

SightLines

Alan W. Solway, M.D., Cataract Surgery-Ophthalmology
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Practice Celebrates 15 Years

The year 2001 marks a milestone as we celebrate our 15th year in practice. In this short period of time, there have been a series of remarkable improvements in the diagnosis and treatment of common eye diseases. These include cataracts, glaucoma, macular degeneration, diabetic retinopathy, myopia and hyperopia.

During these years, we have kept pace with the rapid changes, adopting new techniques and acquiring the most advanced equipment. Patients are coming from further away with more complex eye problems. Many are young, have only one good eye and may have already seen two or three other doctors.

As time goes on, we find ourselves devoting added time to more complex problems with sophisticated technology.

All of these advances have been gratifying and rewarding, however, it has led to more complex scheduling and coordinating of patient visits. In order to accommodate the additional load, we have installed a sophisticated computerized patient scheduling program. As more patient data is entered, we expect the systems will run even smoother.

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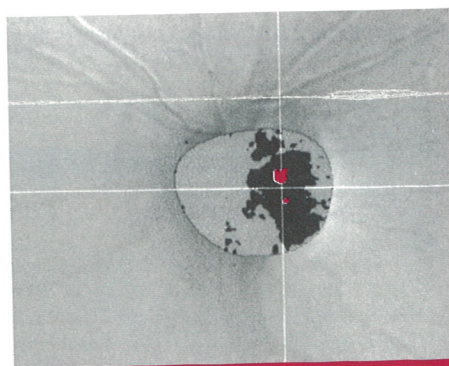
Glaucoma Analysis Enters the Third Dimension

The eye disease, Glaucoma has always been a difficult one to treat. Glaucoma is damage to the optic nerve. The first clue that someone might have glaucoma is a high pressure in the eye. Particularly in older individuals, damage to the optic nerve can occur even at lower levels. This pressure is called intraocular pressure.

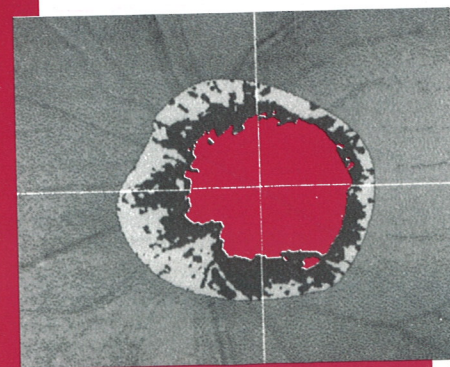
The latest breakthrough in technology, just developed over the past year, is a computerized optic nerve analyzer made by Heidelberg Instruments. This instrument forms a three-dimensional (3D) picture of the optic nerve much like a CAT Scan or MRI of the brain.

The initial reading analyzes the volume of erosion and assigns a numerical value to it. This baseline result can then be used to compare with future readings taken six months or one year later. The important factor is that this instrument can now provide precise measurement data as to whether the optic nerve is remaining stable or shows progressive erosion. If erosion is progressing, medication can be administered to reduce or stop the progression.

The new Heidelberg Optic Nerve Analyzer was installed on December 20, 2000 and will provide enormous benefits to over one thousand (1000) glaucoma patients that are followed in our practice. ■



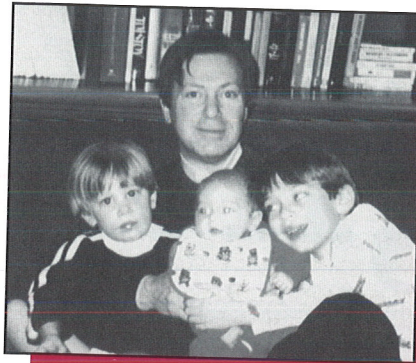
◆ This first example records the value of a 24-year-old female. The data shows very little cupping, insignificant erosion and all other data well below any limits of concern.



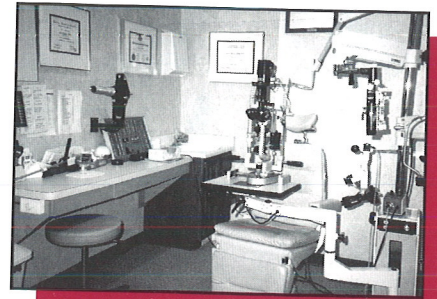
◆ The second example reflects the data from a 35-year-old female. The values with this patient necessitate our monitoring for potential progression. Follow-up measurement has been scheduled for six months from the date of this reading. This patient also has a family history of glaucoma present.

E-X-P-A-N-S-I-O-N Plans Complete

Since our last issue of SightLines, Dr. Solway has completed some expansion plans of a little more personal nature. On October 29th, 2000, his wife Melodie gave birth to their third son, Eric Benjamin Solway. He joins his brothers Andrew (6) and Matthew (4). ■



CELEBRATING 15 YEARS *continued*



We have also added a new evaluation room was created and equipped in the location of our original lobby area.

All of this will enable us to get patients through the various office procedures they require in a more reasonable length of time, regardless of the nature of the visit or the fact that others might have more critical problems on that day.

In this new millennium, our goals remain unchanged: To provide our patients with the most advanced eye care in the most comfortable setting. ■

Shots, Stitches or Patches No Longer Needed

When Dr. Solway first began his practice in 1986, cataract surgery required an incision of up to 3/4 inch to accommodate a rigid lens implant. Stitches, an anesthetic injection and a metal eye patch worn for 24 hours were all required.

Technology has improved dramatically. First of all, cataract surgery is now performed routinely using no injections. Instead, drops are used in and around the eye that allows for complete anesthesia during the procedure. This offers several major advantages.

Now this procedure is done through a tiny incision of only 3 mm (less than 1/8 of an inch). This is so small that it seals itself and requires no stitches. During the procedure a small implant made of a soft, flexible plastic material is rolled up and inserted through the incision. Once it is completely inside the eye, it unrolls and is dialed into the correct position by Dr. Solway. This is done without an injection and no patch is necessary.

The result: patients leave the surgical center feeling and looking as if nothing was ever done. Dr. Solway has now performed over 2000 cases using this new procedure. The results have been excellent and patient satisfaction has been extremely high. ■



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Celebrating 20 years of practice in Livonia 10 consecutive years in Best Doctors in America



**FEATURED STAFF MEMBER:
SUSAN A. THRASHER**

Everyone recognizes her face and most know her name. That's because Susan A. Thrasher has been with Dr. Solway since the very beginning of the practice. She joined 14 weeks after the practice opened in 1985. Sue Thrasher and Dr. Solway had a long and solid history even before that time. From 1981-1984 both worked at William Beaumont Hospital, Dr. Solway as a resident in Ophthalmology and Sue Thrasher as an Ophthalmic surgical nurse. Sue was the best surgical nurse in the entire department. The doctors all requested her when they had a difficult case. They finished at the

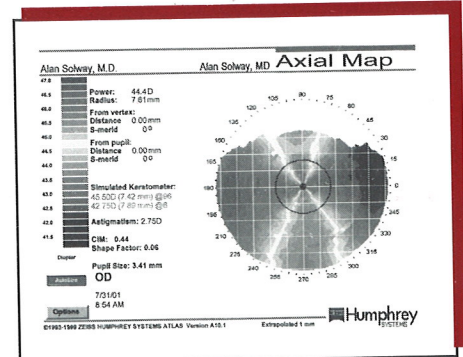
same time; Dr. Solway, to pursue further subspecialty training in retinal diseases and Sue to start a new job as an Ophthalmic technician and surgical assistant. Upon finishing residency, a party was given for Dr. Solway by the doctors and hospital staff. Sue, who was one of the guests, told Dr. Solway that if he ended up in private practice that she would be his private surgical assistant. Within two years, they reconnected and the rest is history. Nineteen years and six thousand cataract surgeries later, they still work as a team week after week.

“Sue was the best surgical nurse in the entire department. The doctors all requested her when they had a difficult case.”

CATARACT SURGERY WHEN IT IS APPROPRIATE AND HOW IT BENEFITS PATIENTS

Cataracts are removed when they cause symptoms that limit a

person's ability to function. The most common complaints are difficulty reading fine print, problems seeing street signs, watching television, and glare while driving, particularly at night. In addition to correcting these problems, cataract surgery has another benefit. It corrects much of the need to wear glasses. This is because the lens implant incorporates the power of a person's glasses. In addition – astigmatism which is present prior to cataract surgery can also be corrected. Often an image of the cornea is used to identify the astigmatism:



Wedge shows location and quantity of astigmatism. ■

MORE ARTICLES ON PAGE 2

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BREAKTHROUGH IN GLAUCOMA MANAGEMENT

The latest breakthrough in glaucoma management is the discovery that the actual thickness of the cornea plays a big role in how fast the disease progresses. It is now understood that patients with thick corneas can tolerate higher pressures and still be considered normal and not have glaucoma. The simple painless measurement taken in the office to determine corneal thickness is called corneal pachymetry. ■

GRATITUDE FOR THE MIRACLE OF SIGHT

Reverend Valmon Stotts delivers a sermon to his congregation. He has done this each Sunday for the past 41 years. He knew well how to function with severely limited vision. Reverend Stotts was born with no useful vision in one eye. In his "good" eye he wore a prescription of -14.00. With glasses thicker than "coke bottles" he could not see the big E on the eye chart. When he read, he took off his glasses and held the page one to two inches from his face. Over the past year, he noticed that he could no longer read with or without glasses. Even at a distance of two inches, the words were no longer legible. Reverend Stotts had developed a cataract in his good eye that prevented him from reading. Having only one eye made the decision to remove the cataract especially difficult.

After many months consulting with Dr. Solway about the risks and benefits, Reverend Stotts decided to go forward. It seemed that overnight he lost all fear of the procedure. Reverend Stotts had his cataract removed and replaced with a special implant. He was so nearsighted that he needed a custom ordered power for his implant, a kind that Dr. Solway had never used in twenty years and in almost 10,000 cataract procedures. The results were remarkable. On the first day after surgery, he was able to see the largest letters on the chart without glasses, and within days he had better vision without glasses than he had ever had in his entire life. Through the miracle of modern microsurgical techniques, as practiced in the experienced hands of Dr. Solway, Reverend Stotts can now enjoy the miracle of sight. ■