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MECA

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The physicians and staff of MECA Eye and Laser Center have been serving patients and physicians since 1968. We have six physicians and a staff of highly trained ophthalmic assistants and nurses.

Multifocal Intraocular Lenses

Intraocular lenses have been used routinely for 30 years now to replace a person's natural lens that has become cloudy (cataract) to provide focusing power for the individual. Typically the lens diopter selected for a person would be one that would allow the person to see clearly at distance and in turn

Multifocal intraocular lenses.... have multiple focal zones that allow a person to focus at distance, intermediate and near without the aid of spectacles.

the person would need reading spectacles to focus up close for 'near' tasks such as reading. Occasionally, a person might request that their intraocular lens focus them for near, using glasses for 'distance' tasks such as driving. These intraocular lenses are monofocal – focused at one distance.

Today multifocal intraocular lenses are available, allowing for good vision at distance, intermediate and near without the aid of spectacles. The two readily available brand name multifocal lenses are Restor and Rezoom.

ADVANTAGES - With the new multifocal lenses, a person can focus at distance, at intermediate and at near without the aid of spectacles. In some cases a person will still need spectacles for their sharpest vision at one or more of these ranges. It is generally recommended that the person have bilateral implantation of the multifocal lenses for optimum visual performance.

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Flomax: A Modern Miracle for the Body But A Modern Challenge for the Eye

For our aging male population, enlargement of the prostate causes increasing difficulty in urination. One of the modern miracle drugs that helps to alleviate this problem is Flomax, a powerful alpha-agonist inhibitor. It seems to give significant relief to many men, but there is a very interesting side effect to this drug. Flomax can initiate floppy iris syndrome, causing the surgeon significant difficulty with pupillary constriction during critical parts of the cataract operation.

If you have a patient, who is being successfully managed on Flomax, please make sure he tells his cataract surgeon about this when he has an ophthalmic examination. Certain careful, methodical, precautions can be taken to manage these, so the outcome is quite safe.

There seems to be some long-term effects upon the pupil and iris tissue, so stopping Flomax does not seem to help, at least in the short term.

Make sure your patient gives his physician the proper heads-up on this drug, so the appropriate preparation for this delicate surgery can be made.

Flomax.... may cause a floppy iris syndrome



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DISADVANTAGES - Many times patients will notice halos and/or glare around lights, especially at night. With time and patience the halos and glare become less noticeable as the patient adjusts to his/her new visual system.

The multifocal intraocular lenses are more expensive than monofocal lenses. This additional expense is the responsibility of the patient. Medicare does allow a person to choose a multifocal lens but Medicare does not cover the additional cost of this lens. Most commercial insurance companies follow the Medicare guideline for covering the new lens.

Multifocal lenses are FDA approved for correction of vision with cataract surgery. However, many patients are choosing to have these lenses implanted for significant refractive errors such as high hyperopia or high myopia. In these cases the surgical procedure would be considered refractive and few insurance companies would cover the cost of the multifocal surgery. Persons with a significant refractive error find the multifocal lenses very liberating and life-changing because of the tremendous improvement they experience in unaided visual acuity.

Are these lenses appropriate for everyone? Not necessarily. Some persons have visual requirements or occupations that might not be compatible with these lenses. For example, pilots or persons who drive extensively at night may not be the best candidates for the multifocal intraocular lenses. An individual would need to consult their ophthalmologist to determine what type of intraocular lens is right for him/her. This new technology offers an exciting freedom of vision.

New Hope
For
Severely Damaged Corneas

Stem Cell Transplants Come to Memphis

Severe chemical burns or other conditions such as Stevens-Johnson Syndrome or ocular cicatricial pemphigoid cause serious damage to the tissues that support a clear cornea. Historically very little could be done for patients with such severe damage, and opacified anterior surface of the eye would result in blindness. However, with new techniques and knowledge, there is renewed hope for treating these patients.

Dr. John Freeman, who joined MECA in 2004, completed a corneal fellowship in Cincinnati under Dr. Edward Holland, a world recognized expert in this field. Dr. Holland's pioneering work in limbal stem cells resulted in limbal treatment of choice for these patients.

Limbal stem cells are necessary for the maintenance of a clear cornea. When these cells are damaged, traditional corneal transplants invariably fail. Once healthy limbal stem cells are transplanted, a traditional corneal transplant can be performed.

Stem cell transplants are extreme measures for extreme circumstances. Management requires a multidisciplinary approach where Dr. John Freeman works with Memphis' internists experienced in transplant patients.

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