

WESTSIDE OPTOMETRY

"Enhancing Lives Through Personalized Vision Care"

newsletter

Check out the Westside Optometry Blog at www.WestsideOptometry.net

Dr. Griffith provides information about eyes and vision regularly. You can also subscribe to our eNewsletter while you're there; just enter your email in the subscribe box in the top right-hand corner.

Eye Injuries and Protective Eyewear

This recent information from the U.S. Department of Health and Human Services is a reminder of how easy it is to become a statistic!

- Nearly 2.5 million eye injuries occur each year.
- More than a quarter of these injuries occur during sporting and recreational activities.
- Children under 15 years of age account for nearly one-third of all eye trauma hospital admissions and 43% of sports and recreational eye injuries overall.

Using protective eyewear for sports play and practice can help prevent you and your children from becoming a statistic. Many eye injuries are caused by blunt trauma such as from a ball, stick or elbow. Serious eye injuries in children that Dr. Griffith has seen include a torn iris and a detached retina, caused by a soccer ball and a volleyball respectively, and broken orbit bones from a knee to the eye during a game of ultimate Frisbee.

Loss of vision, severe pain or tenderness and cuts around the eye require immediate medical attention, but it is important to remember that even if an eye injury seems to be minor, a medical assessment is a good idea. We also recommend a follow up with our office, even if you've been treated at an emergency room, especially if your vision and/or eye still do not seem right. Dr. Griffith has seen patients that have been discharged from the ER with undiagnosed broken bones around the eye and foreign objects that weren't detected or removed.

More than 90% of all eye injuries can be prevented with the use of appropriate protective eyewear. Sports participants using corrective eyewear or sunglasses that do not conform to safety standards are at greater risk of eye injury than participants using no eye protection at all. Safety frames must pass two rigorous impact tests. A steel ball and a pointed projectile are dropped onto the lenses of the glasses; no parts or fragments of the frame or goggle can fly off which might contact the eye. Regular eyeglasses are not required to undergo safety testing; even relatively minor impact can cause their lenses to pop-out and puncture or cut the eye. A frame mangled from impact can also injure an eye or face.

For children, it is especially critical that they wear protective equipment for practices as well as games, as the majority of injuries occur during practice. A helmet or faceguard is not enough and can leave the eyes exposed to fingers as well as different parts of sports equipment. Furthermore, a helmet can be knocked or taken off leaving the player completely vulnerable to injury. Fortunately for kids, their parents (and all adults) sports glasses are available in many styles and colors, with or without a prescription.



Silicone Hydrogel for Contact Lenses

Most contact lens users wear their lenses for an average of 13 hours a day. To stay comfortable all day it is important that the lenses stay moist. There are many factors that can make the lenses dry out quickly, such as a dry environment, medications and poor tear quality.

Sometimes the type of lens is to blame. Contact lenses made from silicone hydrogel (SiHy) offer wearers another option for successful use. Advantages of SiHy include increased oxygen to the eye with increased wearing time and improved comfort. In addition, silicone is hydrophobic, meaning it does not absorb moisture, and the lenses are coated with special surface treatments to further improve wettability and comfort. SiHy lenses are suitable for patients with myopia, hyperopia and astigmatism.

Not all contact lens solutions and lens materials are compatible with each other. Some disinfecting solutions work better on the silicone lenses than others, both in maintaining comfort and safety. If your lenses feel dry and/or filmy, it could be the contact lens solution you are using. Also, if you wear the lenses longer than recommended, the effect of the special surface treatment may be gone. Use recommended solutions and replace your lenses as prescribed for optimal wearing comfort, which for SiHy lenses means every 30 days. This provides for optimal cornea health and reduces risk of microbial infections, especially when cleaning and replacement routines are not followed as prescribed.

Dr. Griffith thinks the safest and most comfortable lens choice are the dailies. "The lenses are used one time and thrown away. There is no confusion or complications with solutions and the user has new clean lenses each day."

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Call (707) 762-8643 for appt.
www.WestsideOptometry.net

*We Welcome Referrals of Family,
Neighbors, Friends and Co-workers*

OFFICE HOURS

Monday and Wednesday: 8:30 a.m. to 5:00 p.m.

Tuesday and Thursday: 9:00 a.m. to 6:00 p.m.

Friday: 8:30 a.m. to 12 noon

Saturday: By appointment

Re-order contacts at WestsideOptometry.net

Infant Eye Exams

When you hear "infant eye exam," you're likely to think:

- Why should I have my baby's eyes examined?
- How do you check a baby's eyes?

The first year of a baby's life is one of the most critical for visual development. One out of 10 children is at risk from undiagnosed vision problems. Early detection and treatment can prevent many of the complications vision and eye health problems cause. Some of the problems detected during infant eye exams include lazy eye (amblyopia), muscle imbalance and ocular disease.

Pediatric well baby checks include many tests, but they do not include refractive measurements for unusual or unequal amounts of astigmatism, nearsightedness or farsightedness. These conditions are risks for amblyopia that develops in an otherwise healthy eye. The effected eye is not used properly because the vision is too blurry. Uncorrected blur can cause the brain to favor the better seeing eye, suppressing vision in the already blurry eye thus preventing further vision development and increasing impairment. This kind of visual impairment can be prevented if detected early enough.

Also, a routine well baby check with a pediatrician does not include a dilated pupil examination. By viewing more of the retina (the back of the eye), a more thorough ocular health exam can be performed.

TESTING INFANTS

There are various ways to determine visual acuity in our youngest patients; these are the tests intended to identify nearsightedness, farsightedness and astigmatism that can lead to amblyopia. Babies, like all of us, prefer to look at interesting objects instead of plain ones: by flashing a series of paddles with images in different sizes versus a paddle that is only gray, and watching the infant's response, a determination of what the baby can see at a certain distance can be made.

Retinoscopy is used to measure the refraction, or how much correction is needed, for the baby to see clearly. Retinoscopy is the same

technique used to get a starting prescription on most of our patients. This is a computerized system that measures the light as it comes off the retina. In babies, this is done with a hand-held scope and some lenses.



Dr. Griffith performing the Preferential Looking Test.

IZOD
EYES



Featured
At Our
Spring
Trunk
Show!

Other assessments for eye alignment, motility and binocularity are done with various penlights, small toys and puppets. These tests measure eye coordination, which is the ability of both eyes to work together as a team to create one three-dimensional image in the brain. Good eye coordination, a skill we are not born with that must be developed, keeps the eyes in alignment. Later in life, poor eye coordination can make reading for extended periods of time difficult and may result in avoidance of detail work, such as writing or artwork, and poor reading comprehension or clumsiness.

Just as in older children and adults, dilation is used to evaluate the overall health of a baby's eyes. This causes little to no discomfort for the infant and allows a much more thorough examination of the eye, including the cornea, lens, lids and lashes in the front, and the retina, optic nerve and blood vessels in the back.

Best of all, a baby's eye examination is free! Many optometrists, including Dr. Griffith, think that infant eye exams are so important they have signed on to the American Optometric Association's InfantSEE program. InfantSEE offers a free one-time comprehensive eye assessment to infants in their first year of life.

If you have a grandchild, niece, nephew or friend that lives in another area, you can find an InfantSEE provider on the website, www.infantSEE.org.



Spring Trunk Show

Saturday, March 5, 2011 • 10am - 2pm



**Frames from ClearVision: Cole Haan, Izod,
Jessica McClintock, BCBG, OP and Fisher Price.**

Check our website www.WestsideOptometry.net for updates.