Vance Thompson Vision
2600 Jefferson St.
Alexandria, MN 56308

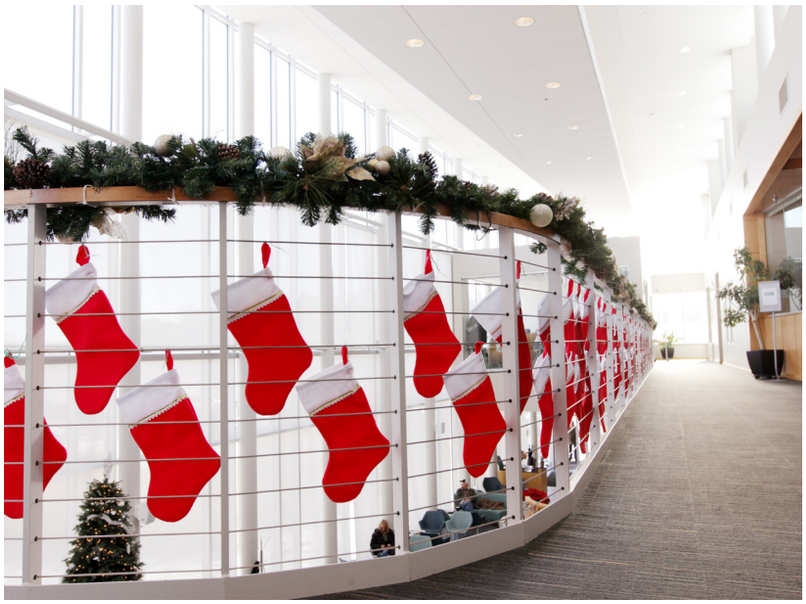
VANCE THOMPSON VISION

CLINIC NEWSLETTER

How are we doing?

We want your feedback! Help us provide better service for you and your patients by taking our survey:

surveymonkey.com/r/2024VTVSurvey



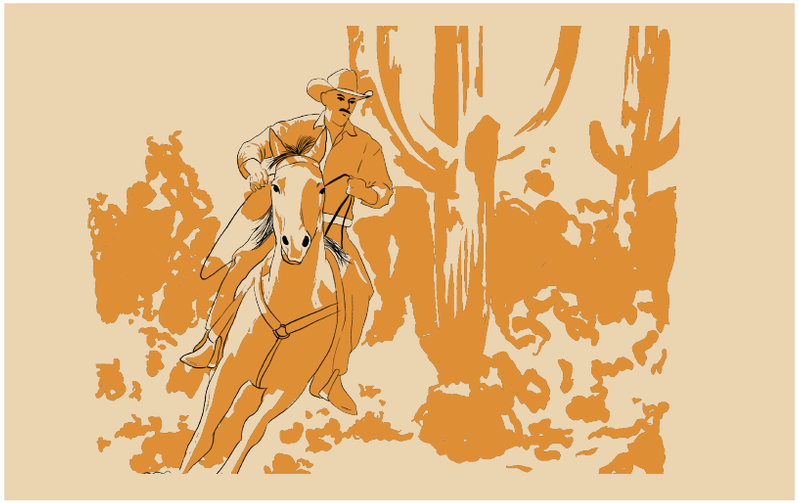
VANCE THOMPSON VISION

New & Noteworthy

A Look Back: Vision Roundup

Teaming up with Physicians' Education Resource®, LLC, Fargo, Montana, and Omaha each hosted a day of top-notch learning mixed with some rodeo-inspired fun. The educational sessions covered a range of topics, from refractive and cataract surgery to glaucoma treatments, research, billing, and coding. Attendees also got a chance to dive into hands-on wet and dry labs, making the day both informative and enjoyable.

Looking for more? Schedule a mini fellowship at Vance Thompson Vision by emailing doctorsupport@vancethompsonvision.com. Schedule your Cataract, Glaucoma, Cornea, Refractive, Dry Eye mini fellowships today.



What's New in Technology

Virtual Reality (VR) Intraocular Lens (IOL) experience, a groundbreaking initiative co-founded by Dr. Michael Greenwood and Dr. Brandon Baartman, is set to transform how patients choose their IOL options before surgery. This immersive VR technology can be seamlessly incorporated at any stage of the patient's visit, offering an in-depth and interactive understanding of the available surgical options. This innovative approach not only aids in informed decision-making but also enhances the overall patient experience. We cannot wait for the arrival of this technology in our clinics. In the meantime, for a closer look at this revolutionary VR experience, visit greenmanvr.com

Key features

- Patients virtually experience and compare lenses customized to their needs
- Helps patients understand visual outcomes under different conditions
- VR experience simplifies complex concepts, improving patient understanding of IOL options

Save the Date

Sioux Falls Symposium Vision Madness

Saturday, February 24th

sfsymposium2024.eventbrite.com

Tech Training

January 9th to March 26th.
More info at
2024TechTraining.eventbrite.com

Alexandria Evening of Education

Thursday, April 18th
Information and Invitation Coming Soon

Doctor Spotlight
Doug Wallin, OD

Vance Thompson Vision, Sioux Falls, SD

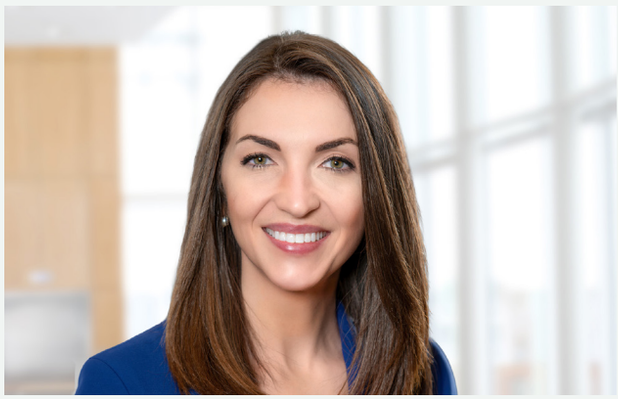
Dr. Doug Wallin is a Fellowship-trained optometrist who puts patients at ease through jokes and storytelling. Part of Dr. Thompson's team since its inception, Dr. Wallin loves educating patients and conducting research that improves patient care. He also loves anything mid-century modern.

Doctor Spotlight
Keith Rasmussen, OD

Vance Thompson Vision, Sioux Falls, SD

Dr. Keith Rasmussen, also a part of Dr. Thompson's team, is a Fellowship-trained optometrist and one of the first members of Vance Thompson Vision's doctor team. He brings a wealth of knowledge and experience to his patients' care, the optometry field, and his co-workers. He also loves spending time with his family.

Dr. Wallin and Dr. Rasmussen, have a combined 49 years of partnering with Dr. Vance Thompson in advancing excellence in eyecare.



Doctor Spotlight
Lorraine M. Provencher, MD

Vance Thompson Vision, Omaha, NE

Dr. Lorraine ("Lori") M. Provencher is a board-certified, fellowship-trained ophthalmologist, cataract surgeon, and glaucoma specialist with expertise in glaucoma lasers, minimally invasive glaucoma surgery (MIGS), and complex or challenging glaucoma surgical cases. Before joining the Vance Thompson Vision team in December, she was a practicing surgeon and assistant professor in Cincinnati, OH. One of her many accomplishments is being a founding chair of Women in Glaucoma (WinG), a subset of the American Glaucoma Society (AGS). She believes that every patient walks a different path, and a custom treatment plan should be offered based on individual goals and lifestyles.

Optimizing Vision Outcomes with Light Adjustable Lens (LAL): Insights into Refractive Stabilization Strategies and Adjustments

Our early exposure and adoption of the LAL has brought valuable lessons and heightened our understanding of this technology. The manufacturer of the lens (RxSight, Inc.) notes adjustments can start as early as 17 days after the procedure and can proceed at short intervals thereafter until the final lock-in. However, through our experience, we have found delaying adjustments and allowing for refractive stabilization and healing to occur is a helpful strategy for maximizing patient outcomes. This is particularly true in patients with a history of prior corneal refractive surgery (PRK, LASIK, RK).

In patients with a history of PRK and LASIK, we don't typically start adjustments until 6-8 weeks after surgery to allow for refractive stabilization. In patients with a history of RK, a population of patients who characteristically has delayed stabilization and healing following cataract surgery, we wait a minimum of 8 weeks before initiating light treatments. Once light treatments commence, we typically do the first adjustment and then wait one week. If the treatment is successful, we feel comfortable with additional adjustments and /or lock-in at shorter intervals (eg, 2-3 days). We also pay close attention to the manifest refraction following a light treatment. For example, if we aim to treat 2 D of cylinder with a treatment and a patient returns for another adjustment and still has 1.75 D of cylinder, we will delay for another week. Furthermore, we adjust from the hyperopic side to provide extended depth of focus. Therefore, it's important to educate your patients that their reading won't usually be optimal until we begin the adjustments.

Finally, it's important to note that we continue to recommend use of UV-protecting glasses outdoors, but with ActivShield technology, we don't require patients to wear the clear UV-protecting glasses indoors.

Clinic Corner

Advancements in Keratoconus Diagnosis and Management: A Comprehensive Overview

By Madison Bosh, OD, Alecia Diede, OD, Amrit Singh, OD

A diagnosis of keratoconus (KC) is a common finding in our practices, and most practitioners are comfortable with its management. However, there have been some updates to the definition and understanding of the condition since the days of the Collaborative Longitudinal Evaluation of Keratoconus (CLEK) studies. While originally described with a prevalence of 1:2000 individuals, advancements in diagnostic imaging allows us to identify individuals with keratoconus earlier in the disease process. Current prevalence is estimated at 1:375.

Most patients with keratoconus are going to comment on poor vision quality and frequent changes to their spectacle prescription, however some patients may present with no symptoms at all. This can make the diagnosis of keratoconus challenging.

Clues to consider a KC screening:

- Myopic shift of 0.50 DS
- 1 diopter increase in astigmatism
- Skewed axes on topography
- 2.50 D or more of astigmatism
- Complaints of poor vision quality in the absence of other findings

Diagnostic testing advancements have significantly improved our ability to detect and diagnose KC. Corneal tomography with global pachymetry, epithelial mapping, and aberrometry can be valuable tools to assist in diagnosis on a suspect patient.

In the last decade, the treatment and management paradigm of KC has shifted in favor of prioritizing corneal stability over vision rehabilitation. The 2015 Global Consensus on Keratoconus and Ectatic Diseases suggests that corneal collagen cross-linking should be performed on a young patient with good vision but unstable KC. With the abundance of safety and efficacy data on the CXL procedure, unstable corneas should be managed with CXL prior to any glasses or contact lens prescribing.

New vision management aspects of KC include a novel treatment called Corneal Tissue Addition Keratoplasty (CTAK) and topography-guided PRK (TG-PRK). CTAK utilizes preserved donor corneal tissue to increase corneal thickness and decrease corneal irregularity, with the goal of improving vision quality in spectacle lenses to decrease absolute dependence on gas permeable (GP) lenses for patients with KC. TG-PRK is also aimed at creating a more normally shaped corneal apex to decrease irregular astigmatism.

With the technological advancements in the field of KC, we can give our patients the reassurance that their corneal health and vision can be preserved with proper management.