

# 2017 Lorain County Medical Society

**Special Supplement to** 

# THE MORNING JOURNAL

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**Thursday, September 28, 2017** 



presents

# **2017 Community Health Fair** Saturday, Sept. 30 • 11am - 2pm

Hosted by:



Richard E. Jacobs Health Center and Avon Hospital

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#### FREE HEALTH SCREENINGS:

Bone Density Test **Blood Pressure** Body Mass Index (BMI) Pediatric Health Activities Foot Screenings Vascular Screenings (ABI/ PRV; PAD) Carpal Tunnel Screening Vision Screening Vein Screening Spine Screening

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from physicians about health issues important to you.

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to benefit Community Resource Services

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# 2017 Updates from the Lorain County Medical Society

Dr. Chris Warren, President and Susannah Selnick, Executive Director

The Lorain County Medical Society (LCMS) has had another exciting year, as we continue to find new ways to give back to our community and keep our Lorain County physicians connected!

Most importantly, LCMS is keenly aware of the opioid crisis that is happening in our county, and has been working diligently to become a part of the solution. Currently, representatives from the Lorain County Medical Society are serving as members of a larger, county-wide task force to address the epidemic

LCMS has taken a greater interest and become more involved with the Ohio State Medical Association, in order to best represent the needs of physicians in Lorain County, at the State level. This year, LCMS sent three member physicians to the Ohio State Medical Association's Annual Meeting where they served as voting delegates representing Lorain County. We have continued our relationship with OSMA, hosting several legislative updates throughout the year to educate our physicians on work being done in the State government that affects the practice and business of medicine.

It has quickly become no secret that the best way to get our member physicians together to socialize is over basketball. LCMS was lucky enough to have tickets to three rounds of the 2017 NBA Playoffs to watch the Cavs advance all the way to the Finals!

This season, we will continue these group outings throughout the regular season, and hopefully to another year of playoff games.

We are excited once again for our annual Community Health Fair, this year being hosted by Cleveland Clinic Richard E. Jacobs Health Center and Avon Hospital. The health fair will bring Lorain County physicians together, from all healthcare systems, to provide free health screenings, a physician speaker series, and other health information to Lorain County residents. The LCMS Health Fair will take place on Saturday, September 30th from 11:00am – 2:00pm.

The LCMS Foundation had a very successful year, thanks in large part to the leadership of Dr. Thomas Martin. Dr. Martin is a wonderful steward of the LCMS offices and building. This year, the Foundation contributed to four Lorain County charities: Blessing House, Genesis, Lorain County Free Clinic, and Lorain County Salvation Army.

The LCMS Scholarship Foundation awarded academic scholarships to several students from disciplines including medicine, nursing, and pharmacy. The Scholarship Foundation prides itself on awarding students who plan to return to Lorain County to pursue their careers in healthcare.

For more information about the Lorain County Medical Society, visit our website at <u>www.lcmedicalsociety.com</u>.

# Hepatitis C: a simplified version for patients and primary care physicians

By Dr. Rita Abbud, infectious disease and Hepatitis C expert



Drug abuse is the leading cause of Hepatitis C. Lorain county was and is still among Ohio counties with the highest incidence of Hepatitis C. Risk

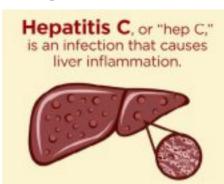
**Dr. Rita Abbud** of Hepatitis C. Risk factors include baby boomers born between 1945 and 1965, H/O drug abuse including sniffing cocaine and tattoos done with non sterile needles and certain sexual behavior

Hepatitis C is a leading cause of chronic active hepatitis, cirrhosis and liver cancer. With the advent of a new category of medications called direct acting agents, hepatitis C is a curable illness. Patients have to be drug and alcohol free

before evaluation for treatment. Cure does not prevent reinfection.

All patients with risk factors for Hepatitis C should be tested for HIV and Hepatitis B and should be vaccinated for Hepatitis A and B if not immune. Hepatitis C viral load determines if the patient has chronic active Hepatitis C and if cure occurs. Fibroscan is a sensitive test to determine fibrosis score. Liver biopsy is no longer used for this purpose. Hepatitis C antibody remains positive for life and reflects that the patient was exposed to Hepatitis C at a certain point in life. This exposure could have been more than 30 years ago.

Current treatment course depends on Hepatitis C genotype, H/O prior therapy and stage of



liver disease. Patients with cirrhosis or advanced fibrosis need to be screened for liver cancer every 6 months. The current hurdle for treatment is the expense of the medications. The treatment consists of pills taken for 8-16 weeks and is well tolerated with high cure rate.

# **Lorain County Medical Society Community Health Fair Brings** Physicians to the Community with Free Medical Screenings and Physician Speakers

The Lorain County Medical Society is pleased to once again be offering our Free Community Health Fair. This year's health fair will take place on Saturday, September 30th from 11:00am -2:00pm at The Cleveland Clinic Richard E. Jacobs Health Center located at 33100 Cleveland Clinic Boulevard, Avon, OH 44011.

We pride ourselves on offering a health fair that is free to the community and offers a wide variety of free medical screenings with Lorain County Physicians, from every healthcare system in the county.

#### This year we are offering the following FREE HEALTH SCREENINGS:

Bone Density Checks Body Mass Index (BMI) Vascular Screenings Vision Tests

Vein Screenings

Blood Pressure Foot Screenings Spine Screenings Carpal Tunnel Screenings

Pediatric Health Screenings And much more health information directly from physicians of all specialties!

## The Health Fair also includes a FREE PHYSICIAN SPEAKER SERIES:

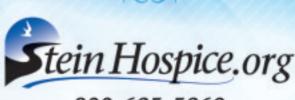
11:00am – Dr. Nelson, Nelson Vein & Surgical Services

11:20am – Dr. Berkowitz, University Hospitals Center for Orthopedics

11:40am – Dr. Lopez, Cleveland Clinic Dermatology & Plastic Surgery Institute:

> "Don't Avoid The Subject...

let hospice help with life when facing death."



800-625-5269



12:00pm – Dr. Kolczun, Cleveland Clinic Orthopedic & Rheumatologic Institute

12:20pm – Dr. Starck, Cleveland Clinic Avon Hospital

12:40pm – Dr. Jain, Mercy Health Department of Gastroenterology

1:00pm – Dr. Thomas, Cleveland Clinic Neurological Institute

1:20pm – Dr. Guay, University Hospitals Ear, Nose & Throat Institute

1:40pm – Dr. Schartman, Retina Associates of Cleveland, Inc.

#### This is a FREE event, and this year we are also featuring:

- Canned food drive to support Community Resource Services - bring a can to donate!
- Raffle to win an iPad!
- WOBL/ WDLW Prize Wheel prizes won throughout the day!

Thank you to our sponsors: Cleveland Clinic Foundation, Nelson Vein & Surgical Services, Mercy Health, NeuroSpine Care, Ohio Medical Group/North Ohio Heart Association, Dr. R. Chris Warren, and Costco.

For guestions, call the Lorain County Medical Society at 440-934-6825.



# The Mission of the Lorain County Medical Society is to serve its members by:

- Acting as a strong physician advocate within the boundaries of professional integrity, while recognizing and representing the diversity within the medical community;
- Recognizing the health care needs of the community and acting as a patient advocate in response to those needs;
- Providing services that meet the professional needs and interests of the physician community;
- Promoting the positions of the profession and the Society to the public;
- Taking a leadership role in informing the community about health issues;
- Preserving the professionalism in medicine;
- Promoting American ideals of the patient-physician relationship;
- Upholding the Principles of Medical Ethics of the American Medical Association.

# A New Way to (not) Think about Floaters

Daniel J. Pierre MD, Comprehensive and Pediatric Ophthalmologist Cleveland Eye Clinic Consultant at Parschauer Eye Center



Daniel J. Pierre MD

The experience is universal: you thought vou saw a bug buzzing around vou, and even swat at it with your hand to shoo it out of the way. It proves

to be particularly persistent, and you become perturbed by this pesky problem. Sometime later, you sheepishly realize that there is no bug, and you are just seeing a floater moving around in your visual field—and you hope that no one else saw you waving your hands around like a madman at this personal pest.

Everyone has floaters in their eyes—everyone. If you don't think you do, it's only because you haven't noticed them before which isn't a bad thing at all. In fact, people that do notice them wish they were in your shoes. Some people have more floaters than others, and some have bigger floaters than others, and some develop floaters as time progresses. Even now, as I type this article, I can see a few fine specks wafting around with seaweed-like fluidic

motion against the bright, plain white background of the computer screen. I remember, even as a child, being able to see such little specks against the bright clear blue sky. These conditions are perfect for viewing the naturally occurring floaters inside our eyes. In fact, your probably just nodded to yourself in agreement because you share this experience.

What is a floater anyway? Why do we have them, and what makes them move? Why do we notice them sometimes, but not always? To help understand the answers, let's review the anatomy of the eye.

The very front windshield of the eve is the transparent cornea. Just behind this is the colored iris and black pupil, which is just a hole. Filling that hole is the crystalline lens. Light rays from the outside world enter the eve, and the cornea and the lens work together to project an image onto the back wall of the eye, the retina. This image is turned into a signal and communicated along the optic nerve to the brain, and we perceive an image.

Now, before the image reaches the retina, the light rays have to cross the space between it and the



lens. This space is filled with a stringy jelly-like substance, called the vitreous. When you are very young, this jelly is very stiff and solid, and the strands within it remain lined up and organized, so that it is like clear glass (in fact, "vitreo" is the Latin word for a glass). But as time passes, the jelly gets more and more like liquid. To explain it simply: the clear strands are able to tangle, and these "knots" cast slightly visible, movable shadows on the retina, that you can start to notice. These are the floaters that everyone has, at least to some degree.

There can be other types of floaters as well, but the second most common type of floater is called a "Weiss ring". Usually sometime in our 50's or 60's, this ring-shaped piece connecting the vitreous to the optic nerve comes loose, and typically floats right in the center of the vision, producing a bothersome effect. When this process occurs, it usually causes you to see some flashes of light. This process, called "Posterior Vitreous Detachment", is usually safe and harmless, but in about 1 time out of 10 it can cause the retina to

have a hole or detachment, which can threaten the vision. So when it happens, you should see your ophthalmologist or experienced optometrist to make sure your vision is not at risk.

So why do we notice floaters sometimes, but not others? The technical answer: neuroadaptation. All this means is that your brain notices that this floater's shadow is always present, but that it not useful visual information, so the brain decides to ignore it automatically. Most people are able to do this for most of the time. However, it just the right circumstance, such as a bright environment, or when you are looking at a blank background, your brain may have a harder time ignoring the floater. Some people's brains are just not good at ignoring the floater and they seem to notice it constantly, and it interferes with work, reading, or driving.

Because of the brain's usual ability to ignore floaters, when people ask their eye doctor what to do about their floaters, the doctor usually recommends just waiting some time to see if it stops bother-



# **Lorain County Medical Society**

5320 Hoag Drive Suite D Elyria, Ohio 44035

Office: 440-934-6825 Fax: 440-934-1059

Email: LCMED@centurytel.net Website: Icmedicalsociety.com

The physicians of Lorain County Medical Society and staff are here for the members of our community. Please call our office, email us or visit our website.

#### **Community Benefits & Activities:**

- Need a physician? New to the local area? Call us for a referral.
- Scholarship opportunities are available. Visit our website for details.
- Shadow & volunteer opportunities for students in the medical field.
- Seeking employment? We accept resumes for our physician members.
- Health informational handouts are available & educational events are ongoing.
- LCMS Community Health Fair will take place October 1, 2016.

**CONTINUED ON PAGE 10** 

# Atrial Fibrillation

Kara J. Ouan, MD, FHRS, Director of Electrophsiology North Ohio Heart, Associate Professor Medicine, Case Western Reserve University

Millions of people have irregular heart beats, called arrhythmias, at some point. Most of the time, they happen in normal healthy people and are harmless. But some arrhythmias may be serious. Atrial fibrillation (A fib) is the most common abnormal heart rhythm. With atrial fibrillation, the upper chambers (atria) will quiver or twitch quickly and cause an irregular heart rhythm.

This irregular heart rhythm can cause symptoms that affect one's quality of life. Some people don't have any symptoms. Atrial fibrilif left untreated, the side effects of atrial fibrillation can be life threatening, leading to heart failure or stroke.

There are different problems that can occur with atrial fibrillation. Patients may experience palpitation or awareness of the heart beat because of a rapid heart beat or because of the irregular rhythm. Blood clot formation can cause strokes. Inefficient heart function often causes shortness of breath with activity.

Atrial fibrillation is divided into three types -

lation is not life threatening by itself. However,

1. paroxysmal where the episodes of atrial fibrillation stop and start on their own, 2. persistent where episodes may last 7 days to 6 months at a time and may require an electrical shock cardioversion or medication to stop the episode, and 3. permanent which lasts over 6 months and is chronic.

## Many medical conditions are associated with atrial fibrillation:

High blood pressure (hypertension)

Coronary artery disease

Heart valve problems

Thyroid problems

Alcohol consumption

Lung problems

Others such as "pericarditis" after open heart surgery

None, also known as "lone" atrial fibrillation Advancing age, with 10% of the population at age 75 years old or older having atrial fibrillation

Just like the "Big Three" of the Cavaliers, there are a "Big Three" of treatment goals for atrial fibrillation.

1. Slowing the heart rate to normal of 60-100 bpm by medications, or by heart ablation (where a temporary catheter is placed in a vein then up to heart to create a permanent slower heart rate) with pacemaker implant at the same procedure.

**2.** Stroke prevention with blood thinner medications, or a device placed into a part of the heart to prevent clots.

3. Restoring and maintaining normal heart rhythm with electrical shock cardioversion, medications, and or ablation where temporary catheters are placed in the heart to stop the abnormal rhythm from starting.

There is an "A Fib Risk Assessment" tool to help people estimate their risk of atrial fibrillation. Many people have no symptoms of atrial fibrillation and are not aware of their condition until a complication occurs. You can find out your risk for atrial fibrillation online at AFibRisk.org with the "A Fib Risk Assessment" tool. After you have reviewed your risk, please check with your doctor regarding the results.

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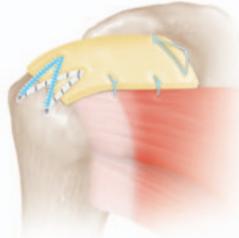
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# New Alternative to Shoulder Joint Replacement and Rotator Cuff Repair

Superior capsular reconstruction (SCR) is a new alternative for patients with known rotator cuff tears. In many patients who have undergone previous rotator cuff surgery, or have large rotator cuff tears that are no longer repairable, this option can prevent or delay the need for shoulder replacement options such at reverse shoulder arthroplasty. SCR is now being performed locally by Daniel Zanotti, MD at the Center for Orthopedics in Sheffield.

When rotator cuff tears are no longer repairable, patients often feel chronic pain and difficulty with shoulder motion and strength. As the tear worsens, the "ball" portion of the ball and socket begins to elevate within the joint, leading to even further weakness and additional pain. With the advent of the reverse shoulder replacement, patients finally had an option to regain func-



tion and improve pain. However, reverse total shoulder arthroplasty (TSA) has limitations. It is not recommended for younger patients due to the potential for loosening and breakdown. Reverse TSA also has mechanical limitations that restrict some overhead motion, and most patients cannot reach behind their back after such a surgery.

SCR has the advantage of being

available to younger patients, and does not require any activity limitation. The procedure involves placement of a donor graft tissue to replace the patients torn rotator cuff tissue.

Done arthroscopically (through small camera holes), SCR stabilizes the ball and socket and allows other muscles around the shoulder to provide motion and strength. While technically difficult, the operation is done as an outpatient so that the patient can go home the same day. Physically therapy is required for several months afterwards to improve strength and motion.

SCR has limitations like any other surgery. It does not replace the shoulder joint, and therefore is not recommended for patients with significant arthritis. It does require extensive therapy and postoperative rehabilitation as well. Tears of other muscles around the

shoulder can also make SCR a less desirable option compared to reverse TSA.

Contact Dr. Zanotti or the Center for Orthopedics to learn more about superior capsular reconstruction, shoulder replacement or rotator cuff surgery. He can be reached at www.center4orthopedics.com or www.clevelandsvortsdoc.com.



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# **EYELID LUMPS AND BUMPS**

Daniel J. Pierre MD, Comprehensive and Pediatric Ophthalmologist Cleveland Eve Clinic Consultant at Parschauer Eve Center



Daniel J. Pierre MD

You almost don't know what to call them. Bumps? Lumps? Moles? Styes? Skin tags? Cysts? Zits? None of those labels seem auite right; not for the

various types of bumpy growths that can occur on or area the evelids.

If you ask your doctor for a name to call them, it might not help much, especially if the doctor gives you one of the following pieces of choice jargon: "papilloma", "nevus", "eccrine cyst", "sebaceous cyst", "hordeolum", "chalazion", "dermoid cyst", "adenoma", or, my favorite, "seborrheic keratosis". Even I had to use spell check on my computer to make sure I got that right...

If you have one (or many), all you know is—unless you like it and call it your "beauty spot"—it can be annoying. Eyelid bumps can be irritating for a few different reasons. Sometimes they might be tender, or get red and crusty, or itch, or catch on your hands or washcloth when you wash your face, or get in the way of your glasses, or even block a part of your vision if they are just in the wrong spot. Or, it may not bother you at all. You may have a single bump. You may have a whole crop of bumps. Each case is unique. Because there are so many different types of bumps, there are many different causes—sometimes an infection, sometimes an oil gland backup, sometimes a buried skin cell, sometimes a cancer, etcetera.

Most of the time, such eyelid lumps and bumps are benign, that is, they aren't cancerous and won't do anything sinister. Such eyelid bumps usually have a fairly clas-

sic appearance, and I can classify them with a name and expected behavior and tell you what caused it. However, many eyelid bumps look so generic that I can't give them a specific name or category—not unless I send a sample of it to a pathologist, who can look at the type of cells it is made of under the microscope. Sometimes these generic or suspicious looking bumps end up being a sinister, cancerous lesion. Therefore, whenever I see a bump does not have a classic innocent look about it. I usually recommend removing it and sending it to the pathologist to find out what exactly it is. By doing this, we have caught and treated many skin cancers before they grew out of control.

The process of removing or sampling eyelid bumps is very simple. It is most often done in the office, without sedation, and usually takes a few seconds to a few minutes, depending on the size, location, and number of bumps to be dealt with. I will use a very tiny needle to inject some numbing medication at the base of each lesion, which causes a little pinching sensation that only lasts a second or two. After the numbing medication is in. I can do whatever it takes to remove it while the patient comfortably sits in the recliner—er—office chair. Using this method, I can take care of almost any patient in the office, from the stalwart to the squeamish, from the adults to the little children. For those who just can't handle the thought of anyone doing anything near their eyes, we can also do it under sedation in the operating room (don't feel bad if your are one of these people—humans have been designed to be protective of our eyes, after all!).

It is very low risk, and there are usually no restrictions afterward.

**CONTINUED ON PAGE 10** 

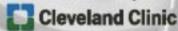
# Did you know?

People who periodically experience difficulty sleeping may benefit from spending more time outdoors. According to researchers at the University of Colorado Boulder, sleeping outside can be beneficial to the sleep-wake cycle. That's because spending time under the stars increases melatonin levels in the body. Melatonin is a hormone that controls wakefulness. Higher levels help the body relax and induce sleep. The researchers found that individuals who spent a weekend in the woods camping out at night fell asleep earlier and rose an hour and a half earlier in the morning. For those who don't like to camp, increasing exposure to daylight and then avoiding sources of artificial light (i.e., televisions and cellphones) at night can help create a similar effect.

Lorain County Medical Society presents:

2017 Community Health Fair

hosted by:



Richard E. Jacobs Health Center and Avon Hospital 33100 Cleveland Clinic Boulevard, Avon, OH 44011

Saturday, September 30<sup>th</sup> 11:00am – 2:00pm

FREE HEALTH SCREENINGS from physicians in all specialties!

FREE HEALTH TALKS from physicians about health issues important to you!

ENTER TO WIN PRIZES!

CANNED FOOD DRIVE

to benefit Community Resource Services



# **EYELID FROM PAGE 8**

I will usually prescribe an antibiotic ointment to use for a week to make sure the area heals without infection, but there is no real recovery period. The areas that have the bump removed will fill in with scab tissue, which will fall off within 2 weeks in most cases. If it leaves any scarring at all, I expect the scar to be much smaller than the bump you started with. If there is any mild swelling or bruising afterward, I usually encourage patients to have fun with it for the show time it lasts—to see if they can make up an ridiculous story about what happened to them and see if they can convince other people that it is true.

Insurance companies will pay for them to be removed: 1. if they are: suspicious for cancer, 2. if they cause symptoms of irritation, or 3. if they get in the way of your vision. They will not pay for them to be removed if you just don't like the way they look—this is cosmetic, and would be paid for out of pocket. However, the lesions that I remove usually fall into one of the first three categories.

I love this procedure because, besides being very simple for me to perform, and simple and for the patient to experience, it is very satisfying for the patient to be rid of these bumps. I love it when I examine them later and cannot find any trace of a scar, or when both the patient and I forget that the lesion even ever used to be there! I also love that, with a little caution, we can catch skin cancer early and save a life, or at least a prevent the need for a big plastic surgery later on.

Below is a nice photographic example of how even large lumps and bumps tend to heal very well after removal.



So, now you have a little more knowledge about eyelid lumps and bumps. If you are interested in setting up a consultation about bothersome or suspicious eyelid bumps for yourself or a friend, my office can point you in the right direction.

# **FLOATERS FROM PAGE 5**

ing them. But for people who wait a while and it doesn't stop bothering them, and still want the floater to go away, there are some things that can be done.

In the past, the only option was to remove the floater by surgically cutting and vacuuming it out. This procedure is called a Pars Plana Vitrectomy. This procedure completely clears the vitreous from the inside of the eye, along with any floaters. A simple, clear saline fluid fills the eye from then on—problem resolved. The surgery requires a trip to the operating room under mild sedation and takes about 30 minutes, but is low risk with a generally easy recovery period involving a few activity restrictions and drops. For many people with floaters, this is the best option.

With recent technological advances, we now have another, less invasive option to deal with floaters: a laser that is safe enough to be used in the far-back reaches of the eye, where the floaters are, well, floating. This procedure is called Laser Floater Reduction (LFR). This laser doesn't remove the floaters like surgery does, but it does a few other things that are helpful.

First, the laser breaks them up into smaller pieces. Before the laser treatment, the brain has to deal with a large floater with a large shadow to ignore. After the laser treatment,

ows, that should be much easier to ignore (or neuroadapt, to be technical). Second, the laser encourages them to disintegrate. Even when left alone, a Weiss ring will usually get thinner and wispier over time. But the laser disintegrates some of the material that makes up the floater, and seems to speed up the natural disintegration of the floater over time. Third, the laser loosens the tangling strands that hold the floater right in the center of the vision, so that it can more readily float its bothersome self off to the side, and out of your way.

the brain has small floaters with small shad-

The laser procedure is done in the office, without sedation, and usually takes about 5 minutes. It is very low risk, and there are usually no restrictions or drops to use, without any real recovery period. The floaters are not removed, just reduced. Some people will having seemingly instant results, as they are able to neuroadapt to the smaller shadows easily. For others, their brains may take a little more time to neuroadapt to the smaller shadows, and they will still notice floaters for a while until that happens. Rarely, I will come across a person who is unable to neuroadapt to even the smaller shadows, and in those cases, they have proven to me that their brains want the surgical removal of the floater.

As I said before, not all floaters are created equal. Some types are better candidates for Laser Floater Reduction (LFR) than others, and some eyeballs are riskier to perform this laser procedure on than others. But, the doctor who performs the procedure (such as myself) will be able to give you an opinion when your eye is examined.

Because this the technology has only recently become safe enough to do this procedure, there are still many eye doctors who are not even aware that this is being done, and there are few of us who have access to this new technology, so do not be mad at your eye doctor if he hasn't already told you about this procedure if you went to see him or her about your floaters.

I love this procedure because, with very little effort on both my part and the patient's part, and with very low risk to the eye's health, we can resolve a very bothersome issue. Also, insurance covers this medically necessary procedure when it starts to affect your daily activities.

So, now you have a little more knowledge about floaters, and know about a new way to NOT have to think about them anymore! If you are interested in setting up a consultation about floaters for yourself or a friend, my office can point you in the right direction.

# Head to toe, we have you covered with approximately 200 providers specializing in:

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**Chronic care management Optometry** 

**Orthopaedics** 

**Dermatology** Diabetology

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**Dietetics** 

**Podiatry** 

Ear. nose & throat

**Psychiatry** 

**Environmental medicine** 

**Psychology** 

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