THE SENIOR'S CORNER

Over the past few newsletters we've discussed the normal changes that occur to the eyes after 40 years of age. Some of these changes we reviewed as **PRESBYOPIA, DECREASE IN PUPIL SIZE, MORE FLOATERS, CATARACTS and INCREASE IN CHANCES for EYE DISEASE**.

In our last newsletter we listed many ways to cope with a **DECREASE IN PUPIL SIZE.** In this newsletter we will discuss ways to understand and deal with **FLOATERS.** The following are suggestions for ways to cope:

1. **Understand what floaters are.** The fluid inside the eye is called the vitreous humour. In a young person, the vitreous is clear and gel-like, similar in consistency to uncooked egg whites. The vitreous becomes more liquid-like with normal aging. Cellular debris of various shapes and sizes is more likely to be seen drifting around in the vitreous as it becomes more fluid-like. This debris is what we call **FLOATERS**. It can be "humorous" watching people discover their floaters when they swat at imaginary flies buzzing about their heads.

2. **Determine what has caused your floaters.** The following are the most common reasons:

a) Congenital floaters (from birth). Before birth, the hyaloid artery extends inside the eye from the back to the front. Just before birth the hyaloid artery normally dissolves away. Occasionally the artery does not dissolve completely and pieces of this artery continue to float around in the vitreous for the rest of an individual's life. As a result, children may complain about these floaters from an early age.

b) Vitreous detachment floaters. With normal aging, the vitreous liquefies and shrinks enough so that it pulls away from the retina at the back of the eye. If this "vitreous detachment" happens abruptly enough, the individual can suddenly see flashes and floaters. In some cases, the detaching vitreous pulls a portion of the retina along with it resulting in the potential to cause a permanent loss of vision.

c) Retinal detachment floaters. Floaters associated with retinal detachment are usually the result of red blood cells being released into the vitreous where the site of the retinal detachment occurs.

d) Retinal operculum floater. A small section of retina (an operculum) may be pulled away from the retina during a vitreous detachment or from a blow to the eye. This will leave a retinal hole that has the potential to become a more serious retinal detachment.

e) Infection floaters. Occasionally an infection can occur inside the eye. As a result, white blood cells can migrate into the vitreous and cause floaters.

f) Asteroid hyalosis floaters. These are typically a degenerative change to the vitreous where the gel forms calcium soaps that give the appearance of an asteroid belt in space. Fortunately this type of vitreous floater doesn't tend to interfere with a person's vision to any great extent.

3. **Visit an optometrist at South Island Optometry.** Using high tech instruments such as our **OPTOMAP,** we can determine very quickly what type of floaters you have and whether treatment is necessary to preserve vision. The **OPTOMAP** is a state of the art instrument giving a digital image of the back of the eyes of up to 200 degrees usually without the need for dilating drops. South Island Optometry has offices in Gordon Head and Colwood that have the only **OPTOMAP** instruments in Victoria.

4. **Be patient with your floaters.** Given enough time, in most cases, whether the floaters are benign or require treatment, they will reabsorb to some extent, shift out of the way, or be filtered out and ignored by the brain. So if you wait long enough, the severity of floaters should become less noticeable with time. Of course one should not ignore new floaters since they can be potentially sight threatening.

In our next newsletter we will discuss a very common **vision problem** for seniors –cataracts, stay tuned!

Dr. Chris Snow • Dr. Brent Morrison
Dr. Ann-Marie Stewart • Dr. Suzanne Sutter • Dr. Trevor Peddle

Your Sight Is Our Vision

Dr. Brent Morrison, Dr. Chris Snow,
Dr. Ann-Marie Stewart, Dr. Suzanne Sutter, Dr. Trevor Peddle

southisland OPTOMETRY CENTRES

Fall 2009

DR. TREVOR PEDDLE JOINS THE PRACTICE AT SOUTH ISLAND OPTOMETRY CENTRES.

We are pleased to announce the addition of **Dr. Trevor Peddle** to our practice at **South Island Optometry** Centers.

Dr. Peddle was born and raised in Stoney Creek, Ontario. He attended the University of Waterloo, achieving an Honours Science degree and then followed this with a Doctor of Optometry degree at the same school, graduating with honours in the class of 2009. He first visited Victoria in 2007 while on route to hike the West Coast Trail and enjoyed it so much that he decided to return for an internship as part of his optometry schooling in 2008. He has now returned to the island to stay, where he can enjoy his many interests which include trekking, mountain biking, camping, music, and playing hockey and basketball.

Dr. Peddle is available to see new and existing patients at both Westshore and Gordon Head locations. He states, "I am excited to be practicing in the warm and welcoming environment at South Island Optometry Centres, where I will be providing comprehensive eye care. I look forward to building a strong relationship with the community and the wonderful people living here!"

SCHOOL DAYS

It's that time of year again. The days are getting shorter and the kids are back to school for several months. Because vision can greatly affect learning, now is the perfect time to make sure that your child's vision is as good as it can be.

Over 80% of a child's learning is based on vision. If vision problems remain untreated, children who are full of potential may lag behind. Most people are surprised to hear that one out of six children diagnosed with a learning disability actually has a correctable vision problem. Some of the most common problems include nearsightedness, farsightedness, astigmatism, amblyopia/lazy eye, binocular vision issues (trouble focussing eyes together), and color vision problems.

Most often, kids do not present with any obvious signs of having a vision problem. They rarely complain of difficulty because they assume that the way they see is normal. This makes it difficult for parents to know whether there is a problem. However, there are some warning signs to look for:

- sitting very close to the television
- holding objects too close
- avoiding puzzles, books and other near-distance tasks
- covering one eye when looking at something up close
- body rigidity or squinting when looking at distance objects
- lack of concentration
- visible frustration or grimacing
- excessive blinking or rubbing of eyes
- head tilting or unusual posture
- lack of participation
- complaints of headaches, blurred or double vision
- marked inability to catch, build, balance or do other related eye-hand coordinated activities
- hyperactivity or short attention span

We recommend that children have an eye examination by the age of three years, before starting kindergarten and yearly afterwards. A complete eye examination can be performed whether or not your child can read letters. All of our optometrists enjoy kids and use child-friendly techniques to evaluate vision and eye health. Please feel free to drop by or call our clinic to set up an appointment.

3994 Shelbourne Street, Victoria
250-477-4711

1910 Sooke Road - Colwood Corners, Victoria
250-478-6811

www.sioptometry.ca

Gordon Head Office
250-477-4711

Colwood Office
250-478-6811

Spotlight on *Contact Lenses and Spectacles*

"My friend tried progressives before and didn't like them, so I'm not so sure if I should bother trying?" Maybe it was your friend or even yourself that this happened to. Well, progressives have changed and that was then and this is now!

For those of us who are forty-something, "our arms aren't long enough anymore". We're simply losing the ability to focus up close – an effect called presbyopia. As discussed in previous newsletters, presbyopia happens to every single person on Earth, no exceptions! The only difference is how we compensate: separate reading glasses, bifocals (with the line), progressives (which have no line), or for near-sighted people, we remove our distance glasses to read.

Progressives have three zones of vision – distance, intermediate and near. In order to achieve this without a line, the curvature of the lens gets steeper as it "progresses" into the reading zone. This automatically creates areas of softer focus that are pushed to the sides of the lens, creating a corridor of clarity through the centre of the lens. Most of us would agree that progressives are a more attractive option than lenses that have lines in them but might be worried about getting used to them. Well, have no fear! Since they were first invented in 1959, progressives have improved dramatically - even more so in the last 5 years.

A wonderful example of the great improvements made with PALS over the years is the revolutionary Varilux Ipseo progressive lens made by Essilor that has been upgraded even further this year. The Ipseo lens is specifically designed for each individual wearer. It is one of the only lenses that accounts for the way a person uses their eyes – whether they are an "eye-mover" or a "head-mover". This allows the lens to be customized for how the wearer picks up information from their environment. Such specialization for a person's visual dynamics helps adapting to the progressive lens easier. Ipseo progressive lenses also use advances such as W.A.V.E. technology to help remove aberrations and digital surfacing to minimize the areas of soft focus in the lens. All this benefits the wearer by delivering high-resolution vision, improved contrast, wider fields of vision and increased visual comfort. So you see, high quality progressives have evolved a lot over the years!

This summer and fall we've enjoyed many hours of sunshine and as we prepare for the rainy winter months, UV protection still has to be considered. The Adidas line of sunglasses is unique in that it offers incredible versatility. For instance, different lenses can be snapped in and out of a single frame based on specific activities. Non-polarized lenses better suited to golfing, biking, tennis and certain other sports can quickly be exchanged for polarized lenses important for boating, skiing, fishing, etc. This takes just a few seconds! Also, many sunglasses have a prescription insert available, allowing the prescription to be popped in or out, depending on whether or not you decide to wear your contacts that day. The glasses are of extremely high quality, made in Austria in the same building as the well-respected Silhouette line of eyewear, by an eco-friendly, socially conscious company.

Visit us at either of our offices at South Island Optometry to explore these great eye-care solutions!

SEE *and* search

S	P	I	L	C	O	R	A	R	R	P
E	A	E	S	A	C	P	E	E	R	A
S	N	E	L	T	C	A	T	N	O	C
S	S	A	G	A	D	I	L	A	A	P
A	L	S	C	I	N	P	M	T	E	A
L	E	I	N	A	M	O	A	E	A	A
G	R	G	P	S	C	R	N	G	A	N
A	I	S	O	U	A	E	N	R	O	C
I	A	G	A	C	P	P	G	A	T	A
T	I	L	T	O	M	Y	O	P	I	A
R	G	E	N	F	L	H	C	P	I	O

CATARACT
HYPEROPIA
PUPIL
LENS
MYOPIA
GLASSES
RETINA
GLAUCOMA
CONTACTLENS
CORNEA
FOCUS
READING

OPTOMETRYGIVINGSIGHT

Transforming lives through the gift of vision

South Island Optometry is proud to support **Optometry Giving Sight.** This charity transforms lives through the gift of vision. In June of this year, our two **South Island Optometry** offices donated $5.00 from the sale of each pair of glasses. We also received direct donations from patients like you - **thank you !**

In total, we raised **$924** for this 3rd world eyecare charity. These funds go to delivering vision care in communities such as Sri Lanka, South and East Africa, Latin America, South East Asia and Indigenous Australia. In some of these countries, as little as $5 can provide both an eye exam and a donated pair of glasses! Next time you visit our **Colwood** or **Gordon Head** clinics please look for our donation boxes –**your generosity is greatly appreciated !**

OPTOMAP RETINAL STUDY – *Retinis Pigmentosa*

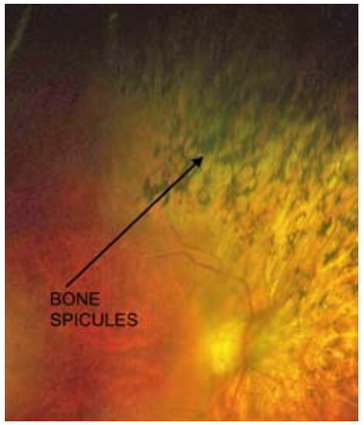
A young girl of age 6 came to our office for a routine eye exam. Her best vision was only 20/30 which means what someone with 20/20 could see at 30ft away, she had to have brought up to 20ft to see it as well. Her colour vision, depth perception and eye pressures were normal. Her peripheral vision was mildly abnormal in both eyes. Her mom noted that she had some difficulty maneuvering at night.

The young girl's Optomap retinal scan looked like this:
The darker areas represent "bone spicules" or pigment clumping of the paper-thin layer at the back of the eye. This is characteristic of the condition called retinitis pigmentosa (RP).

RP is a type of progressive retinal dystrophy that leads to gradual and irreversible vision loss. In retinitis pigmentosa, the light sensitive rods of the retina are affected. This leads to difficulty adapting to the dark, night blindness and a reduction of peripheral visual field (known as tunnel vision). Sometimes there is also a loss of central vision and colour vision late in the course of the disease. The loss of vision is painless and usually slow to progress.

In addition to the pigment clumping, there can be other signs associated with RP your optometrist may be able to detect:
Paleness of the optic nerve
Thinning of the retinal blood vessels
Cataracts
Swelling in the macula (central vision area)
Glistening to the macula (called cellophane maculopathy)

Patients with RP might report difficulty with tasks at night or in dark places such as walking in dim lit rooms (eg. movie theatres), driving at dusk, night or in foggy conditions. Patients may also report bumping into furniture or door frames or difficulty with sports requiring peripheral vision (eg. soccer, tennis). Many patients with RP report seeing flashes of light (photopsia) and describe them as small, shimmering, blinking lights that may be continuous, unlike the ones seen with migraines that are more episodic.



RP is a genetic disorder and at least 35 different genes are known to cause the condition. Because of the strong inheritance link with retinitis pigmentosa, this patient's 4 year old brother was also tested with the Optomap retinal scan and, unfortunately, was also shown to have signs of the disorder.

The Optomap can be particularly helpful in diagnosing RP because it provides imaging of the peripheral retina, the area first affected with RP. In a routine child's examination without Optomap, the peripheral retina can be a challenge to view since children don't always sit still for long enough. The Optomap, however, takes an image in less than a second. This allows the optometrist and parent to leisurely review the retinal image together. At South Island Optometry, we welcome the opportunity to review your Optomap retinal scan with you as part of your routine eye exam.