

Intacs®



Keratoconus is a disease that causes a progressive thinning of the cornea, the clear, front portion of the eye. As a result of this condition, the normal outward pressure from within the eye causes the cornea to progressively bulge into a cone-like shape. Keratoconus rarely results in total blindness although it can significantly impair vision and lead to the need for a corneal transplant in up to 20% of cases.

Keratoconus is estimated to affect one in 2,000 people across all races. It is normally treated with rigid contact lenses to reshape and flatten the pronounced curve of the bulging cornea and to improve vision. A proper contact lens fit is crucial to obtain adequate vision and comfort. Poorly-fitted or outdated contact lenses can be uncomfortable and lead to additional complications such as corneal abrasions, scarring, and infection.

Intacs prescription inserts provide a unique option to improve a patient's vision and possibly defer a corneal transplant. Intacs assist with the correction of nearsightedness and astigmatism for patients with keratoconus, where contact lenses and glasses no longer provide suitable vision.

The goal of the Intacs procedure is to provide the keratoconic patient with the ability to achieve improved functional vision with contact lenses or glasses, and in some cases, without them. In the few patients who later had a corneal transplant after having the Intacs procedure, their transplants were completed without any complications.

Cataract Surgery



Over fifty percent of people over the age of 60 and even some of our younger patients suffer from cataracts. In fact, cataracts are so common it is said that everyone will develop a cataract if they live long enough.

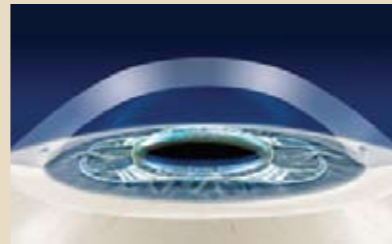
A cataract is a progressive clouding of the eye's natural lens that interferes with light passing through to the retina. Sufferers usually describe the condition as being similar to looking through a piece of wax paper, with a gradual blurring or dimming of vision.

Reading may become more difficult and driving a car can actually become dangerous. Cataract sufferers may also be troubled by a bothersome glare, halos around lights, or even double vision. As the cataract worsens, frequent changes in eyeglass prescriptions may become necessary.

Currently, there is no medical treatment to reverse or prevent the development of cataracts. Once they form, there is only one way to achieve clear vision again, and that is to physically remove the cataract from inside the eye and replace it with an artificial intraocular lens (IOL).

In the past, cataract surgery was considered risky, required a lengthy hospital stay, and was usually postponed for as long as possible. Today, cataract surgery is performed as an outpatient procedure and takes only minutes. Patients can then go home and rest in comfort and avoid the inconvenience and expense of staying in a hospital.

VERISYSE™ PHAKIC IOL



For patients who have moderate to severe nearsightedness and who are not ideal candidates for laser vision correction, the Verisyse Intraocular Lens (IOL) may be a viable option. Verisyse can reduce or eliminate dependence on glasses and contact lenses.

The word 'phakic' simply means the eye's natural lens remains in place, unlike other procedures like refractive lens exchange or cataract surgery that remove the natural lens. Instead, the Verisyse lens is inserted through a micro-incision under the cornea and in front of the pupil where it is gently attached to the iris (colored part of the eye). Placing it in the front part of the eye allows your natural lens to continue doing one of its primary functions, which is helping the eye adjust its focus between near and far objects.

The procedure will be performed as an outpatient treatment and only takes about 15 to 30 minutes with one eye being treated at a time. A local and/or IV anesthetic is given, making the procedure virtually painless. Most patients realize a tremendous improvement in their vision the very next day. Although the Verisyse lens is intended to remain in your eye permanently, the lens can be removed if desired. Once inside the eye, it is unnoticeable and very stable.



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*Cornea Associates
of Texas*

Specializing in Cornea and
Refractive Surgery

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Henry Gelender, M.D.

Dr. Gelender earned his Doctor of Medicine from the Chicago Medical School. He completed his internship at Beth Israel Medical Center in New York. He finished his residency in Ophthalmology at the Washington Eye Center in Washington, D.C., and a fellowship in Cornea and External Diseases at the prestigious Bascom Palmer Eye Institute, University of Miami School of Medicine. After completing his formal training, he entered academic

medicine, serving six years as Associate Professor of Ophthalmology at the Bascom Palmer Eye Institute as a specialist in Cornea, External Disease, and Refractive Surgery. During his tenure, his research interests included participation as a principal investigator for the landmark National Eye Institute's "Prospective Evaluation of Radial Keratotomy," PERK Study. Upon moving to Dallas, he founded Cornea Associates of Texas, now recognized by peers for excellence in the treatment and surgery of the Cornea and Refractive Surgery. Dr. Gelender has published extensively in referenced ophthalmic journals, is a frequent lecturer on clinical issues on corneal care, and has been invited for visiting professorships around the world. He is an Honor Award recipient from the American Academy of Ophthalmology and has been selected for inclusion in "Best Doctors in America." He has also been voted "Best LASIK Surgeon" in Dallas by *D Magazine*. On a personal note, Dr. Gelender is happily married and has two daughters. For recreation, he enjoys hiking, cycling, skiing, and is learning to play golf.



Walter E. Beebe, M.D.

Dr. Beebe attended Indiana University for his undergraduate studies and was a member of Phi Beta Kappa honorary fraternity. He earned his Doctor of Medicine degree from the Indiana University School of Medicine and served his internship in Indianapolis. He finished his residency in ophthalmology at Texas Tech University Health Science Center and later served a fellowship in Cornea

and External Disease at Pacific Presbyterian Medical Center in San Francisco. Following completion of his medical training, he moved to Dallas and joined Cornea Associates of Texas, a subspecialty Ophthalmology practice specializing in medical and surgical treatment of the Cornea and Refractive Surgery. Dr. Beebe has been a Diplomate of the American Board of Ophthalmology since 1986 and currently serves as an Examiner. He is an Associate Clinical Professor of Ophthalmology at Southwestern School of Medicine in Dallas and at his alma mater, Texas Tech University. He is well published in respected medical journals and text books and lectures on topics related to his subspecialty of Cornea and External Disease. He is past President of the Dallas Academy of Ophthalmology and is active in numerous professional societies and organizations. In addition, he has been selected as one of the "Best Doctors in America." He has also been voted "Best LASIK Surgeon" in Dallas by *D Magazine*. Dr. Beebe is happily married and the father of a daughter and two sons. He enjoys sharing in their school activities and is an active member of Saint Andrew United Methodist Church. His free time is spent with his family and enjoying outdoor activities such as boating, fly fishing, and hiking.



C. Bradley Bowman, M.D.

Dr. Bowman joined Cornea Associates of Texas in 1994 after completing a fellowship in Corneal and Refractive Surgery at Emory Eye Center in Atlanta, Georgia. He completed his residency in Ophthalmology at the prestigious Bascom Palmer Eye Institute in Miami, Florida, recently ranked as the Best Eye Hospital in the United States by U.S. News and

World Report. Dr. Bowman serves as clinical assistant professor of Ophthalmology at the University Southwestern Medical School in Dallas. He has published many articles and lectured extensively on various cornea and refractive surgery subjects. He was recently honored by his peers by being included in "Best Doctors in America" and was also selected as an Examiner for the American Board of Ophthalmology. He has also been voted "Best LASIK Surgeon" in Dallas by *D Magazine*. On a personal note, Dr. Bowman enjoys time with his wife and three children and is an active member of his local church. He is an avid freshwater and saltwater fly-fisherman.



Tyrone McCall, M.D.

Dr. McCall graduated from the University of Oklahoma with a bachelor degree in chemistry. He earned his Doctor of Medicine from the University of Oklahoma School of Medicine. Following an internship in Internal Medicine at Baylor University Medical Center in Dallas, Texas, he finished his ophthalmology residency at the University of Arkansas for Medical Sciences in Little Rock, Arkansas. He completed his postgraduate training with a fellowship in Cornea and External Disease/

Refractive Surgery at the Sinskey Eye Institute in Los Angeles, California. Dr. McCall specializes in the medical and surgical treatment of the cornea and refractive surgery.

Dr. McCall is board certified by the American Board of Ophthalmology. He is an active member in the American Academy of Ophthalmology, Texas Ophthalmology Association, and the Dallas Academy of Ophthalmology. He is also a member of the American Society for Cataract and Refractive Surgery and the American Medical Association.

Dr. McCall is happily married and has two children. He devotes his free time to his family, enjoying golf, biking, and the outdoors.

VISX CustomVue® LASIK

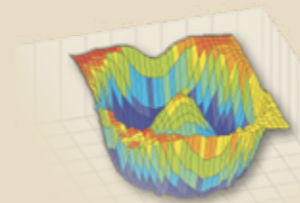
*VISX CustomVue® Improves the View of
Laser Vision Correction*

CustomVue® Laser Vision Correction was developed by VISX, the company recognized worldwide for bringing innovation and breakthrough technology to laser vision correction. With CustomVue, a new standard in laser vision correction is established, providing a precise level of measurement and correction never before possible.

Using WaveScan®-based digital technology, originally developed by NASA for use in high-powered telescopes, doctors can now identify, measure, and correct imperfections in an individual's eyes 25 times more precisely than with standard methods used for glasses and contact lenses. This information is transferred to the laser, providing a new level of precision and accuracy.

Just like a fingerprint, each person's vision is 100 percent unique to their eyes. Before the recent advancements in technology, only a certain level of correction could be provided regardless of an individual's needs.

Now, CustomVue can measure and correct the unique imperfections of each individual's eyes and provide the potential to experience better vision than is possible with glasses or contact lenses.



WaveScan technology produces a detailed map of your eye, much like a fingerprint, no two are alike.

Contact our refractive department to
schedule an evaluation.

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ReSTOR® IOL

For most cataract patients, life without reading glasses or bifocals is something they either experienced when they were younger or simply dreamed about. But today, the ReSTOR® (IOL) multifocal lens is turning those dreams into reality with its revolutionary lens technology, designed to allow patients to see clearly at all distances without bifocals or reading glasses. The ReSTOR IOL is now available and delivers a high level of vision without glasses

ReSTOR IOL is a lens that provides patients a full range of vision and greatly reduces their reliance on reading glasses or bifocals. The ReSTOR IOL is an artificial lens used in cataract surgery for patients with and without presbyopia.

ReSTOR is a unique IOL that provides highly-predictable visual acuity results, meaning patients can read magazines, newspapers, and computer screens, while also seeing items at a distance without glasses. In fact, in FDA trials, 80% of patients receiving the ReSTOR IOL reported that they never wear glasses for any activities.

The ReSTOR IOL is made of the same highly biocompatible acrylic material as those intraocular lenses, which have been implanted in more than 21 million human eyes since 1991.



The ReZoom™ Multifocal Lens

Until recently, patients undergoing lens implant surgery received a monofocal, or single focus IOL. Monofocal IOLs implanted in both eyes generally provide

excellent distance vision while patients often need spectacle correction for near and intermediate vision. In the late 1990s, Advanced Medical Optics (AMO) introduced its first multifocal IOL designed to provide multiple points of focus, thereby dramatically reducing the need for bifocals or trifocal glasses after surgery.

Today, with its many optical design enhancements, AMO's next-generation ReZoom™ Multifocal IOL is providing patients with a full range of vision and greater independence from glasses or contact lenses than ever before. Recent studies show that 92% of all people receiving the ReZoom™ lens technology NEVER, or only occasionally, need to wear glasses after the procedure.

Corneal Transplant Surgery



It is estimated that over two million patients are affected by corneal disease every year. While many corneal diseases can be treated with medications, more than 45,000 patients each year require a corneal transplant to restore vision. Penetrating Keratoplasty is the medical term for a corneal transplant where the central, full thickness of the cornea is removed and replaced with a matched, donor cornea and sutured onto the remaining peripheral cornea.

Some patients requiring a corneal transplant procedure have a damaged endothelial cell layer which causes the cornea to become cloudy. An alternative is now available which replaces only the damaged, endothelial cell layer. DSAEK is an advanced procedure that replaces only the posterior layers of the cornea while the anterior layers remain intact. A small incision is made on the side of the eye, and the posterior layer of the cornea, or the endothelium, is removed and replaced with healthy donor tissue. This donor tissue naturally adheres to the posterior surface of the recipient's cornea.

DSAEK is the first sutureless cornea transplant procedure available. DSAEK heals more quickly than a full-thickness transplant procedure and the visual recovery is typically better. DSAEK is optimal for young and active patients as well as those who may find an extensive postoperative period difficult to withstand.