

Northwest Eye Surgeons

Insight

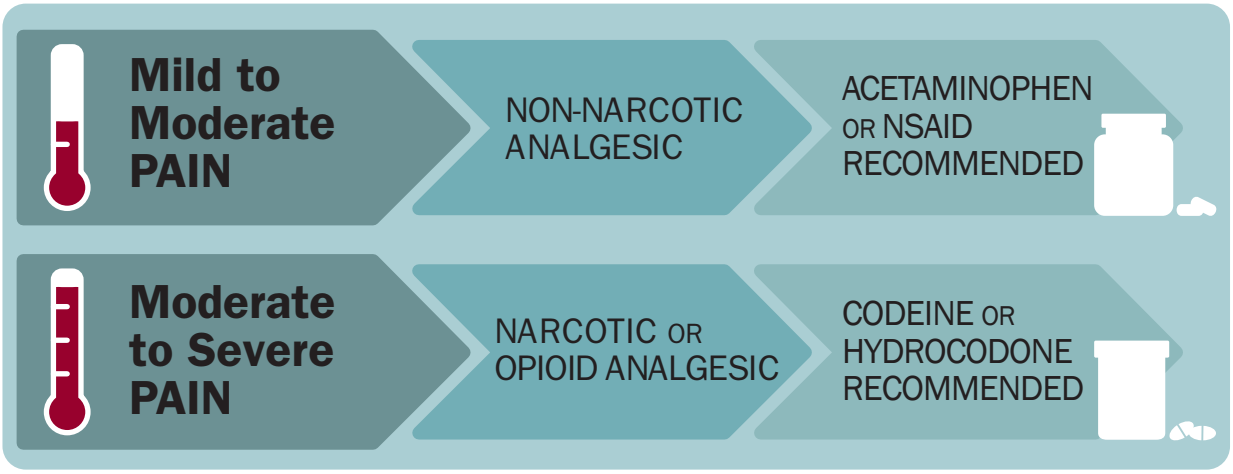
April 2013

Managing Eye Pain with Oral Medication

By Micheal L. Giese, OD

How often do you have a patient in your exam chair complaining of eye pain? When managing this pain, the first step is to know what you are treating. Often, pain can be managed by simply treating the patient's eye condition, but when this is not enough, oral analgesics can be considered.

Before prescribing oral pain medication, obtain a thorough medical history. With the patient, review their allergies, alcohol and drug use, current medications (including over-the-counter), and health history. Check for a history of stomach ulcers, pregnancy, and liver or kidney disease which may pose problems with metabolizing or clearing medications.



Managing Mild to Moderate Pain

A non-narcotic analgesic such as acetaminophen or an NSAID is recommended for milder pain. Aspirin is another option, but isn't as effective for pain relief and is contraindicated for patients with bleeding disorders/ulcers, for patients consuming greater than three alcoholic beverages per day, and for pregnant women. Acetaminophen (Tylenol) is a better choice for pain relief. It is safe during pregnancy, for patients with bleeding disorders, and it has no cross reactivity to NSAIDs, but it is contraindicated for alcoholics and patients with existing liver disease. Recommended dosage is 650-975mg every four hours, with a maximum daily dose of 3000mg to prevent liver toxicity.

NSAIDs like ibuprofen (Motrin) and naproxen (Aleve) are excellent choices for pain relief as they have the added benefit of anti-inflammatory properties. These drugs act peripherally by inhibiting the synthesis of prostaglandins through inactivation of cyclooxygenase. Recommend the patient take these medications with food, milk, or antacids if gastro-intestinal (GI) upset occurs. Ibuprofen can be dosed 200-800mg every four hours, with a maximum daily dose of 2400mg. Side effects such as stomach upset and GI toxicity can be lessened if the daily dose is kept under 1600mg per day. Contraindications include GI bleeding, avid alcohol use and pregnancy, and should be used with caution if an allergy to aspirin exists.

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Spring Symposium

Get ready for our popular, annual Multi-Disciplinary Medical Symposium. This year's symposium will focus on Cardiology and Vascular Disease.

Join us on Tuesday, May 14 at the Lynnwood Convention Center, to hear from experts in cardiology and interventional radiology, as well as from our doctors and surgeons here at Northwest Eye Surgeons.

Mark your calendars; invitations will be in the mail soon.

SPRING SYMPOSIUM AGENDA

INTRODUCTION AND WELCOMING

PLUMBING, PUMPING AND ELECTRICITY: WHAT'S CURRENT IN CARDIOVASCULAR CARE
Margaret Hall, MD, Cardiologist

IMAGE GUIDED VASCULAR INTERVENTIONS
Ray Jensen, MD, Interventional Radiologist

CURRENT CONCEPTS IN RETINAL VASCULAR DISEASE
Paul Griggs, MD

VASCULARITY OF THE OCULAR SURFACE
Victor Chin, MD

DIAGNOSIS AND TREATMENT OF NEOVASCULAR GLAUCOMA
Aaron Kuzin, MD



Photo courtesy of Lynnwood Convention Center

American Academy of Optometry is Set for Seattle

The annual meeting of the American Academy of Optometry is in Seattle at the Washington State Convention Center, from Wednesday, October 23 through Saturday, October 26, 2013.

This is the Academy's premier, all-encompassing continuing education and scientific/research-reporting meeting, which brings together an engaged, cross-section of practitioners—87% of members are involved in patient care—ophthalmic researchers, educators, students, administrators, and other health care individuals.



The Academy's vision and annual meeting is trademarked, "Today's Research, Tomorrow's Practice." We are extremely pleased to have the Academy come to Washington and everyone is invited to attend.

Generally speaking, the Academy has two programs: the Scientific program (papers, posters, symposia) and the Lectures and Workshops/CE program. Once registered, you may attend any and all of the combined programs. Topical presentations run the gamut of current optometry and will provide practical, new knowledge for practitioners. Presentations will also include reports from our colleagues involved in clinical and scientific studies. "All CE All the Time" is the hallmark of any Academy meeting with opportunities to hear from leading educators and clinicians throughout the four days. And, you may just find yourself sitting next to and talking with a distinguished speaker and colleague at any time! This type of camaraderie is typical at Academy meetings.

As an example of the educational diversity, the Plenary luncheon on the opening day will take a fascinating look at stem cells and ocular regenerative therapies for the cornea, ocular surface disease, optic nerve, and retina.

The Academy was last in Seattle in 1999. We wholeheartedly encourage all in our profession to attend regardless of Academy membership. Once registered, all courses (except workshops), social events, and meal functions are generally included.

To find out more, please visit the Academy website at www.aaopt.org. Or, feel free to contact me at bbence@nweyes.com or 206-528-6000.

Thanks and best wishes,

Brett Bence, OD, FAAO
AAO Annual Meeting Chair

Meet Our Newest Doctors

PAUL B. GRIGGS, MD

"I am excited to be a member of a team of professionals dedicated to providing advanced, comprehensive eye care services in a friendly, caring environment during an era of innovation that has made achieving this goal a reality for more patients than ever."



Specialties
Retina
Locations
Seattle & Renton

Paul Griggs, MD, joined Northwest Eye Surgeons in 2013. His practice is focused on the management of medical and surgical disorders of the retina and vitreous. His particular areas of interest include age-related macular degeneration, diabetic retinopathy, retinal detachment, uveitis, and tumors involving the posterior segment.

When not working, he enjoys spending time with his family.

Education and Training

University of Missouri, Kansas City, MO; BA Chemistry, BA Biology, with distinction

University of Missouri, Kansas City, MO; MD

Virginia Mason Medical Center, Seattle Transitional Medicine and Surgery Residency

Saint Louis University, MO; Ophthalmology Residency

Retina Associates of Lexington, KY; Vitreoretinal Fellowship

RICHARD C. LEE, OD

"Vitreoretinal diseases are accompanied by the threat of severe vision loss and can have a significant impact on an individual's quality of life. Our dedication is to preserve and restore eyesight with world-class care."



Specialties
Medical Eye Care
Locations
Seattle & Renton

Richard Lee, OD, joined the professional staff of Northwest Eye Surgeons in 2013. Dr. Lee completed two years of post-graduate training in vitreoretinal disease and surgical assisting at Virginia Mason Medical Center. He has worked extensively in the co-management and care of patients with complex vitreoretinal disorders since 2001.

Dr. Lee proudly serves as an officer in the US Air Force Reserves, and also participates in humanitarian missions at home and abroad. He enjoys traveling with his family, skiing, and a healthy exercise regimen.

Education and Training

University of Washington, Seattle; BS Biology

Pacific University, Forest Grove, OR; OD

Virginia Mason Medical Center, Seattle; Optometric Fellowship

To learn more about Drs. Griggs, Lee and our growing team, visit our website: nweyes.com/our-doctors

NORTHWEST EYE SURGEONS

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NORTHWEST EYE SURGEONS

CONTINUING EDUCATION

APRIL 9 | TUESDAY
Surgical Management of Astigmatism in Cataract Patients
Tom Osgood, MD, MS
Smokey Point Clinic
Dinner 6 p.m.
Program 6:30 p.m.

APRIL 17 | WEDNESDAY
KCOS: Our Most Interesting Cases
Landon Jones, OD, Richard Lee, OD,
& Britta Hansen, OD
Ivar's Salmon House, Seattle
Dinner 6 p.m.
Program 7:15 p.m.

APRIL 24 | WEDNESDAY
Medications Update: "Old (& Young) Dogs, New Tricks"
Kristi Bailey, MD
Bellingham Clinic
Dinner 6 p.m.
Program 6:30 p.m.

MAY 14 | TUESDAY
Spring Symposium
Lynnwood Convention Center
Registration 2:30 p.m.
Program 3 p.m.

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Managing Moderate to Severe Pain

For moderate to severe pain, the next step is a narcotic/opioid analgesic like codeine or hydrocodone. These drugs work on the central nervous system (CNS) by binding opioid receptors in the brain, brainstem, and spinal cord, and are generally safe for short-term use. Typically, codeine is prescribed in conjunction with Tylenol as the two drugs work on separate areas of the CNS, producing a synergistic effect. Tylenol #3 contains 30mg codeine and 300mg acetaminophen and is dosed at one to two tablets every four to six hours, with a maximum daily dose of 360mg codeine and 4000mg acetaminophen. Common side effects include constipation and drowsiness.

As a stronger alternative, hydrocodone is up to six times more potent than codeine with fewer side effects. It is commonly prescribed as Vicodin and contains 5mg hydrocodone and 500mg acetaminophen and is dosed one to two tablets every four to six hours, with a maximum daily dose of eight tablets per day. Vicodin ES (7.5mg) and Vicodin HP (10gm) are also available. Other side effects of opioids include respiratory distress, liver toxicity, renal failure and urinary retention, nausea and vomiting, and risk of abuse or addiction. Contraindications include acute bronchial asthma and COPD, and should be used cautiously with liver or kidney disease.



Care Customized for the Patient

Ultimately, pain management should be individualized with the goal of providing quick and sustained comfort and with the fewest possible side effects. Pain can be easily overlooked in managing ocular disease, so palliative therapy with oral medications is good medical practice.