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Newsletter - March 2011

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Eye Health

Patients commonly ask, "What can I do to keep my eyes healthy?"

There are 4 things that patients should do:

1. Don't smoke. Besides the endless list of systemic complications, smoking can cause bloodshot eyes, diabetic retinopathy to worsen, cataract formation, macular degeneration, and thyroid related orbitopathy (Graves' Disease) to worsen.
2. Wear sunglasses. The sun's ultraviolet light can cause cataract formation, macular degeneration, and eyelid skin cancers.
3. Eat well. Eating leafy, green vegetables and fruits with antioxidants is best. Berries, broccoli, tomatoes, red grapes, garlic, spinach, carrots, tea, whole grains, and soy have large amounts of antioxidants. The Age Related Eye Disease Study (AREDS) sponsored by the National Eye Institute reported a beneficial effect of antioxidants and zinc in patients with moderate or severe macular degeneration. Less or no effect was found in patients with mild or no disease. The AREDS 2 study, the next generation study, is currently in process. The new study adds Lutein, Zeaxanthin and Omega 3 to the original AREDS formulation and is already seeing very favorable results.



We recommend that our patients who are diagnosed with macular degeneration take EVOA vitamins based on the AREDS 2 formulation. If you would like to order them directly please call 877-390-9452 or visit www.evoahealth.com

4. Regular eye exams.

Take advantage of our new low prices when you order contact lenses with OAV online!

www.oaveyes.com

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Testimonials

"Dr. Zeegen I appreciate the service you gave to my granddaughter, she is extremely happy with the results of her lasik surgery and as with me very impressed with you."

– Virg

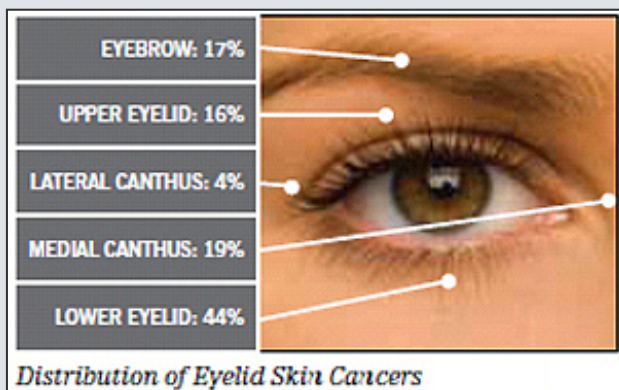
"Dr Aizuss - This is a note of appreciation to you for making my days and nights sharper, brighter and easier. Thank you."

– B. Pick

[Contact us for more information about your Eye Health.](#)

Skin Cancer on the Eyelid

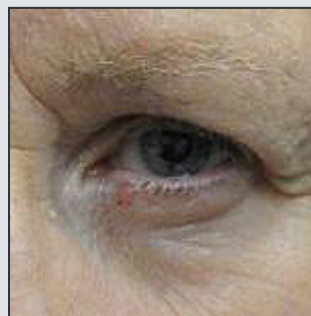
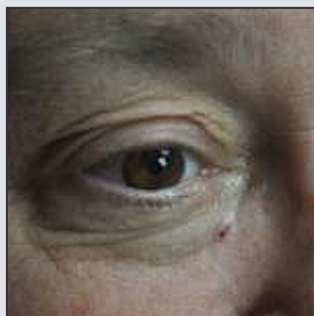
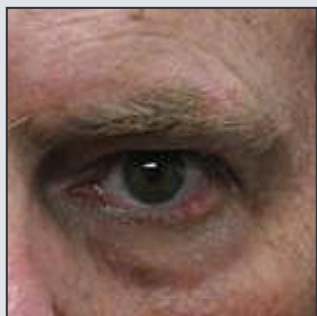
Skin cancers occur most commonly on areas of the body that experience excessive sun exposure. One of the most sun sensitive areas is the thin and delicate tissue around your eyes. This eyelid region is the most common site for non-melanoma skin cancers. In most cases, eyelid skin cancers occur on the lower eyelid, but they may also be found on the upper eyelid, and at the inner and outer corners of the eyelid. Rarely, they may migrate beyond the eyelid, onto the surface of the eye itself.



Basel cell carcinoma is the most common type, and it accounts for approximately ninety percent of all eyelid skin cancers. Other eyelid cancers include squamous cell carcinoma and malignant melanoma, which together account for the remaining 10 percent.

While basal cell and squamous cell carcinomas are relatively slow growing, if left undetected and untreated, they can cause significant tissue damage and disfigurement. There is also a risk of the cancer spreading, which could threaten your vision and the eye itself.

When diagnosed and treated early, eyelid cancers respond well to in-office surgical removal. If necessary, eyelid reconstruction can help retain normal function and cosmetic appearance. However, if left untreated, eyelid skin cancers can be extremely dangerous, potentially causing disfigurement, loss of vision, loss of the eye, and other morbidities.



[Contact us for more information about Eyelid Cancers.](#)

"I love waking up in the morning and being able to see. Not having to grab for my glasses and put in my contacts is amazing! I have been a patient of Dr. Elkins for over 10 years. He and his staff do a good job at being very thorough"
- M.G.

"Dr Saulny - is a fabulous doctor! Fabulous cosmetic surgeon!"
- D.N

"I drove to see Dr. Kramar today without any glasses. I can now read street signs, that I couldn't see before. I am very pleased with my cataract surgery and the care I received from Dr. Kramar."
- M.P.

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New iOS 4 accessibility options great for Baby Boomers

“The accessibility options now available on iOS 4 for the iPhone helps people read their screen more easily. Probably more important than the higher resolution on the new iPhone 4 device are the accessibility options in the upgraded OS that can be used on prior iPhone/iPod touch models.

As someone who needs reading glasses, it can be quite challenging seeing the information on my iPhone if I don't have my reading glasses with me or just have contact lenses on because I'm working out. There are two important accessibility features along with a modification of a built-in and often used app found in iOS 4 for your iPhone or iPod touch that are very helpful.

The accessibility features allow you to adjust the font size globally for the built-in apps and a 3-fingered screen tap (called Zoom in accessibility settings) to enlarge everything on the screen. The simple change to 20pt font makes enough of a difference for me to avoid eye fatigue but you don't have to stop there; if you need to you can make the font size much bigger. So, skiing with your contacts on, you can still read your address book entries to call your ski buddy after you took a wrong turn. The Zoom function of using your 3 fingers to tap on the screen is a bit awkward but really does a great job of zooming in everything on the screen similar to the option-scroll-up in Mac OS X.



The feature that can also be very helpful in a built-in app is the camera! This was possible before with third-party apps like GoMagnify but now with the camera, when you tap on the screen, not only can you control what object is being focused upon and light balanced as was introduced with 3.0 but control your zoom as well. So, that can be helpful if you are just trying to read a price-tag when shopping or your lock to open up your locker at the gym.

To find your accessibility options, tap on Settings—>General—>then scroll way down to Accessibility. The features from the prior versions of the iOS such as VoiceOver, White on Black, Mono Audio are still there and another new one to Speak Auto-text so that you can be verbally warned of typos. Play with the settings and be sure to post any feedback such as useful tricks or omissions in the comments section below.”

Author: Robert M Schertzer, MD, MEd, FRCSC

Medicare Part D - refilling prescriptions too soon

We frequently hear our patients complain that Medicare denies their prescription refills if they attempt to refill their prescription too soon.

Recent work by the American Glaucoma Society has led CMS to issue stricter language to Part D subscription plans regarding their “refill too soon” edits. These edits were the main reason our Medicare patients have been denied refills if they show up at the pharmacy before the allowed date.

CMS issued the attached memo to Part D plans.

The pertinent section says:

“Part D sponsors need to take into consideration differences that some dosage forms, such as topical ophthalmics, present when establishing early refill edits. Edits based on an algorithm that is appropriate for tablets and capsules are not necessarily appropriate for other dosage forms for which administration is not as easily measured and controlled. This is not to say that Part D sponsors should not implement early refill edits for such medications, especially given that these edits can identify inappropriate use, but it does mean that such edits need to reasonably accommodate waste that can be anticipated given the nature of these products and their self- administration among the Medicare patient population. Part D sponsors also should be prepared to allow overrides of these edits on a case-by-case basis when appropriate and necessary to prevent unintended interruptions in drug therapy.



To assist Part D sponsors in determining proper edits to protect beneficiary access CMS recommends that sponsors allow the following for topical ophthalmic products:

Permit refills at 70% of the predicted days of use. By way of an example, for a prescribed medication with an expected duration of 30 days of use, the refills would be permitted at day 21.

Ensure that the refill allowances are the same regardless of purchase through retail or mail-order sources.

Permit physicians to authorize earlier refills than 70% days of use for particular beneficiaries who continue to have difficulty with inadvertent wastage.”

We recognize that work still needs to be done with commercial plans, but hopefully this will help as commercial plans also run Part D plans.

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