

Florida Health Care News



Florida's largest health care information publication

OPHTHALMOLOGY

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Leading-edge surgery saves his eyesight

VISION IS OK WITH DSEK. Bob thanks Drs. Skidmore and Spadafora for their help in repairing his damaged cornea with a leading-edge partial-thickness transplant.

“My vision became unaccountably shaky last September, like I was seeing everything through water,” describes Bob Schultz. “I visited my regular optometrist, who referred me to a corneal specialist. The specialist told me I needed a corneal transplant to save my vision.”

Bob had developed Fuchs’ dystrophy, a disease that affects the inner layer, or endothelium, of the cornea. When the endothelial cells are unable to pump water out of the middle layer of the cornea, it causes the cornea to swell and to distort the vision. Endothelial cells also are responsible for building Descemet’s membrane, a strong, thin layer of tissue between the endothelium and the middle layer that protects the eye from infection and injury.

The specter of blindness was frightening, but

Bob thought it would be wise to seek a second opinion before agreeing to a corneal transplant. Bob and his wife, Georgie, were preparing for their annual trip to Florida at the time, and during that trip they found another option: Descemet stripping endothelial keratoplasty, or DSEK.

Renewed hope

“Bob and Georgie came to me seeking information about DSEK, a procedure they’d recently heard about that can help certain patients who

do not have full-thickness corneal damage,” says board-certified ophthalmologist Ernest C. Skidmore, MD, of Community Eye Center in Port Charlotte.

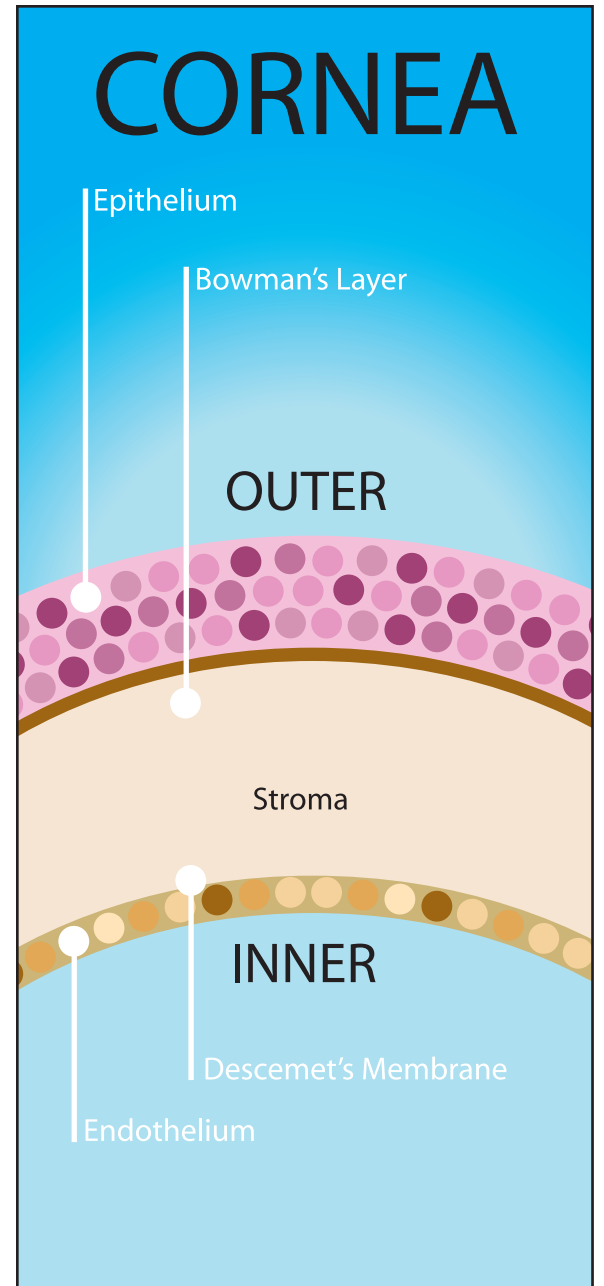
“Fortunately, Bob’s corneal damage was confined to the endothelium, but Bob also had a cataract. This posed a problem: If I performed his

cataract surgery, Bob would still have needed corneal surgery; if I referred him for corneal surgery, he would still have needed treatment for his cataract.”

“The good news for Bob is that at Community Eye Center we stay on the vanguard of developing technologies to protect and improve vision,” offers research director Eric R. Schaible, MD, FACS.

“In the last two years DSEK has shown itself to be a safe and effective method of treating corneal damage in select situations. In cases where the full corneal thickness is diseased, or if the cornea is scarred from swelling, infection, or trauma, traditional corneal transplant is still the only remedy, but Bob’s profile made him a good candidate for treatment with DSEK.”

(see **Leading-edge surgery**, page 4)



Joseph W. Spadafora, DO
Eric R. Schaible, MD, FACS
Ernest C. Skidmore, MD
Jon K. Batzer, OD
Douglas E. Radish, OD
Jennifer Gallo, OD

Mission driven

“DSEK is an amazing procedure,” observes Dr. Spadafora, “and its evolution has been a truly cooperative effort by ophthalmic surgeons around the world. Only 50 surgeons perform DSEK in the United States, and though ophthalmic surgeons must pay attention to the business aspects of their practices, we are less competitors than colleagues: Our primary goal is always to improve our procedures for the better health of our patients.”

“Most people don’t expect to find such leading-edge procedures in a smaller community like Port Charlotte,” he acknowledges, “but Community Eye Center has dedicated itself to providing our patients with world-class eye care. DSEK is just one of the advanced procedures we offer in support of that mission.”

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Eradicating excess hair

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Get treatment for colorectal concerns

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Leading-edge surgery

(continued from page 1)

Joseph W. Spadafora, DO, is the medical director at Community Eye Center and one of only 50 ophthalmic surgeons in the United States trained to perform the procedure. It was to Dr. Spadafora whom Dr. Skidmore referred his new patient.

Advanced technique

“When I met Bob last December, he literally could not count the number of fingers I was holding up in front of him at a distance of four feet,” recalls Dr. Spadafora. “His cornea was swollen and thick, and his cataract further distorted his vision.”

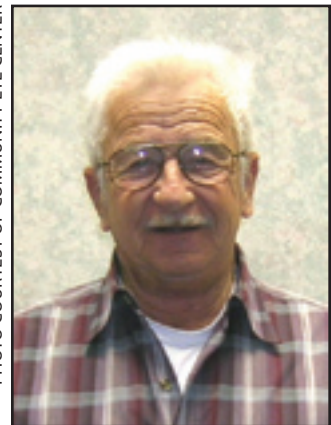


PHOTO COURTESY OF COMMUNITY EYE CENTER

Bob Schultz

As little as five years ago, Bob's only option for preserving his vision would have been a corneal transplant, the most common transplant operation performed in the world. It has a high success rate, but it is not without its limitations.

“A full-thickness corneal transplant requires sutures to secure the donor tissue to the eye,” informs Dr. Spadafora. “As those sutures heal, they risk creating irregularities on the corneal surface that can themselves distort the vision. Additionally, healing time is prolonged. It may take as much as 6 months for useful vision to return and 12 months before a patient can see well enough to drive.

“A transplanted cornea is less rugged than a patient's own cornea, more subject to rupture,” continues the skilled surgeon. “There is nothing more heartbreaking than to have a successful corneal transplant and still lose the eye because of a fall or other relatively minor trauma.

“Bob had a very good recovery. At his first postoperative exam, his visual acuity was about 20/200, but it had improved to 20/70 by his second postoperative appointment and to 20/50 by his third. In mid March, eight weeks after surgery, his acuity was 20/25, and he experienced no complications,” supports Dr. Spadafora.

“Descemet stripping endothelial keratoplasty, a procedure that has grown in popularity in the past several years, addresses each of these concerns.

“Because we do not remove the entire corneal thickness, but only the innermost layers of endothelium and Descemet's membrane, sutures are not required to secure the surgical site. This means less risk of astigmatic distortion. Healing is well advanced after only six weeks, and DSEK preserves the integrity of the cornea; a cornea treated with DSEK is almost as strong and resilient as a patient's untreated cornea.”

To help Bob, Dr. Spadafora had to remove Bob's cataract and replace it with a synthetic intraocular lens implant during the same surgical procedure that replaced Bob's diseased endothelium and Descemet's membrane.

“It was an exciting surgery,” says Dr. Spadafora. “I've been performing DSEK for two years, but Bob's procedure marked the first time we have performed DSEK in concert with cataract removal and IOL placement.”

Success story

“Bob's surgery was on January 16,” shares Georgie, “and his vision was better the very next day and has continued to improve.”

“I remember being able to see the fan moving,” adds Bob, “and though I couldn't see fine detail or read for about a week, I was able to see at a distance almost immediately.”

“Bob had a very good recovery,” supports Dr. Spadafora. “At his first postoperative exam, his visual acuity was about 20/200, but it had improved to 20/70 by his second postoperative appointment and to 20/50 by his third. In mid March, eight weeks after surgery,



Joseph W. Spadafora, DO, is the medical director of Community Eye Center. He completed his undergraduate studies at Boston University, followed by graduate work at the University of New Hampshire, Durham. He received his medical degree from the University of Health Sciences College of Osteopathic Medicine and Surgery, Kansas City, MO. Dr. Spadafora completed his internship at Metropolitan General Hospital, St. Petersburg, FL, and his ophthalmology residency at the Oklahoma Osteopathic Hospital, Tulsa, where he was awarded the Mead Johnson Fellowship Grant and the Burroughs Wellcome Fellowship Grant. Dr. Spadafora was also the recipient of an anterior segment fellowship in Long Beach, CA. He is assistant professor of ophthalmology at the University of South Florida, Tampa. Dr. Spadafora is a member of the American Osteopathic Association, American Academy of Ophthalmology, Charlotte County Medical Society, and the Florida Medical Association. He is affiliated with all area hospitals. He is past chair of the St. Joseph's Physicians Hospital Organization and is on the hospital's foundation board, and he serves on the Board of Governors of Prevent Blindness — Florida.



Eric R. Schaible, MD, FACS, is research director at Community Eye Center. He received his medical degree, magna cum laude, from Temple University School of Medicine, Philadelphia, PA. Dr. Schaible completed his internship at Abington Memorial Hospital, a Temple University Hospital affiliate, and his residency in ophthalmology at the Storm Eye Institute at the Medical University of South Carolina, Charleston, where he was chief resident and received the HELMA Award for Best Resident Research Presentation. He has published research in cataract surgery, neurosurgery, corneal surgery, and neuro-ophthalmology. He is affiliated with all area hospitals. He is assistant professor of ophthalmology at the University of South Florida, Tampa. Dr. Schaible is a fellow of the American College of Surgeons.



Ernest C. Skidmore, MD, is certified by the American Board of Ophthalmology. He completed his undergraduate studies at the Illinois College of Optometry and the University of South Dakota and earned his medical degree from the University of South Dakota's School of Medicine. He served his internship in general surgery while on active duty as a captain in the U.S. Air Force at Wright Patterson Air Force Base and Wright State University, Dayton, OH, and completed his residency in ophthalmology at the Mason Eye Institute, University of Missouri, Columbia. Dr. Skidmore completed fellowship training in ophthalmic plastic and reconstructive surgery through the neuro-ophthalmology department of Wayne State University's Kresge Eye Institute, Detroit, MI.

his acuity was 20/25, and he experienced no complications.”

“We know God sat right on Dr. Spadafora's shoulder during Bob's operation,” proclaims Georgie. “We also know that this condition usually affects both eyes. If Bob's other eye needs treatment, we will definitely come back to Community Eye Center, even if we have to make an extra trip to Florida to do it.”

FHCN—Billie S. Noakes

The eyes have it!

The doctors at Community Eye Center welcome the opportunity to help you protect and improve your eye health and achieve your best vision. Community Eye Center and St. Lucy's Outpatient Surgery Center are located at **21275 Olean Blvd.** in Port Charlotte, phone **(941) 625-1325**. The North Port office is located at **1331 South Sumter Blvd.,** phone **(941) 423-8137**. The Punta Gorda office is located at **615 Cross St., Suite #1109,** phone **(941) 637-7168**.

YES! I want to learn more about my eyes. Please send me the following FREE brochures:

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- Small-incision cataract surgery
- Corneal transplant surgery
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- Flashers and floaters
- Eyelid surgery
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Mail to: Community Eye Center, 21275 Olean Blvd., Port Charlotte, FL 33952, or phone (941) 625-1325

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