

New outlook for older eyes

Conductive Keratoplasty, which uses radio waves rather than a laser to improve vision, may soon be approved by the FDA as the first procedure specifically designated to treat "aging eyes."

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BRADENTON

Marcia Detar has worn glasses to improve her closeup vision since she was a child. About 15 years ago, she needed bifocals. But now that she's reached the age when corrective lenses are almost a given, she wants to be rid of hers.

"I'd love to not wear glasses for tennis and golf," she says, holding her hand just above the outer corner of her eye to show the blind spot created by eyeglasses.

Last week, the 47-year-old Ellenton resident became one of the first in the Tampa Bay area to undergo CK surgery, which uses radio waves rather than a laser to improve vision.

CK, or Conductive Keratoplasty, is an alternative to lasik. The procedure has been used for more than a year in the United States, without a lot of fanfare, to treat farsightedness, or hyperopia.

The low profile may soon change.

Within weeks the Food and Drug Administration is expected to approve CK as the first procedure specifically designated to treat presbyopia, or "aging eyes," potentially tapping that vast market of baby boomers unwilling to relinquish their youth.

"No one wants to get old. No one wants to feel old. Presbyopic correction has been the holy grail of vision correction, always," says Glenn Hagele, executive director of the Council for Refractive Surgery Quality Assurance, a California organization that evaluates eye surgeons.

Presbyopia is a reduction in the ability to see near objects without reading glasses or bifocals as we age. Experts debate what causes the change but most say it is due to decreased flexibility in the lens of the eye.

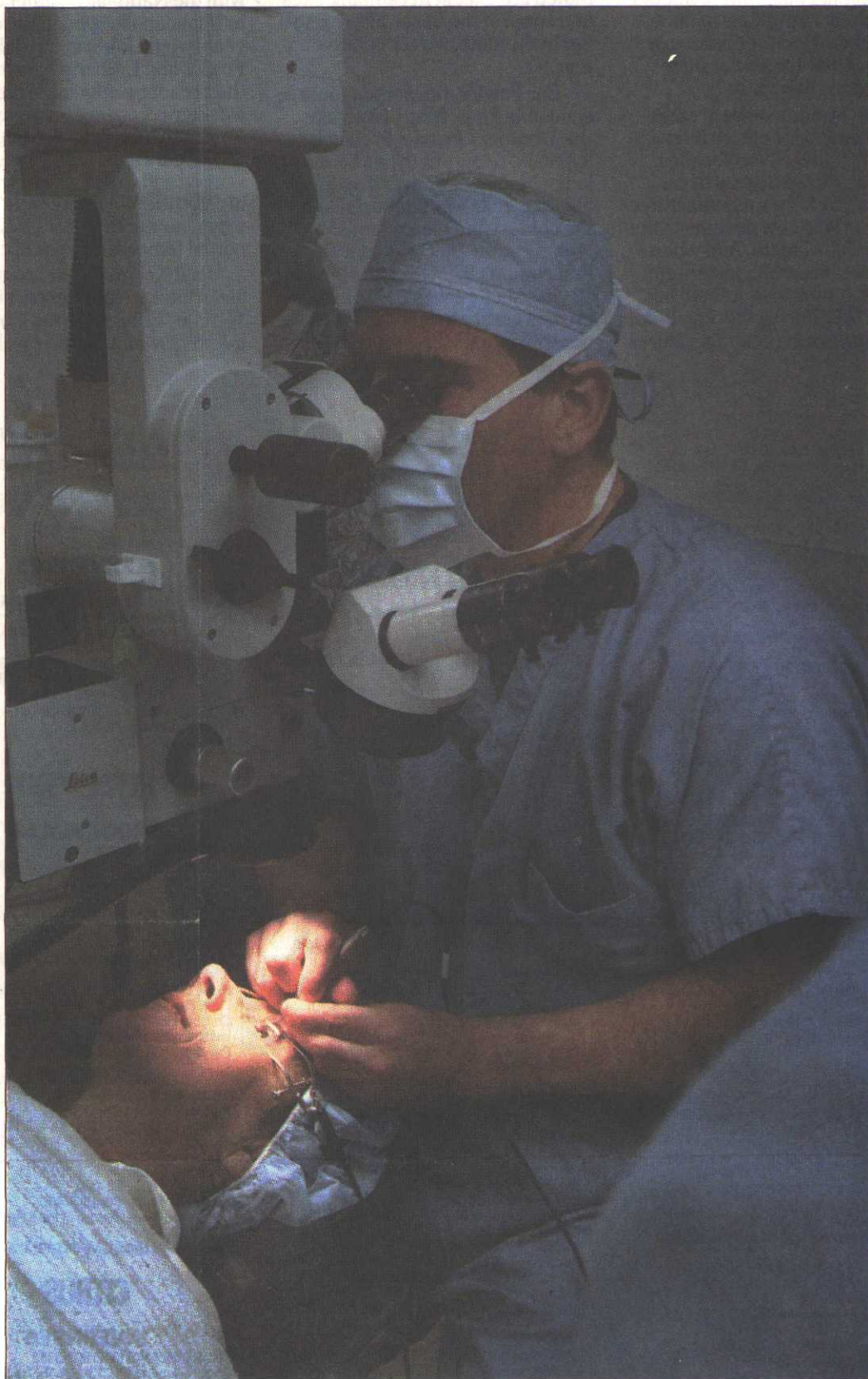
Lasik, performed on almost 1-million Americans annually, can treat farsightedness but generally is not recommended for presbyopia. No matter what procedure a patient needing vision correction selects, he or she will still develop presbyopia, typically between ages 38 and 42. Almost everyone has it to some degree by 50.

Detar's surgeon, Dr. William Soscia of the Eye Associates in Bradenton, says CK is less invasive than lasik and more easily allows blended vision in which acuity at one distance does not preclude it at another.

Soscia has been doing CK about a month, one of a very few in the Tampa Bay area.

"It's a great procedure for great candidates," says Soscia, explaining that he screens patients and accepts about 60 percent of those who want CK. "The only way you know is through an evaluation."

CK is performed on the cornea on the surface



of the eye. The cornea is the domelike structure that covers the iris and pupil. A handheld instrument with a probe the size of a human hair is applied at several (typically eight) points around the periphery of the cornea. Radio waves, or heat, are released in second-long bursts, shrinking collagen at those points to "cinch" the circumference and thus alter the cornea's curve.

In comparison, lasik involves an incision to create a flap and expose underlying tissue, which is reshaped by laser pulses. Recently many surgeons have added wavefront imaging to these refractive surgeries for improved, preoperative mapping of the eye.

Detar's CK procedure took about 10 minutes for both eyes. Full recovery will take about three months. After two days of scratchy eyes, Detar, a substitute science teacher, says she "could see the television from the bed" for the first time.

Complication rates for lasik and CK are about 3 percent and can include irritation, dry eye, blurring, double vision, poor night vision and, in rare instances, blindness.

Costs, typically paid out of pocket, range from \$1,500 to \$2,000 per eye, with CK at the lower end of the scale.

In 70 to 99 percent of cases, patients achieve 20/20 vision and can read the phone book without glasses.

Still, there has not been the deluge of advertising for CK that accompanied lasik's peak three

Dr. William Soscia of the Eye Associates in Bradenton uses a Keratoplast Tip to release radio waves on the cornea of patient Marcia Detar. Detar said afterward: "I felt a little bit of pressure but no pain."

years ago, before lasik numbers began to decline with the economy. Several area doctors say they are waiting for a track record before investing in CK equipment.

"The greatest potential is for people who just use reading glasses, but the experience with it is just not there yet," says Dr. Lewis Groden, an ophthalmic surgeon and professor at the University of South Florida College of Medicine.

"Most of us are sitting back," says Dr. Stephen Updegraff of Updegraff Lasik Vision in Tampa and St. Petersburg. "When you take a cornea which has a dome-shaped surface and you try to help someone see distance and up close, you have to create irregularities in the cornea. We want to keep the cornea pristine."

Updegraff has instead opted for lens replacement, a more invasive procedure but one he believes is more effective. After FDA approval of the Crystalens last year, Updegraff began implanting the lens in December. Crystalens has tiny hinges, or grooves. The hinges permit the lens to move with contractions of the ciliary muscle and focus the eye at any distance. Cost is \$3,500 to \$5,500 per eye. Updegraff is one of about 50 doctors in the country using Crystalens.

Several area doctors said lens implants are drastic.

Yet neither CK nor lasik is permanent: Vision changes with time.

It is too early to know how long CK surgery will last in most patients. The procedure's success, consumer advocates and physicians caution, depends on judicious application now and reports of outcomes over the long term.

"One of the concerns we have is refractive surgery is oversold and overhyped and there are no guarantees," says Hagele of the \$2-billion industry. Outcome is directly related to surgical skill, he says. (For "50 tough questions" to ask the doctor, go to www.usaeyes.org/faq/tough_questions.htm.)

"Very few people *require* refractive surgery — there is a cosmetic component" to wanting to get rid of eyeglasses or contact lenses.

"Your expectations have to be realistic," Detar says. "I told (the doctor) I just don't want to wear glasses all the time."

With an estimated 70-million-plus American baby boomers, many will undoubtedly look to medicine in hopes that their vision can be as youthful as their lifestyle.