



Eye Care Insight

2010



The Eye Care Group Welcomes Dr. Tara Cronin

The doctors and staff at The Eye Care Group are proud to announce that **Tara H. Cronin, M.D.**, has joined our group in the practice of pediatric and adult comprehensive ophthalmology, with a special interest in the medical and surgical management of strabismus, amblyopia, nystagmus, and cataracts.



Tara H. Cronin, M.D.

Dr. Cronin was born and raised in Madison, Connecticut, and attended Yale University, where she graduated in 2000 with honors in Behavioral Neuroscience. She then attended the University of Pittsburgh School of Medicine, where she graduated with an area of concentration in the Program for Health Care to Underserved Populations. Following medical school, she completed her ophthalmology residency at the University of Pittsburgh Medical Center, earning the Eye and Ear Foundation Award in recognition of professional skill and compassionate care given to patients. In 2009, she completed her subspecialty fellowship training in pediatric ophthalmology and strabismus at the Children's Hospital of Pittsburgh. During her fellowship, Dr. Cronin presented research on imaging and nystagmus at the Association for Research in Vision and Ophthalmology, and most recently published her work in the December 2009 issue of the *Journal of the American Association for Pediatric Ophthalmology and Strabismus*.

Dr. Cronin is delighted to be returning to her hometown with her husband, Dr. George LaVerde, a radiology resident at Yale University. Outside of work, she enjoys hiking, running, camping, and playing classical piano. Dr. Cronin comes to us with the highest recommendations from her mentors, blending diagnostic and surgical skill with a warm bedside manner. She is happily accepting new patients at all four office locations, and we are confident that she will continue The Eye Care Group tradition of delivering the highest quality of care to our patients.

OUR MEDICAL TEAM

- Robert L. Lesser, M.D.
- Stanley B. Hersh, M.D.
- David E. Silverstone, M.D.
- Andrew J. Levada, M.D.
- Craig A. Sklar, M.D.
- Aron D. Rose, M.D.
- Peter J. Branden, M.D.
- Stephanie L. Sugin, M.D.
- Yanina Kostina-O'Neil, M.D.
- Joel A. Geffin, M.D.
- Jonathan E. Silbert, M.D.
- Cynthia G. Covey, M.D.
- Tara H. Cronin, M.D.
- Joan Draper, M.D.

OUR LOCATIONS

Waterbury
1201 West Main Street, Suite 100
Waterbury, CT 06708
Phone: 203.597.9100

Southbury
22 Old Waterbury Road, Suite 202
Southbury, CT 06488
Phone: 203.262.1600

New Haven
40 Temple Street, Suite 5-B
New Haven, CT 06510
Phone: 203.789.2020

Branford
6 Business Park Drive
Branford, CT 06405
Phone: 203.488.5411

Ask us about options for being glasses-free after cataract surgery.
www.TheEyeCareGroup.com

Lens Implant Choices After Cataract Surgery

The lens of your eye is an important structure. In order to see clearly at all distances (from up close to far away), your eye must be able to change its focus power. The lens of your eye is responsible for this change in focus—it changes its shape to bring whatever you're looking at into clear focus. In your early 40s, you lost the ability to see up close and required bifocals or at least reading glasses. This was because, as we age, the lens hardens and cannot change its shape anymore and, in order to focus at different distances, more than one eyeglasses prescription was required.

As we age even more, the lens becomes cloudy. This cloudiness of the lens is called a cataract. Cataract is a common problem among aging Americans, and cataract surgery is the most common surgery performed on adults in the United States. In cataract surgery, the cloudy lens is removed. In order for you to see clearly afterward, a new lens (called an intraocular lens implant, or IOL) must be inserted at the time of surgery.

Selecting the right implant for your eye is very important for your vision after surgery. Your doctor will take measurements before your surgery to determine how strong your lens is, so an implant with the same strength can be put in during the surgery. If you wear glasses, the implant strength can be adjusted to replace both your lens and your glasses.

Like your aging lens, the implant cannot change its shape to help you see both up close and off at a distance. But several options are available to help you minimize—or even eliminate—your need for any type of glasses after cataract surgery.



Talk with your doctor about the various types of implants available and their effects on your vision after surgery.

For instance, your doctor may place implants in your eyes with the appropriate strength for you to see well at a distance, and you can wear reading glasses when you want to see up close, such as for reading.

Another option is for your doctor to select the implant strength for you to see clearly off at a distance for one eye and a different strength—the one for up close—for your other eye, so you can see clearly at all distances without glasses after surgery. This works well for most people, but some people have trouble with depth perception when their two eyes are focused at different distances.

In recent years, several very exciting implants have been developed, allowing patients to see without glasses for many daily activities. Some patients have astigmatism. Astigmatism is a curved or irregular surface of the eye. **Lens implants that correct astigmatism** can be very helpful for these patients, allowing them to see more clearly in

the distance without dependence on glasses after cataract surgery. For patients with little astigmatism, **multifocal implants** have also been developed. These lenses allow patients to see clearly at a range of distances without the need for glasses after surgery.

While all of these implants are very popular, they are not appropriate for every patient. Testing in the office will allow your doctor to determine which type of implant serves your individual needs. For instance, if you enjoy walking, watching TV, working on the computer, or reading the newspaper, you might be a perfect candidate for a multifocal implant. If you collect stamps, enjoy model making, collect photographs, or do needlepoint, you may benefit from the use of simple magnifying glasses after surgery.

Discuss astigmatism-correcting and multifocal implants with your doctor. Understanding your needs and preferences helps us give you the best possible vision for life.

Routine Eye Care for Kids

Vision problems in children are uncommon. But when they do occur, they often go undetected.

Young children may not realize or be able to communicate that their vision is impaired, and even older children may not notice if the vision in only one eye is affected. All parents want their child to have perfect vision, so how often should children have eye examinations to make sure their eyes are healthy?

Every newborn undergoes a brief eye examination shortly after birth, mainly to ensure that no birth defects of the eye are present. This is usually performed by a pediatrician, family physician, nurse practitioner, or a physician's assistant. A similar examination should take place between six and twelve months of age, usually during a well-child checkup with a pediatrician or family physician. A primary goal of this second examination is to ensure that light can enter the eye unobstructed, so that vision will develop normally. This is evaluated by shining a light into the eye and observing a red or orange glow, called a red reflex, in the pupil of the eye—similar to the red eye often seen in photographs taken using a flash. Any problems that prevent light from entering the eye—such as extreme far-sightedness, crossed eyes, or even a cataract—can prevent normal vision development, a condition called amblyopia, or lazy eye.

Once a child reaches age 2 ½ to 3 ½, and certainly by the age of 5, a vision



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screening should take place to make sure that vision is developing normally. Children in this age group are preparing to enter preschool or kindergarten, and this examination is a good check for school readiness. This examination can be done during a well-child visit to the pediatrician or family physician, but should include some measurement of the child's vision. Most children this age cannot read the letters on the eye chart, but special vision-testing charts—including some with easy-to-recognize pictures—are available for children this age. Because vision is vulnerable to amblyopia in this age group, a formal examination by an eye care specialist should take place if the

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pedsiatrician is unable to perform testing, or if the test results are in any way abnormal. Some children in this age group have high degrees of near-sightedness or farsightedness and need glasses to help their vision develop normally.

If all of the examinations through age 5 are normal, it is not necessary to have any more routine screening eye examinations unless there are specific vision problems. Most children will undergo one or more vision screenings in elementary school, providing additional opportunities to identify vision problems. In some cases, these screenings may consist of a special photograph that can identify children who are nearsighted, farsighted, or both, or who have misaligned eyes (called strabismus). All of these conditions can cause amblyopia, which can be treated if it is identified during the critical vision development period that lasts until children are about 10 years old. **While it is not absolutely necessary, a routine eye examination should be considered in the mid-teens, to ensure that vision is adequate to begin driving.**

MEET THE EYE CARE GROUP

Experience The Eye Care Group Difference

In continuing practice since March, 1974, **THE EYE CARE GROUP** is the longest-established ophthalmic office in this area. Quality patient care always has been our guiding principle, and it is a commitment every staff member subscribes to and works toward. That many of our patients have been with us since 1974 is a source of pride that gives us a great sense of professional fulfillment.

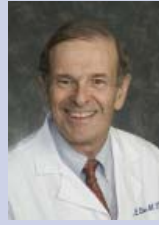
We're particularly proud of our entire staff — receptionists, business office personnel, and our medical professionals—many of whom have been staff members for over 20 years, some for over 30 years.

Few offices have a technical staff as highly trained as ours. Our certified ophthalmic technicians, certified ophthalmic assistants, certified retinal angiographers, certified ophthalmic medical technologists, certified orthoptists, and licensed opticians provide the highest quality of professional services.

We pledge a high level of responsiveness to your needs and welcome your comments and suggestions.

Optical Shop Gift Certificates Available

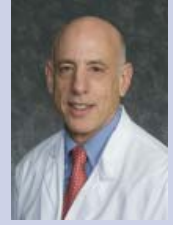
We are pleased to announce that gift certificates are now available for purchase at any of our optical shop locations. These can be acquired in any denomination and redeemed at any of our optical shops. They make the gift of sight easy for that someone special in your life.



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M.D.



Joan Draper
M.D.

Physician Updates: Professional and Personal News

Dr. Lesser was honored recently by the Connecticut Myasthenia Chapter with money donated for a lecture at Yale. He has published a paper on optic nerve sheath meningiomas and a paper about a rare optic nerve disease caused by infection. For the second time in three years, Dr. Lesser has earned the Excellence in Teaching Award by the Yale Ophthalmology Residents. He received the Senior Honor Award by the American Academy of Ophthalmology and has been listed again in Best Doctors in America. Finally, Dr. Lesser continues to enjoy his two fabulous granddaughters, who are growing up much too quickly.

Dr. Hersh celebrated his 33rd year with The Eye Care Group and continues to serve our veterans as Director of a Glaucoma Clinic affiliated with Yale. Dr. Hersh has been reelected to the Best Doctors in the USA. He now spends time with his four granddaughters, aged 15 months to 8 years.

Dr. Silverstone continues to play an active role in the Ophthalmology Department at Yale, serving as a Clinical Professor and Assistant Chief. He teaches regularly on glaucoma and cataract surgery at national and regional meetings and is involved in clinical studies for the treatment of glaucoma. He has been very active in the development of medical information technology systems, working with software developers, lecturing, and participating on national panels. Dr. Silverstone has expanded his study of martial arts to include Brazilian Jiu-Jitsu and continues to struggle with golf. He and his wife enjoy spending time with their children and grandsons.



Dr. Levada continues to do NIH-funded research with the Pediatric Eye Disease Investigator Group. His current studies are researching what to do when lazy eye treatment fails. He is beginning a study on the most effective treatments for intermittent outward eye turns. He continues his appointment at the Yale Department of Ophthalmology as an Associate Clinical Professor. He also has been named one of Connecticut's Top Doctors for 2010 by *Connecticut Magazine*. You may see him rollerblading along the Farmington Canal linear park with Maxwell, his Goldendoodle, who now weighs 60 pounds and loves to run.

Dr. Sklar, an associate professor at Yale, continues to serve as President of both the Yale Alumni in Ophthalmology organization and the Connecticut Retina Association. Selected by his peers as a Best Doctor in America in 2007-2008 and 2009-2010, he also was chosen as a Castle Connolly Top Doctor in 2008. Active in teaching and research, he moderated sessions during the Yale Spring Symposium and presented papers at national retina conferences. He also has submitted a research paper for publication on the use of Avastin. Dr. Sklar remains a Mets, Jets, and Knicks fan and enjoys

home life with his wife, two college-aged children, and Maltepool, Molly.

Dr. Rose specializes in complex cataract surgery. He has published numerous original scientific articles in *Techniques in Ophthalmology* (Section Editor), the *Journal of Cataract and Refractive Surgery*, the *American Journal of Ophthalmology*, and *Cataract and Refractive Surgery Today*. He also remains dedicated to volunteer work and has taught and operated in many developing countries, including Myanmar (Burma), sub-Saharan Africa, India, Central Asia, the Far East, and the indigent Caribbean. In 2008, he received the Volunteer of the Year Award at the international meeting of Unite for Sight. Dr. Rose and his wife are very proud of their three daughters.

Dr. Branden was again voted by his peers as one of the Best Doctors in America and one of *Connecticut Magazine's* Top Doctors. He continues to teach Yale residents at the West Haven V.A. Glaucoma Clinic. Dr. Branden continues to refine his techniques of advanced intraocular lens implant use to improve patients' visual outcomes from cataract surgery. He is involved in FDA clinical trials of new medications and is serving on the 25th reunion committee for his medical school class (Columbia). He just celebrated his 50th birthday and, with his younger child about to start college, is poised to join the ranks of empty nesters.

Dr. Sugin is very busy both personally and professionally. She continues to

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Physician Updates: Professional and Personal News

participate in clinical research trials involving macular degeneration, has lectured locally and regionally, and is an active member of the Atlantic Coast Retina Club. She will be cited in the new *Retina Atlas* that will be published later this year. When she is not treating diabetic retinopathy, retinal detachment, or macular degeneration, she is busy caring for her husband and two children.

Dr. Kostina continues to be actively involved in teaching at Yale on various neuro-ophthalmology topics for residents. She authored an article on a rare disease, polyarteritis nodosa, which was published in the *Journal of Neuro-Ophthalmology*. Dr. Kostina also serves patients with a variety of general ophthalmology conditions. Dr. Kostina utilizes the most advanced techniques on state-of-the-art equipment to perform cataract surgery for her patients. She is fluent in Russian and has been busy teaching her three- and four-year-old daughters to speak

Russian. Her four-year-old daughter, Brigitte, also can read and write in Russian.

Dr. Geffin, the practice's cornea and refractive surgery specialist, regularly performs DSAEK, the latest minimally invasive form of corneal transplantation, which offers rapid visual recovery and minimal discomfort. He also continues his interest in dry eye research, using the Mobile Dry Eye Lab to bring promising new therapies to our practice. Dr. Geffin offers patients laser vision correction using the latest LASIK techniques and serves as a leader on the board of the New England Ophthalmological Society, the oldest medical subspecialty organization in America. He continues to be an avid cyclist and enjoys yearly hikes up Mt. Washington.

Dr. Silbert has found 2009 to be another exciting year in the field of Oculoplastic and Reconstructive Surgery. Two medicines, Myobloc and

Latisse, have gained widespread use in facial enhancement. Myobloc (botulinum toxin type B) has been FDA approved for cervical dystonia since 2000 but is now finding increased use to help control blepharospasm in patients. Latisse, approved by the FDA in early 2009 to help grow longer eyelashes, has been a blockbuster, easy-to-use medicine with very high patient satisfaction. We should hear much more about these medicines in the coming years.

Dr. Covey is keeping busy in both her professional and personal life. She continues to enjoy her growing practice in general ophthalmology as well as her surgical interest in the evolving field of cataract extraction and lens implantation surgery. In addition to her professional interests, Dr. Covey has recently welcomed the latest additions to her growing family. She is celebrating the arrival of her twin boy and girl and is enjoying watching her two-year-old daughter grow.

Dr. Joan Draper Joins Low Vision Department in Southbury

The doctors and staff at The Eye Care Group are pleased to welcome **Dr. Joan Draper, M.D.**, to our low vision department in Southbury. Dr. Draper will provide a full range of services to visually impaired patients, including patients with macular degeneration, optic nerve disease, visual field loss, and other forms of visual damage, all of whom can benefit from a variety of optical and technological devices to improve their quality of life.

Raised in Newtown, Connecticut, Dr. Draper went on to graduate from Dartmouth College and receive

her medical degree from McGill University in Montreal. After completing her ophthalmology residency training at McGill University, she did a fellowship in strabismus and pediatric ophthalmology at the Downstate Medical Center in Brooklyn, New York. Dr. Draper was engaged in the practice of ophthalmology in Danbury and Southbury from 1989 until 2005, when she herself suffered bilateral optic nerve damage.

With her personal experience and accomplished ophthalmic training, Dr. Draper brings a unique humane touch to her specialty of low-vision rehabili-

tation and vision technology. In addition to lecturing extensively on low-vision topics, Dr. Draper is a past president of the Danbury Hospital medical staff and a former member of the hospital's Board of Directors.

She now lives in Brookfield with her husband, Dr. Gary Townsend, and their three daughters. We are quite eager for Dr. Draper to join The Eye Care Group and to expand the low-vision services offered to our patients. Dr. Draper is currently accepting appointments at our Southbury office location.