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The Princeton Eye Group

FELTON, WONG, WONG AND REYNOLDS, PA

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Vision

A Newsletter from The Princeton Eye Group

Frequently Asked Questions About Cataracts

What is a cataract?

A cataract is the clouding of the clear lens of the eye. Once the lens becomes cloudy, less light passes to the back of the eye, which causes a decrease in vision.

What causes cataracts?

Cataract formation is a normal part of aging. Risk factors for developing cataracts include age (most common), smoking, excessive exposure to ultraviolet light, use of corticosteroids and living in higher altitudes.

What are symptoms of a cataract?

Symptoms may include blurry vision, difficulty driving at night or in bright sunlight, change in color vision and poor distance vision.

How are cataracts treated?

In the early stages of cataracts, vision can be improved by using corrective lenses, magnifying glasses or better lighting. Ultimately, surgery to remove the cataract is the only effective treatment.

What happens in cataract surgery?

In a cataract operation, the eye's natural lens is removed and a new lens is inserted to restore vision. This new lens is a permanent implant or artificial lens and is referred to as an intraocular lens or IOL.

Can cataracts be treated with medication or diet?

To date there has been no diet, medication or vitamins proven to be effective in the prevention of cataracts. Once a cataract has formed, the only way it can be removed is with surgery.

When should a cataract be removed?

A cataract should be removed when it interferes with your daily activities.

The Princeton Eye Group Revolutionizes Cataract Surgery in Central New Jersey with Breakthrough Procedure

Princeton Eye Group is proud to add another achievement to its long list of firsts. On June 1, Michael Y. Wong, M.D., of Princeton Eye Group became the first doctor in central New Jersey to use the AcrySof® ReSTOR® Intraocular Lens (IOL), a revolutionary new implant for cataract patients that restores both near and far vision.

Approved on March 21, 2005 by the U. S. Food and Drug Administration (FDA), the ReSTOR IOL is the first and only IOL that uses apodized diffractive technology to provide cataract patients with a more complete range of vision. It treats presbyopia, which is age-associated progressive loss of the focusing power of the lens, resulting in difficulty seeing objects close up.

New ReSTOR Intraocular Lens Improves Near and Far Vision

The ReSTOR IOL represents the latest breakthrough in cataract treatment. Until recently, patients who underwent cataract surgery could expect improved distance vision. However, most still needed reading glasses to see objects such as menus and labels up close.

By comparison, the use of the ReSTOR IOL during cataract surgery results in a full range of vision. In clinical studies, 80% of patients who received the ReSTOR IOL reported that they no longer wear glasses for any activity.

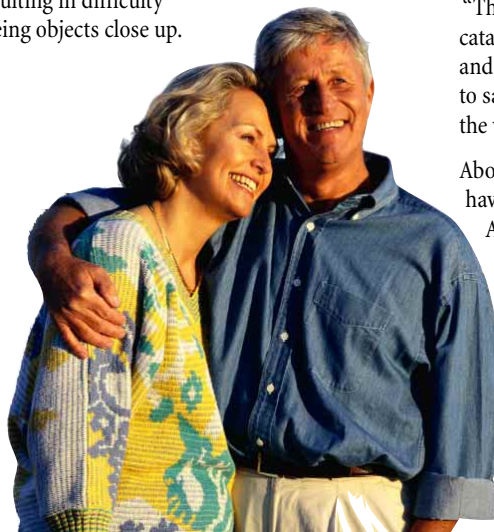
"This ReSTOR IOL may very well revolutionize cataract surgery," said Steven Felton, M.D., Ph.D., and founder of Princeton Eye Group. "I'm proud to say that Princeton Eye Group will be leading the way again in this technology."

About 20.5 million Americans age 40 and older have cataracts, according to *Prevent Blindness America's 2002 Vision Problems in the U.S.* report, and as many as 30.1 million Americans will have cataracts by 2020, the report estimated.

"The ReSTOR lens promises to reduce older individuals' dependency on glasses, much like LASIK did for a younger age group," said Dr. Wong.

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The Princeton Eye Group





What's New in LASIK

Among the latest advances in laser vision correction techniques is Epi-LASIK, a form of "all-laser LASIK." Used to correct nearsightedness, farsightedness and astigmatism, it combines the advantages of PRK and LASIK and eliminates most of their disadvantages.

Epi-LASIK has a relative advantage in that it avoids any of the potential complications encountered while making a conventional LASIK flap and during the flap healing process. Compared to PRK, Epi-LASIK can allow a more rapid visual recovery. Epi-LASIK is the preferred procedure for treating thinner corneas.

The Epi-LASIK procedure uses a specially designed instrument to separate the epithelium (the thin layer of skin covering the front surface of the cornea) to make a flap, similar to a traditional LASIK flap, so the surface of the eye can be treated with the laser. No sharp blades or knives are required.

Some of the advantages of Epi-LASIK include:

Compared to PRK:

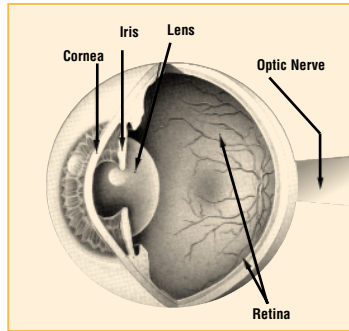
- Earlier recovery and better visual acuity postoperatively.
- Less post-operative pain.
- Less post-operative haze.

Compared to LASIK:

- Lower risk of intra-operative flap complications.
- Lower risk of extended post-operative dry eye problems.

Talk to the physicians at The Princeton Eye Group about the latest advances in laser vision correction and which solutions are best for you. Call 609-924-9200 or toll-free at 1-866-299-2020 to arrange for your complimentary consultation.

The "Wong Way" is the Right Way for Leading Surgeons



According to an article in *The Archives of Ophthalmology*, researchers have estimated that 20.5 million Americans over the age of 40 have a cataract in at least one eye, and women are nearly 40 percent more likely to develop them than men.

In the elderly, cataracts are the most common cause of vision loss. Cataracts are the clouding over of the clear, crystalline lens inside the eye. This cloudiness scatters light, reducing contrast and causing glare, especially in bright light or while driving at night.

The common treatment for cataracts involves removing the cloudy lens with ultrasound that liquifies the cataract, and then restoring vision with an intraocular lens transplant.

Dr. Michael Wong has developed a technique to improve the sealing effect for sutureless clear corneal cataract incisions. He creates a supraincisional stromal pocket just before making the clear corneal incision. This pocket is hydrated at the end of the procedure to increase a downward pressure to oppose the upward force of the intraocular pressure. This compresses the clear corneal incision, improving its seal to speed healing and reduces the chance of infection. This "no-stitch, minimally invasive technique" is used world-wide, and has been featured in the most prominent medical journals.

Phacopearls.com, a leading library of video clips on surgical techniques, indicates that the "Wong Way" is becoming a very popular request on their site. The clip has been viewed over 10,000 times by over 2,000 ophthalmologists world-wide.

Leading surgeons offer praise:

"Kudos to Dr. Wong, the inventor of the 'Wong Way.' I tried it today on all my cases and it works very well. I will be showing this to my residents."

Dr. Eugene S. Liu
Mount Sinai Hospital
University of Toronto

"You are to be thanked for your contribution to clear corneal wound management."

Dr. Sam Masket
Leading Surgeon at UCLA
Editor of *Journal of Cataract & Refractive Surgery*

"Dr. Wong has done us a great service by sharing his technique."

Dr. Dan Osborn
Ophthalmologist
Missouri Eye Institute

The Princeton Eye Group Marks 25 Years of Excellence in Eyecare

For a quarter century, Princeton Eye Group has been on the cutting edge of eye care. Its world-class surgeons were the first in Princeton to perform intraocular lens cataract surgery and the first to offer LASIK surgery.

A Vision for Excellence Began 25 Years Ago

The Princeton Eye Group was founded in 1980 by Dr. Stephen Felton, who trained as a resident at the world-renowned Wills Eye Hospital in Philadelphia. He brought with him unique credentials. He graduated from Rutgers Medical School, and also holds a Ph.D in organic chemistry. Dr. Felton established a forward-thinking approach to treating eye diseases and abnormalities, as well as a "patient-first" philosophy. These became the guiding principles upon which The Princeton Eye



ReSTOR Lens

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The Pioneering Tradition Continues

The manufacturer, ALCON, Inc., selected Princeton Eye Group to debut this new technology to central New Jersey patients because of its highly qualified staff and long history pioneering eye care therapies.

Princeton Eye Group was the first practice in central New Jersey to perform refractive surgery in the 1980s, the first to do intraocular lens cataract surgery and corneal ring segments, and the first to offer LASIK Laser Vision Correction and Custom LASIK to patients in the 1990s.

In 2000, Wills Laser Vision at Princeton was created by combining the strength of the world-renowned Wills Eye Hospital with the skill of the surgeons of the Princeton Eye Group. It is the only outpatient surgical center of its kind in the area dedicated to LASIK.

"Most eye care centers have just a treatment room," explained Dr. Michael Wong. "The Wills Laser Vision surgical suite is a true, sterile operating room. The environmental controls and technology are a cut above most LASIK centers."

Through Wills, the patients of The Princeton Eye Group have access to the most advanced LASIK technology available. That includes the VISX WaveScan S4 System, which provides greater accuracy and the ability to treat patients who were previously not candidates for LASIK.

Did You Know?

... **cataract** is Latin for "waterfall". The term "cataract" implies that the lens is not clear, causing vision to be blurry like looking through a misty glass or waterfall.

Group was founded, and may serve to explain why Princeton Eye Group is the "first" in so many categories.

Felton, Wong, Wong and Reynolds Join Forces

In 1982, Dr. Felton was joined by Dr. Michael Wong, and together they set out to build the most distinguished and respected ophthalmology practice in Central Jersey.

As The Princeton Eye Group's reputation as the place in Central Jersey for sophisticated

NEW HOPE FOR INDIVIDUALS WITH Wet Macular Degeneration

The Princeton Eye Group is now offering a new FDA-approved treatment for age-related macular degeneration, and doctors are seeing encouraging results.

Age-related macular degeneration (AMD) is a common eye disease associated with aging that gradually destroys sharp, central vision. Central vision is needed for seeing objects clearly for common daily tasks such as reading and driving. In some people, AMD advances slowly, so that it will have little effect on their vision as they age. But in others, it progresses into the "wet" version and may lead to a loss of vision in one or both eyes.

The new treatment, MACUGEN[®], is used for individuals with neovascular (wet) AMD, a condition in which abnormal blood vessels start growing in the macula – the center of the eye – and cause rapid deterioration of vision. MACUGEN, which is injected into the eye, works differently from other wet AMD therapies because it blocks an essential signal that causes abnormal blood vessels to grow and leak.

"In the past, we had two choices for people who had these abnormal blood vessels: do nothing or use a laser procedure to destroy them," says Dr. Samuel Liu, the Medical Retina Specialist for Princeton Eye Group. "But the problem with the laser procedure is that it can also damage the retina."

"MACUGEN represents a leap forward for the treatment of this type of macular degeneration," Dr. Liu adds. "The clinical studies showed exceptional results and of the patients I've treated, I've had extremely encouraging results," he said. "No patients have lost more vision. A few actually now have improved vision. This is the first time I have seen patients with wet macular generation actually regain some of their vision."

Dr. Liu adds "MACUGEN has the potential for helping all patients with the wet form of the disease, whereas the other currently approved treatments (photodynamic therapy and laser photocoagulation) are only approved for patients that have a subtype of wet macular degeneration called 'classic'."

MACUGEN was approved by the FDA on December 17, 2004 for use in the treatment of wet AMD, the most common cause of blindness in people older than 50 years of age in developed countries. There are 15 million people in the United States living with some form of AMD, with more than 1.6 million experiencing the active blood vessel growth and leakage associated with wet AMD. These numbers are expected to rise significantly as the baby boomer generation ages and overall life expectancy increases.

ophthalmology grew, the practice added several new highly trained doctors.

In 1986, the group welcomed Dr. Richard Wong and Dr. R. David Reynolds. Both brought superb professional credentials and experience to the team. Board certified in Internal Medicine, Dr. Wong is highly experienced in the latest techniques of refractive surgery. Dr. Reynolds brought his expertise in the field of ophthalmic Plastic and Reconstructive Surgery.

All the surgeons at The Princeton Eye Group also had an impressive credential in com-

mon: completing their residency training at Wills Eye Hospital. So, it was natural that The Princeton Eye Group, from its opening, would adhere to the world-class standards set by Wills.

So respected is the Philadelphia hospital that it is always number 1 or 2 in surveys when ophthalmologists are asked where they would go for their own eye surgery. In the most recent Newsweek Magazine poll, Wills was rated among the top 3 eye hospitals in the world.

"This is the first time I have seen patients with wet macular degeneration actually regain some of their vision."

~Dr. Samuel Liu

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In the Eyes of Artists

For artists, vision is about much more than seeing. It's the marriage of eye and brain and the interpretation of color, light, form, clarity, tone, depth and dimension. But if their sight diminishes, artists may see and record the world in a different light.

In a chapter written for a textbook for ophthalmic technicians, Phyllis Rakow, Director of Contact Lens Services for The Princeton Eye Group, explores some of the world's most famous artists and the eye conditions that may have influenced their work.

"Because so many of the well-known 19th century Impressionist paintings appear misty and out of focus, it's been written that most Impressionist painters were myopic (near-sighted) and preferred viewing their subjects without vision correction," Ms. Rakow said.

"Paul Cezanne was reported to be near-sighted and affected by diabetic retinopathy, a complication of diabetes that damages the eye's retina. It is documented that he refused to wear glasses, so it's possible his art appears as it does because he painted just what he saw – and the way he saw it. Landscapes are hazy and indistinct while his still life paintings, done at close range, show clarity and detail."

While it's not clear if van Gogh had eye problems, Ms. Rakow said that some people believe he may have suffered from xanthopsia, a visual defect in which objects appear to have a yellowish hue.

"There's evidence that his physician treated him for mania or epilepsy with digitalis, a popular treatment for those disorders in the 19th century. A common side effect is a disturbance in yellow-blue vision. Many of van Gogh's works have a distinctive yellow hue, including *The Starry Night* and *Sunflowers*."

Claude Monet's visual problems are also well documented and their effects apparent in the stylistic changes his paintings underwent as his vision deteriorated.

"Monet had cataracts. In his later years his paintings became much more abstract with a pronounced color shift from blue-green to red-yellow," Ms. Rakow said. "He complained of 'reds appearing muddy, pinks insipid and the immediate or lower tones escaped me'. These changes are consistent with the effects of cataracts."

"Edgar Degas' work was also likely impacted by his eye problems. It's believed that he suffered from macular degeneration, an eye condition characterized by the development of blind spots and blurred or distorted vision. His famous paintings of ballet dancers are soft, hazy pastel renditions, smudges of flesh coloring across featureless faces and off-center focal points."

"The absence of medical records or other documentation prevents us from knowing the extent to which many 19th century artists' work may have been impacted by their eye conditions – if at all," Ms. Rakow said. "We're left to wonder if they would have achieved the same degree of renown if modern medical procedures had been available to treat their eye disorders."

Excellence in Eyecare

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Diverse Group of Surgeons Round Out Team

The Princeton Eye Group continued to expand its team with surgeons whose unique specialties were reflected of revolutions in the industry and whose skills served to round out the practice.

In 2000, Dr. Anita I. Miedziak, a cornea and refractive surgery specialist who studied LASIK at the world-renowned Barraquer Institute in Bogota, Columbia where LASIK surgery originated, joined the practice. Shortly thereafter, Dr. Samuel M. Liu, an expert in retinal disease, diabetes and LASIK refractive surgery, came on board. And in 2004, Dr. John Epstein, a surgeon who specializes in surgical treatment of cataracts, refractive surgery, glaucoma, and other diseases of the eye and orbit, became part of the team that now comprises the prestigious surgeons of The Princeton Eye Group.

Pioneers in New Therapies: Refractive Surgery, Botox, LASIK

Included in a wide range of "firsts" for the area, they pioneered refractive surgery in the early 1980s and more recently, the application of the miraculous LASIK procedure. LASIK surgery has since become the most popular and effective way of reshaping the cornea so that light rays focus exactly on the retina, reducing the need for glasses or contact lenses.

Since that introduction, The Princeton Eye Group has completed tens of thousands of successful LASIK surgeries, become the area's gold standard for this procedure, and was recently cited as "one of the top 50 practices for LASIK in the country."

In the 1980s, Dr. Felton was the first doctor in the Princeton area to use Botox for eyelid spasms. Cosmetic Botox treatments to remove facial wrinkles have only recently gained FDA approval; however the ophthalmologists at The Princeton Eye Group already have years of experience using Botox for medical purposes. Dr. Reynolds, Director of Cosmetic Eyelid Surgery, uses Botox extensively for cosmetic and therapeutic procedures. He and Dr. Felton regularly hold clinics dedicated exclusively to Botox administration.

The Era of Wills Begins

Wills Eye Hospital was seeking a home in New Jersey for its coveted Center of Excellence of LASIK.

After an exhaustive review of candidates, the choice was unanimous: The Princeton Eye Group. This partnership with Wills Eye Hospital enabled the group to take its practice to a higher level than most ophthalmologist outpatient centers. Now called Wills Laser Vision at Princeton, the practice could boast the area's finest operating environment.



The Princeton Eye Group

FELTON, WONG, WONG AND REYNOLDS, PA



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