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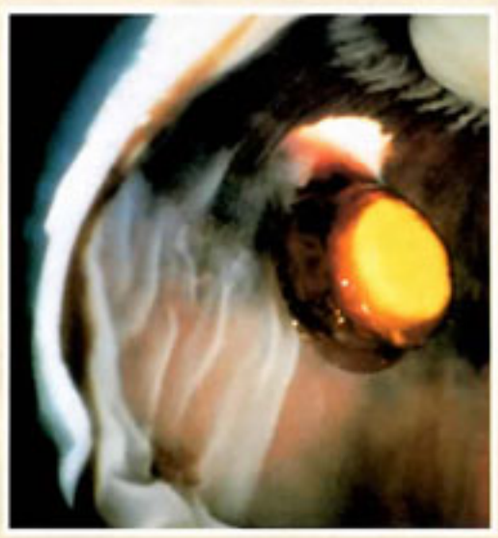
Device reduces phaco complications

A new shield of soft silicone membrane helps to protect the posterior capsule during phacoemulsification. **38**

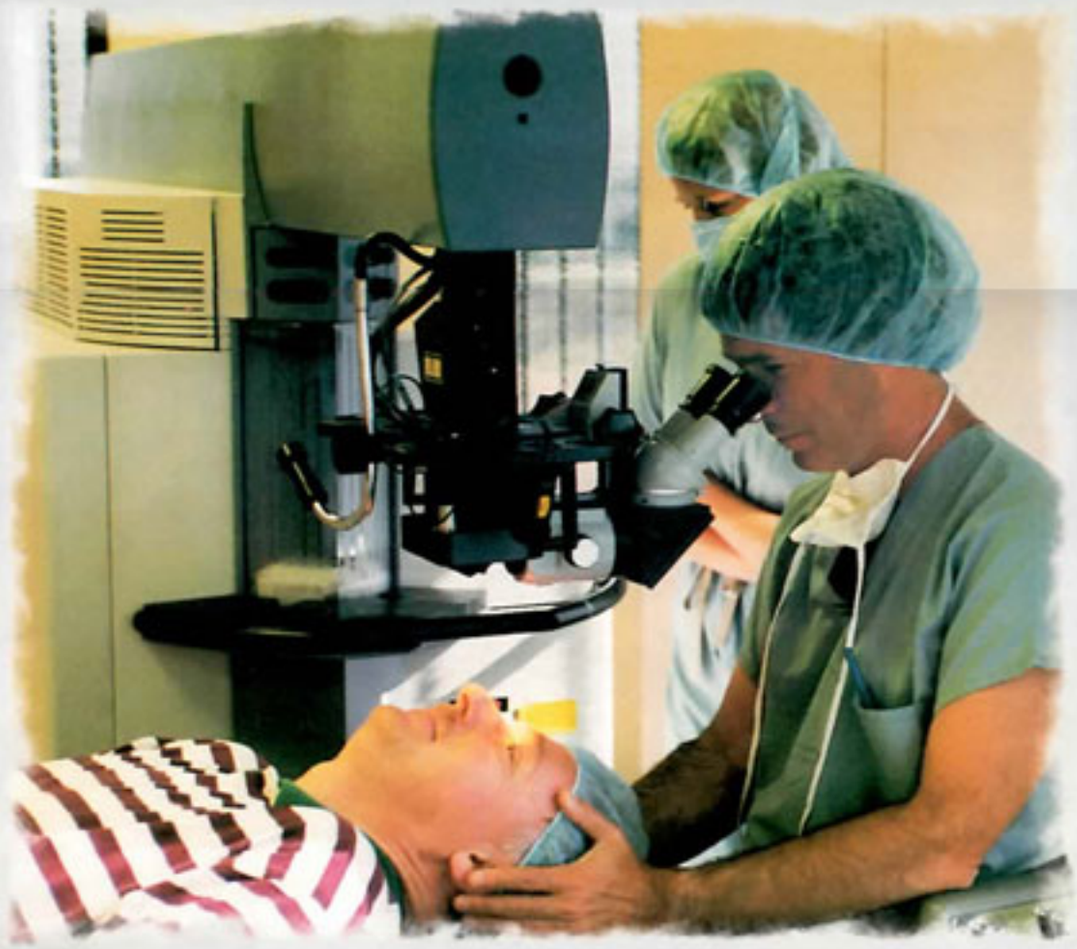


CMV retinitis therapy is updated

Ganciclovir implants free patients from dosing. An update on their use and a step-by-step guide to implanting them. **30-32**

Managed care alters landscape

Doctors do PRK on each other



Michael Gordon, MD, prepares to perform photorefractive keratectomy on Roger Steinert, MD, in San Diego in May. Several days earlier, the roles were reversed and Dr. Steinert performed the procedure on Dr. Gordon.

By LYNDA CHARTERS
Reviewed by Roger Steinert, MD

BOSTON—"One of the best things that ever happened to me! I feel like a kid with a new toy. It really is amazing to wake up in the morning and be able to see!" said Michael Gordon, MD. Colleague Roger Steinert, MD, echoed those sentiments. "This was one of the most positive experiences of my life."

What these physicians are exclaiming about are the results of their individual excimer laser procedures and how the treatment literally changed their outlook on life.

*SEE **DOCTORS** ON PAGE 54*

MANAGED CARE

For physicians in California, the system is a win-lose deal

By PAUL E. TORNAMBE, MD

POWAY, CA—Several years ago I made a foolish decision to get more involved in managed care and try to make a difference.

I am not a managed care guru, I do not have an MBA, and I have not organized a vast network of ophthalmologists.

I am a retina specialist in private practice for 17 years who is caught in the middle of a movement that is drastically changing the practice of medicine. I am also the chief of staff of a small hospital in Southern California and a member of the board of directors of a 10-year-old IPA. These are my observations and opinions.

Managed care in Southern California, which is primarily capitated care, is a win-lose business. The winners are the HMOs, most primary care physicians (PCPs), a few specialists, and lawyers who sue HMOs. The losers are patients, employers, specialists, and the federal government.

The HMOs (and their investors) win because they take 20% to 30% off the top of the health-care dollar. PCPs win because they make more money under

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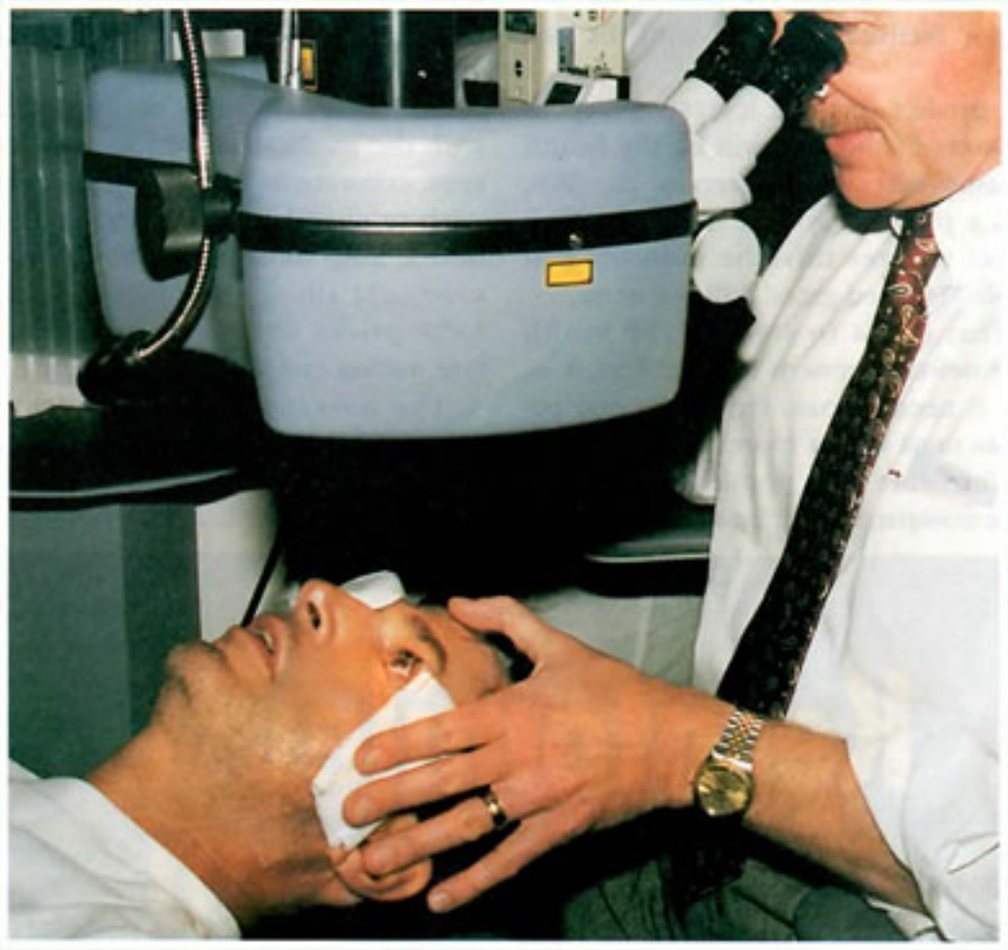
FROM THE COVER



Roger Steinert, MD, performs photorefractive keratectomy on Michael Gordon, MD. The doctors took turns doing the procedure on one another and are happy with the results. They used the *Summit APEX excimer laser.*

rienced in refractive surgery techniques and have been performing them on patients since investigational photorefractive keratectomy (PRK) became available in 1989.

Dr. Gordon, who is assistant clinical professor, University of California, San Diego, and Dr. Steinert, who is assistant clinical professor, Harvard Medical School, Boston, were investigators in the excimer laser clinical trials.

Surgical effects

Dr. Gordon initially underwent surgery in Boston on May 7 on his nondominant eye, which had 3.5 D of myopia. He had his second eye done on June 17.

After the first surgery, the uncorrected vision in the operated eye was 20/40 on day 3 and 20/20+2 at 1 month. Dr. Gordon experienced no adverse effects from the surgery, and he reported that he traveled back to California by plane 1 hour postoperatively. He returned to a normal patient schedule the following day.

The second treatment was done during a 90-minute layover in Boston. As with the first eye, he was able to maintain a busy schedule postoperatively without missing any work time.

Three days after Dr. Gordon's initial surgery, he performed the laser procedure on Dr. Steinert in San Diego. Preoperatively, Dr. Steinert's refractive error was 4 D. Five weeks postoperatively, his uncorrected vision is 20/20. His second eye is scheduled for treatment in late summer.

Personal perspectives

In an interview with Ophthalmology **Times,** Dr. Steinert explained, "I admit I had slight apprehension before the treatment, because my work as a microsurgeon is so vision-dependent. In this situation, even minimal loss of best vision could be disabling.

"However, after doing the procedure on over 400 eyes, most with great results, I had long ago crossed the threshold of true confidence in the laser. I believed that the chances of success were high enough and our ability to handle abnormal healing patterns was sufficiently sophisticated that I was willing to take the small chance. I entered into the treatment with enthusiasm, not fear," he said.

Dr. Gordon said he is enjoying being free of contact lenses after 25 years of wearing them.

"After undergoing the procedure, I have new freedom that I did not have before," he said.

"I had never limited myself because of my vision and am active athletically. However, now, for example, I can swim and open my eyes under water. I look forward to activities such as this that previously had certain limitations attached to them," he said.

Dr. Gordon said that having undergone the procedure puts him in a better position to explain it to patients.

"Lying under the laser brings with it a very strange sensation that was different than my description of the procedure to a patient," he said.

"For example, during treatment, it was as if I was lying under a clear plastic dome that someone else was wiping down. However, that clear plastic dome was my cornea. There was no physical sensation of pain during the treatment, and that is what makes the experience strange.

"The fact that I have undergone refractive surgery is probably the most powerful point for my patients. They are much more willing to accept it themselves knowing that I had the confidence to do it," he continued.

Dr. Steinert also believes that now he is better qualified to explain the treatment to patients.

"Having experienced this, I am more aware of different aspects of the treatment. For example, after the contact lens is removed following the initial re-epithelialization, now I know from personal experience which concentration of artificial tears is more beneficial to relieve the sensation of sandiness," he said.

"The thicker concentrations are good for a few days, and the patient can then progress to a medium drop. The thinner tears, while they are very good to treat dry eye, lack the concentration to provide the necessary surface lubrication in the first few days following laser treatment."

He continued, "I also have come to understand why some patients insist that the contact lens causes postoperative discomfort, when in reality the discomfort is from re-epithelialization. Because of this, I am much more definitive in stating that it would be a mistake to remove the contact lens prematurely."

Dr. Steinert stressed that physicians who are considering undergoing excimer laser surgery should examine the impact on their own lives, rather than undergoing treatment as an effort to promote it in their practices or better understand their patients' experiences.

Emory receives grant

FROM STAFF REPORTS

ATLANTA—Research to Prevent Blindness (RPB) has given the Emory Eye Center a $100,000 grant to support scientific investigations into the causes, treatment, and prevention of blinding diseases.

"The RPB grant is critical to our ongoing research," said Thomas Aaberg, MD, director of the Emory Eye Center. "RPB grants help us keep research alive after our federal or private grants have lapsed."

RPB is the world's leading philanthropic organization supporting eye research. Since 1960, it has donated more than $136 million to U.S. medical institutions, including a total of $1,002,600 to Emory.