and from Ophthalmic Partners (Moster/Pro/Schmidt) have been extremely kind and helpful. They have demonstrated many techniques and taught me a lot. I have really appreciated the opportunity.

Robert Kump- Thanks Dave for taking the time to sit down and talk with me. I'm sure our readers will enjoy hearing about your work. ■



Interview with our Webmaster Vivian Werner

By: Rita Stern



Rita: Where are you from?

Viv: I am originally from the Pocono's. I now reside in Bucks County, PA

Rita: Do you suffer from Glaucoma? If so, what type? How many years since your diagnosis? When did you become a Wills Eye Glaucoma Service patient?

Viv: I was first diagnosed with narrow angles almost 19 years ago. Very early on, I went to Wills for a second opinion and met Dr. Rick Wilson. Since that time, he has taken care of me during very trying times. Several years later, I was diagnosed with malignant glaucoma, now referred to as aqueous misdirection syndrome. I had some very scary times over the years that included trips to Wills Emergency Room to meet Dr. Wilson, many lasers, trabeculectomies, vitrectomies, lensectomies and lens implants in both eyes. Today, I am considered a glaucoma suspect. Fortunately, I do not have any visible optic nerve head damage. I am drop-free and currently have 20/20 vision with glasses.

Rita: Did that prompt your desire to work with our website?

Viv: Dr. Wilson called me and asked if I would be interested in helping with the Wills Eye Glaucoma website. He had gotten

my name from my local eye doctor who knew of my strong interest in the web. Of course, I was willing to help as he had helped me. I thought it would be a great opportunity to help him, as well as help others like myself.

Rita: How long have you been our webmaster?

Viv: I have been the webmaster since the Glaucoma Service Foundation to Prevent Blindness websites inception which was 1998.

Rita: What is your favorite part of your willsglaucoma.org job?

Viv: Knowing that the website helps so many from all over the world.

Rita: You have quite a "fan" base in the online glaucoma community—your personal e-mails to each and every inquiry is so thoughtful and amazing—what keeps you ever ready to offer your always informative and caring advice?

Viv: I remember feeling scared and so very alone when first diagnosed and take that into consideration with folks emailing the website or visiting the chat room for the first time. I think it makes a difference to know there are others out there and that you are not alone.

Rita: What can be done to improve an already popular website to meet the needs of a growing and an increasingly global following?

Viv: We are in the progress of translating Chat Highlights into

Spanish and Portuguese with the help of Wills Glaucoma Service former residents. We need to keep encouraging current staff, former residents, former fellows and patients who speak foreign languages to become involved by enlisting to host support chats for speakers of their language. We also need to keep carrying on our informative doctor chats, as they are the backbone of the site.

Rita: Our team determined that willsglaucoma.org visitors in 2009 increased approximately 39% over 2008; knowing that, where do you do you see the site going in the next five years?

Viv: Reinstating online donations would help make it easier for visitors seeking to help the Foundation with funding. I see continued chats with glaucoma specialists including pediatric glaucoma and perhaps continuing from time to time to host chats with cornea and retina specialists as related to glaucoma. Another avenue would be to have an online video vault for patient education. Some videos that would benefit glaucoma patients around the world would be how to instill eye drops the correct way with punctal occlusion. We could also have a whole series on testing involved with glaucoma from visual field testing to that funky lens they put on your eye to see the angle. The video vault could also include lasers and even surgeries. If you are not in the know about these things, they can all be scary. The possibilities are endless. ■



FROM THE "CHAT HIGHLIGHTS" OF THE GLAUCOMA SERVICE WEBSITE

Refractive Concerns Chat Highlights November 9, 2009

Moderator: Tonight's topic is Refractive Concerns.

P: What is the difference between a refraction and an eye exam?

Dr. Pro: Great topic.

A refraction is a part of a general eye exam. As you know from our chats an eye exam includes a general medical history, an ocular history, medicines and drops listed, and a chief complaint or reason for a visit. The exam includes a vision screen, check of the intraocular pressure, slit lamp exam. Sometimes more involved examinations are done such as a gonioscopy, dilated fundus, etc.

Refraction is the procedure where the patient's spectacle needs are addressed. This is the part of the exam where the doctor or technician puts a device in front of the patient, and turns knobs while asking, "better one or two." This exam can be partially automated with new equipment.

P: Do glaucoma specialists perform refractions?

Dr. Pro: Many don't, as we tend to focus on glaucoma and leave refraction to optometrists or comprehensive ophthalmologists.

P: As we age, we have more difficulties during a refractive eye exam than we remember in our past. How could we differentiate the normal aging of the eyes from the problems of glaucoma so that every visual imperfection is not blamed on glaucoma?

Dr. Pro: In general we lose the accommodation ability as we age which is the ability to focus at near. This is due to gradual inability of the lens to change its shape as we age, so that after age 40 we start to need reading glasses. Now after about

age 60, we start to develop cataracts, which is the gradual opacification of the natural lens. Typically cataracts cause glare, hazy vision, dim vision, and loss of appreciation of color hues. These are the most common refractive problems in the normal aging eye. Rarer causes of refractive errors can be from corneal disease or even retinal disease.

Glaucoma does not usually cause visual defects like these. In fact, early glaucoma is usually asymptomatic. Many times glaucoma causes a subtle peripheral visual field defect that is not very noticeable, and may be compensated by the fellow eye. More advanced glaucoma can cause loss of pattern recognition (recognizing faces) and limitation of ambulation ability.

P: My eyeglasses are doing a poor job for me. I just got them, but I can't read books, street signs, etc. Everything is blurry most of the time. I have NTG and cataracts. The loss of vision has happened rapidly over a period of 10 weeks. Before that my vision was "normal." At least my normal. My doc says I can't have surgery until my glaucoma is stabilized. Is there anything that can help my vision with my glasses?

Dr. Pro: Hard to say. If the visual loss is from the glaucoma then it is usually constant. If the

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visual loss is from the cataract, then it may be at least partially helped with new glasses as cataracts may cause a change in your refraction as the cataracts mature.

P: What type of difficulty will a patient have during a refraction if their loss from glaucoma is in the center of vision?

Dr. Pro: They can be difficult to refract. For patients like this, there are other refraction techniques such as retinoscopy which are objective (not based on patient input). Also there are eye doctors (mostly optometrists) who are low vision specialists. They work with patients with permanent visual loss to maximize the patient's visual functioning.

P: Can you describe what difficulties a patient will have if contrast is becoming an issue? Can anything be done during the refraction process to help with contrast sensitivity?

Dr. Pro: Ideally the room is dark and the projector has crisp lettering. It is not so much a problem in the exam room, but in the real world where contrast is such an issue—just open a magazine and see where there is type on a colored background.

P: How does a bleb from a trabeculectomy or a shunt effect refraction?

Dr. Pro: Glaucoma surgery can lead to astigmatism. In the case of a trab, tight flap sutures can put the cornea out of round. This can be temporary and once the suture is cut the astig-

matism resolves. Sometimes the IOP can be too low post-op which can lead to a refractive change.

P: What are the advantages and disadvantages of an automated refraction?

Dr. Pro: The advantage is that it can speed up the exam process. A technician can perform the automated refraction while the physician examines patients, then the physician can fine-tune the refraction later. The disadvantage is that over-reliance on automation can lead to errors. The machine can be wrong.

P: Does glaucoma cause depth perception problems?

Dr. Pro: It can.

P: Is depth perception needed for a refractive eye exam?

Dr. Pro: No. In fact there is more to depth perception than binocular vision. Monocular patients can perceive depth, especially at distance. They do this with unconscious clues such as length of shadows.

P: Does an astigmatism affect the accuracy of an automated refraction?

Dr. Pro: The automated refraction can accurately pick up astigmatic errors.

P: New high resolution lenses are out in some geographical areas across the United States.

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GLAUCOMA SERVICE FOUNDATION TO PREVENT BLINDNESS

Editor: Rita Stern
rstern@willseye.org

840 Walnut Street
Philadelphia, PA 19107-5109
215-928-3190
www.willsglaucoma.org

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What makes them better than the current method of eye correction?

Dr. Pro: I am really not aware of all the changes that take place with lenses in glasses. I am too busy keeping up with advances in glaucoma care! I know that some glasses can be made thinner than before for persons with high refractive errors, due to advances in lens materials.

Moderator: That's all the questions for this evening Dr. Pro. Thank you again. You are very generous to take the time to answer our questions.

Dr. Pro: Thanks everyone. Good night. ■

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