



Florida Health Care News

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OPHTHALMOLOGY

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Pediatric Eye Care

Total eye care should be a lifelong commitment and should begin at an early age.



SOURCE: ISTOCK.COM

“Common childhood vision problems can lead to permanent vision impairment if they are not recognized and treated early,” cautions board-certified ophthalmologist Ronni M. Chen, MD, of Brandon Cataract Center and Eye Clinic. “Children whose vision problems go unrecognized may also experience problems in school and with socialization as their vision impairment interferes with normal activities.”

“Parents and teachers should be alert for signs that a child is having vision problems,” advises Dr. Chen.



BRANDON CATARACT CENTER

and EYE CLINIC

These signs include frequent squinting, rubbing, or blinking, holding books or objects close to the eyes, covering or closing one eye to accomplish tasks, frequent tilting or turning of the head to improve focus, complaints of headaches while concentrating on visual tasks, a tendency for one eye to drift, or a drop in scholastic or athletic performance.

“Awareness of appropriate visual development is important even for newborn infants,” emphasizes Dr. Chen, “because a baby’s vision begins to change during the first month of life and continues to develop as a child learns how to use his or her eyes.”

(see **Pediatric Eye Care**, page 4)

Allowing children to select the eyeglass frames they consider fashionable may help ensure that they wear their glasses.

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ORTHOPEDIC SURGEON

New hip gets her back in the game

Pg. 2



RETIREMENT COMMUNITY

A head above the rest

Pg. 7



IDT THERAPY

A skeptic sees proof

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Pediatric Eye Care

(continued from page 1)

Identify and treat

Dr. Chen encourages parents to follow the advice of the American Academy of Ophthalmology, which recommends that children have their first thorough eye exam at three and a half years of age if there is no earlier indication of vision problems.

"Children in families with a history of amblyopia or strabismus, or children whose vision does not seem strong in comparison with other youngsters' eyesight, should be checked by an ophthalmologist before the age of three," adds Dr. Chen. "And in all cases, a child should have a thorough eye examination before entering kindergarten."

Dr. Chen emphasizes that a child does not have to know how to read to receive an eye examination. "Today's improved diagnostic techniques make it possible for us to evaluate visual acuity and ocular health without the need for a youngster to read a traditional lettered eye chart," she assures.

"There are specialized ways of checking a child's vision," notes Dr. Chen, "and our staff is trained to conduct examinations very quickly so that the child is not confined for extended periods of time."

She adds that the examination is completely painless and that all members of the staff at Brandon Cataract Center and Eye Clinic dedicate themselves to ensuring as pleasant an experience as possible for their youngest patients, with a child-friendly environment complete with plenty of toys and games.

Their training, combined with Dr. Chen's expertise and quick-paced, gentle demeanor, offer parents an important ally in maintaining healthy eyes and clear vision for every youngster.

Getting specific

Three common conditions that are often corrected with eyeglasses are *myopia*, *hyperopia*, and *astigmatism*. These are all refractive errors — vision problems caused by the eye's inability to properly focus light on the retina to form a clear image.

Myopia, or *nearsightedness*, develops when the eyeball is too long and causes images to focus at a point short of the retina. Objects in the distance will appear blurred. Myopia is often noticed first during early childhood, when parents or teachers notice a child holding a book too close to the eyes while trying to read or squinting to bring writing on the chalkboard into focus. Parents who are nearsighted often have children who develop the condition.

Hyperopia, or *farsightedness*, develops in children whose eyeballs are too short: Their proper focal point falls beyond the retina. Near objects can be brought into focus only with extreme concentration. If uncorrected, hyperopia can lead to headaches, crossed eyes, or permanently reduced vision.

"Parents should be particularly alert to complaints of eye strain or noticeable signs of crossed eyes while a child is reading to identify the signs of hyperopia," points out Dr. Chen.

BRANDON CATARACT CENTER and EYE CLINIC

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Astigmatism is an irregularity that forms in the corneal tissue, causing part of the cornea to be steeper along one axis than another. As light passes through the cornea, the irregularity creates a secondary focal point, resulting in ghost images that produce blurred vision at all distances.

"All three conditions — myopia, hyperopia, and astigmatism — can be treated with corrective lenses, either eyeglasses or contact lenses," assures Dr. Chen. "Sometimes, temporary patching of one eye is necessary to encourage the strengthening of the second eye's ability to focus."

What about eyeglasses?

"Eyeglasses can overcome a child's visual acuity problems, but sometimes improved vision isn't a good enough reason for a child to wear eyeglasses willingly," acknowledges Dr. Chen.

"If a child is reluctant to wear eyeglasses, I speak to the parents about incentives and encourage family support," she says. "Incentives might include points awarded for every hour the glasses are worn or a calendar boasting smiley faces on the days the child wears his or her glasses. Sometimes, putting a pair of glasses on a beloved stuffed toy will be enough to help the child feel more comfortable with his own eyeglasses."

For older children and teens, encouraging the patient to select frames that he or she considers fashionable may help reduce reluctance.



Ronni M. Chen, MD, is a board-certified ophthalmologist. She completed her undergraduate studies, graduating with highest distinction, at the University of Michigan, Ann Arbor, and received her medical degree from the University of Michigan Medical School, Ann Arbor. Dr. Chen completed a transitional internship at Saint Barnabas Medical Center, Livingston, NJ, and her residency in the Department of Ophthalmology at Baylor College of Medicine, Houston, TX, where she also received fellowship training in pediatric ophthalmology and strabismus. Dr. Chen is a member of the American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology, and American Medical Association.

Other conditions

"Poor visual acuity isn't the only condition requiring attention," cautions Dr. Chen. "Several other serious vision problems can develop in early childhood, and a thorough ophthalmic exam should check for signs of these problems so that an appropriate treatment plan can be designed."

Dacryostenosis occurs in 6 of every 100 children. It causes a child's eyes to water excessively and to form crusty deposits in the eyelashes. The condition results from incomplete development of the tear ducts in one or both eyes.

"Proper massaging of the affected tear duct often resolves this problem before a child's first birthday," assures Dr. Chen, "and if the condition does not improve, a safe, surgical procedure can be performed to properly form the tear duct."

Amblyopia, or lazy eye, results when the eyes' acuity develops unevenly. The brain accepts the visual images from the stronger eye and ignores the images from the weaker eye. Affecting 4 in every 100 children, the condition can be treated with eye drops or by placing a patch over the stronger eye, forcing the weaker eye to work harder.

"It is important to recognize and treat amblyopia during early childhood," emphasizes Dr. Chen,

"because experience has shown later interventions to be ineffective."

Strabismus, or crossed eye, occurs as frequently as amblyopia and results from a misalignment of the eye muscles, which interferes with the ability of the eyes to work together. One eye may appear to drift, seemingly looking up, down, in toward the nose, or out toward the cheekbone. Children coping with strabismus may squint one eye in bright sunlight or complain of eyestrain or headaches when trying to read. If the affected eye goes untreated, the child may develop amblyopia as a result of strabismus.

"Strabismus can occasionally be treated with eyeglasses that force the affected eye to work in concert with its partner," says Dr. Chen, "but the condition most often requires eye muscle surgery to align the eyes properly. Although this surgery is safe and effective, some children require more than one surgical procedure to fully correct the condition."

Nystagmus, or wiggly eyes, is a condition in which the eyes demonstrate constant, involuntary, cyclical movements. It can be congenital or result from trauma or neurologic impairment. It is often associated with poor vision.

"Advances in surgical techniques have provided us with the ability to reduce the involuntary eye movements in some children and adults," offers Dr. Chen.

No matter what visual problem develops, says Dr. Chen, parents, teachers, and eye care professionals all need to be alert to subtle signs that can help detect these problems in their earliest stages, when corrective measures are most likely to succeed. **FHCN**—Billie S. Noakes

**For further information
or to schedule an
appointment, call the
location nearest you:**

Brandon Cataract Center
and Eye Clinic
403 Vonderburg Dr.
(813) 681-1122

Sun City Center Cataract
and Cosmetic Center
4051 Upper Creek Dr.
Suite 107
(813) 634-8877

Ruskin Eye Clinic
612 North Tamiami Trail
(813) 645-3831

Retina Specialists
135 W. Robertson St.
Brandon
(813) 685-0001

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