

VISION INSIGHTS FROM THE REGION'S LEADING CATARACT SPECIALISTS

Shedding Light on Old Myths

by David R. West, MD

Keeping our eyes healthy and safe is always a worthwhile goal. Sometimes, however, our good intentions are led by misunderstandings about proper care. Here are a few myths that you can safely disregard.

Myth: Reading in dim light is harmful to your eyes.

Fact: Using your eyes in dim light does not damage them. Good lighting does make reading easier and prevents eye fatigue, especially for people who wear bifocals.

Myth: Eating carrots improves your vision.

Fact: Carrots are rich in vitamin A, which is essential for sight, but many other foods also contain vitamin A. A well-balanced diet, with or without carrots, provides all the vitamin A necessary for good vision.

Myth: People with weak eyes should avoid reading fine print.

Fact: The concept of the eye closely resembles a camera. A camera will not wear out sooner just because it is used to photograph intricate detail. You can use your eyes for detailed work without fear of "wearing them out."



Dr. West specializes in small-incision cataract surgery and pediatric ophthalmology.

Handling Injuries the Safe Way

by Bryan J. Hammer, MD

If you sustain an eye injury, immediately see an ophthalmologist or visit the nearest emergency room. A serious eye injury is not always immediately obvious, and delaying medical attention can cause the damaged areas to worsen, resulting in permanent vision loss or blindness. Following a few simple rules can help prevent further damage.

No rubbing – If any tissue is torn, rubbing may cause more damage.

Shield the eye – Avoid pressure or rubbing action by taping or securing the bottom of a foam cup or similar type of shield against the bones surrounding the eye (brow, cheek and bridge of nose).

Medications and ointments – Do not apply medications to the injured eye, as they may not be sterile and could make the eye area slippery, which could slow the doctor's examination.

Cuts or punctures – Bandage the eye without any pressure and seek emergency medical care immediately. Do not attempt to wash the eye or remove any object stuck in the eye. A paper cup held over the injured eye can help protect it until you can get to your ophthalmologist or emergency room.

Chemical burn – Immediately flush the eye with clean water and seek emergency medical treatment right away.

Treating a blow – Gently apply small cold compresses to reduce pain and swelling. Don't apply any pressure. If a black eye, pain or visual disturbance occurs even after a light blow, immediately contact your ophthalmologist or emergency room.

Sand or debris – Use an eyewash to flush your eye out. Do not rub the eye. If the debris doesn't come out, lightly bandage the eye and see an ophthalmologist or visit the nearest emergency room.

No painkillers – Avoid aspirin, ibuprofen or other non-steroidal, anti-inflammatory drugs. These drugs thin the blood and may increase bleeding.



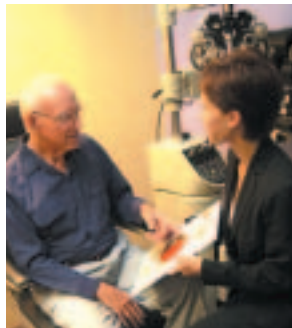
Dr. Hammer specializes in oculoplastic surgery, small-incision cataract surgery and reconstruction of the lids and orbits as well as laser skin resurfacing.

Understanding Glaucoma

by Gregory D. Osmundson, MD

What is Glaucoma?

Glaucoma is a leading cause of blindness in the United States, with about 20 million people susceptible to its effects. It is caused by a number of conditions that produce increased pressure within the eye, damaging the optic nerve over time. Through early detection, diagnosis and treatment, you and your doctor can work to preserve your vision.



Think of your eye as a sink, in which the faucet is always running and the drain is always open. The fluid aqueous humor constantly circulates, eventually flowing out through a very tiny spongy tissue called the trabecular meshwork, which serves as the drain of the eye. When this drain becomes clogged, fluid gets backed up, causing pressure to build within the eye. This pressure can permanently damage the optic nerve, causing loss of sight.

How Do I Minimize The Risk of Getting Glaucoma?

The most important thing you can do to protect your vision from glaucoma is to have regular eye exams. If your eye doctor finds that you have the disease or that you are at risk for the disease, he or she can recommend treatment to minimize the risks or the effects of the disease.

How Often Should I Get an Eye Exam?

Under 45 years old:

*If you have no risk factors for glaucoma:**

Every 4 years

*If you have risk factors for glaucoma:**

Every 2 years

45 years and older:

*If you have no risk factors for glaucoma:**

Every 2 years

*If you have risk factors for glaucoma:**

Every year

*Risk factors for glaucoma:

Family history, myopia (nearsightedness), previous eye injury, low blood pressure, African descent, diabetes, long exposure to cortisone.



Dr. Osmundson is the region's only surgeon Fellowship-trained in glaucoma management. His practice also includes cataract and implant surgery.

IntraLasik: The Most Precise Lasik Available

Laser vision correction has become one of the most commonly performed surgeries in medicine today for correcting nearsightedness, farsightedness and astigmatism. Lasik has two very important steps. Step one is the creation of a corneal flap about the size and thickness of a contact lens and step two is the lifting of the flap to perform the laser vision correction.

Traditionally, a handheld blade is used to create the flap. Recently the FDA approved a laser to make the flap, which means that Lasik can now be performed in a totally bladeless approach. We are honored at Ophthalmology Limited to now provide this advanced all laser approach to Lasik. All laser Lasik (also known as IntraLasik) has brought unparalleled precision to the Lasik procedure.

To learn more about IntraLasik you can call Ophthalmology Limited or visit our laser vision correction website at www.vancethompsonvision.com.



Dr. Thompson specializes in refractive surgery, and has played a key role in the development of refractive surgery technologies.

To learn more about common eye disorders, go to www.ophthalmologyltd.com.

Contact your regional eye professional and see a difference.



Richard T. Tschetter, MD

Dr. Tschetter specializes in small-incision cataract surgery and glaucoma management. He received his BA from Huron College and his MD from Johns Hopkins Medical School. He interned at Johns Hopkins Hospital and then completed his Ophthalmology Residency at the Henry Ford Hospital in Detroit, MI. Dr. Tschetter founded Ophthalmology Ltd. in 1968.



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Dr. West specializes in small-incision cataract surgery and pediatric ophthalmology. He received his BA from the University of South Dakota and his MD from the University of Oklahoma Medical School. He completed his Ophthalmology Residency at the University of Missouri.



Charles W. Mohler, MD PhD

Dr. Mohler specializes in diseases and surgery of the retina and vitreous. He received his BS from Purdue University and his MD from Case Western Reserve University. He completed his Ophthalmology Residency at Johns Hopkins Hospital and his Retinal Fellowship at Johns Hopkins and the University of Iowa.



Vance M. Thompson, MD

Dr. Thompson, specializing in refractive surgery, has played a key role in the development of the Excimer Laser and other refractive surgery technologies. He received his BS from the University of South Dakota and his MD from the University of South Dakota School of Medicine. He completed his Ophthalmology Residency at the University of Missouri-Columbia and his Fellowship in Refractive Surgery at Hunkeler Eye Centers in Kansas City, MO.



Byron T. Hohm, MD

Dr. Hohm specializes in corneal surgery and external eye diseases as well as small-incision cataract surgery. He received his BA from the University of South Dakota and his MD from the University of Texas. He completed his Internship at Southwestern Hospital in Dallas, TX and his Ophthalmology Residency at the University of Missouri. He completed a Fellowship in corneal surgery and external diseases in Houston, TX.



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Gregory D. Osmundson, MD

Dr. Osmundson is the region's only surgeon Fellowship-trained in glaucoma management. His practice also includes cataract and implant surgery. Dr. Osmundson received his BA from South Dakota State University and his MD from the University of South Dakota School of Medicine. He completed his Ophthalmology Residency at the University of Missouri and his fellowship at the University of Utah.

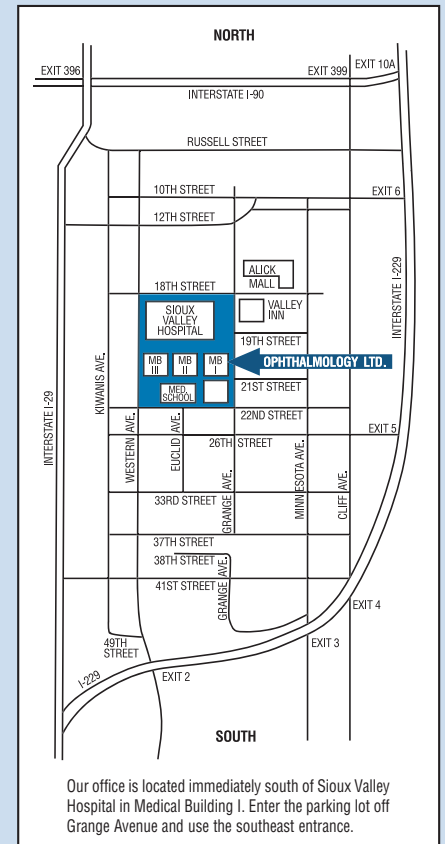


Geoffrey T. Tufty, MD

Dr. Tufty specializes in small-incision cataract surgery, general ophthalmology and refractive surgery. He attended the South Dakota School of Mines and Technology, received his BS from the University of South Dakota and received his MD from the University of South Dakota School of Medicine. He completed his Ophthalmology Residency and his Vitreo-retinal Surgery Fellowship at the Alton Ochsner Medical Clinic and Hospital in New Orleans, LA. He then completed a Fellowship in Refractive Surgery at Ophthalmology Ltd.

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For more information, go to www.ophthalmologyltd.com.



Our office is located immediately south of Sioux Valley Hospital in Medical Building 1. Enter the parking lot off Grange Avenue and use the southeast entrance.



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