

EYE NEWS

SPRING 2025



STUART R. WINTHROP, M.D., F.A.C.S

515 East Micheltorena Street · Suite D

Santa Barbara · California · 93103

LASIK Line (805) 730-9111

Medical Office (805) 963-4272

www.seewinthrop.com

A Note from Dr. Winthrop

I started last year's newsletter with the happy news of 2 weddings. This year I can add to the happy news, and it is the reason the newsletter is a bit late. Mia and Daniel have a new baby boy, Eli, who was born on May 1st at St Johns Hospital in Santa Monica. He weighed in at 8 pounds, 14 ounces. And to add to our joy, Lindsay and Sam gave us our second grandson, Louis (silent s) on October 27th. Louis was born at Cedars Sinai and weighed 8 pounds, 12 ounces. Exciting and thrilling and life changing for our whole family. It has taken awhile, but Betsy and I are delighted to join the grandparents club. I cannot recount how many times, almost daily, I am told by many of you how great it is to be a grandparent. We are so happy to finally be there. Our grandsons are just 6 months apart, living in close proximity and should be good pals.

Mia and her family will be relocating back to Santa Barbara in the very near future as she starts her full time Psychiatry practice in Santa Barbara. Daniel is so happy to be a father and has been a tremendous help to Mia with Eli. Having been a professional soccer player, Daniel stays in great shape and is always on the move. He greatly enjoys his job in the start-up technology sector.

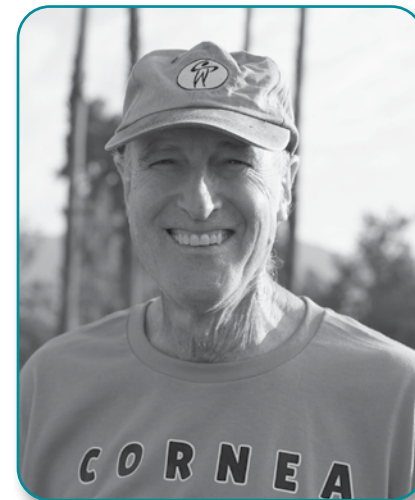
Even with their new son Louis, Sam and Lindsay always seem to be somewhere, doing something-whether work related or having fun. Sam has started his own hedge fund, which has required lots of time, effort and regulatory paperwork, and is off to a great start. Lindsay is currently on maternity leave and is enjoying her time off to be with Louis.

Rachel continues to flourish in Whitefish, Montana and tremendously enjoys her lifestyle. Rachel has been working as a clinical mental health therapist for the past several years, and she finds deep fulfillment in her work while making the most of her time skiing in the winter and river rafting in the summer. Always game for new experiences, she's constantly seeking

out the next exciting challenge and looking ahead to what's next.

Betsy and I have maintained a very lowkey lifestyle (what could be better than in Santa Barbara, our little bubble). In December we traveled to Australia and New Zealand, and then went on a National Geographic expedition through the islands of the South Seas. We were welcomed by islanders that rarely receive visitors and participated in numerous different indigenous cultural celebrations. It was an enriching experience on many levels.

Not so much an update but a comment concerning COVID. As you know, I have required a COVID vaccination plus one booster to be seen in my practice except for those who have a medical exemption, such as cancer or are immunocompromised. I feel strongly that this requirement remains in place. I do not require masks as I leave this up to the individual preference of the patient. And I do not require all the recommended boosters. My staff and I still wear masks as we see many patients over the course of the day and, as an Ophthalmologist, I work close to your face.



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Thank You For Your Referrals

Each year we definitely want to recognize and thank you for your referrals. Dr. Winthrop continues to see new patients in his practice of comprehensive ophthalmology. It is our pledge to give your family and friends the same care you enjoy, whether they are seeking a routine eye exam, a surgical treatment, or a second opinion.

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Since the pandemic, I have maintained strict cleaning protocols between each patient. I have received tremendous positive feedback from many of you who appreciate our efforts to ensure a safe environment. I view it as one of my responsibilities to try to keep everyone in my sphere safe. To me, given the choice, it is still best to avoid COVID in its acute phase as well as a potential “long” COVID phase.

The pandemic has changed all our lives in unimaginable ways, but at the same time has made us focus on the truly important things in life. Above all else, family, good health, safety and happiness. My Mom is now turning 98, such a blessing, and we are so grateful that she is now able to spend time with her children, grandchildren and great grandchildren.

Professionally, this past year has continued to cement my commitment to continue working with no retirement plans in sight. I love what I do and the positive feedback I receive. The ability to help people and improve and change their lives is a huge boost to me. I’m still happy and feel it is a blessing that I can go to work every morning. Plus, I thrive on being busy and active and love the social interaction it affords me. I have the best staff. No doctor’s office is perfect, but my staff are kind, sensitive, courteous, considerate and just lovely people. The office teamwork is fabulous, and they are always doing their best for you. Having the energy and passion to show up every day at the top of my skills and experience, with a dedicated and well-trained staff to support my work is incredibly rewarding.

In terms of my practice, it still revolves around providing the best care with the latest technology. With it now 5 years out from the start of the pandemic, the rhythm in the office is back to normal. I have now had my new Excimer laser, the Allegretto EC500 for 4 years. This is truly awesome technology that I will detail in this newsletter. As well, my practice has matured with the high adoption rate for the FEMTO second laser to perform refractive cataract surgery, also detailed here in the newsletter. These technologies are amazing and, as technologies do, they just keep getting better.

Finally, I wish all my patients a safe and healthy 2025. It is a privilege to provide your eye care, and I am honored by the trust you place in me. I remain deeply committed to delivering the highest level of care and service to you. I sincerely appreciate your continuing confidence in me. Be well. 🙏

Highlights

The professional highlight of this year has been the continued integration of the Femtosecond laser into my cataract practice. With the advent of the Femtosecond laser (LenSx), premium Intra-Ocular Lenses (IOL’s), ARGOS, ORA, and Verion in cataract surgery, the improved vision achievable through cataract surgery nearly duplicates the fantastic outcomes obtainable with LASIK. A completely new paradigm. In fact, my practice patterns have changed because of the great results I am getting with laser-assisted refractive cataract surgery.

ARGOS is the machine I use prior to surgery to determine the appropriate power IOL that will replace your clouded, cataract lens. ARGOS is a swept-source OCT-based biometer for the most precise measurement of the axial length of your eye, a key component in determining the IOL power. The ARGOS also measures the corneal curvature, anterior chamber depth (ACD), and corneal white-to-white (WTW) more accurately. With this improved data, the computer formulae can better predict the correct IOL power for your eye.

The LenSx laser creates surgical incisions and eliminates the use of scalpel blades and diamond surgical knives. The laser creates an idealized 2.4 mm (1/10 of an inch) incision that is dimensionally a 3-plane incision with a perfect 1500-micron cord length which allows the incision to self-seal without sutures. It also creates a centered, perfectly round 5 mm capsulorrhexis (or opening for the lens capsule that holds the lens/cataract). No human can replicate this accuracy. Finally, the LenSx creates grooves in the hardened cataract allowing for easier removal with Phacoemulsification. By standardizing the potential variables in these steps of your cataract surgery, LenSx greatly assists in the appropriate positioning of the IOL and thus enhances the refractive outcome.



If you have astigmatism, the Toric premium IOL can internally correct this irregularity. Together Verion and ARGOS technology ensure precise placement of this IOL. Astigmatism has an axis or angle, and the Toric IOL must be placed on the "steep" axis. Before surgery, I measure your astigmatism with the ARGOS in the upright, sitting position, but I perform cataract surgery in the supine, lying position. When you go from the upright to lying position, your eye "cyclotort" (or rotate) and each patient is a little bit different. The ARGOS records the limbal registration and records your data, that is then transferred to the Surgery Center and used with the LenSx laser. This autocorrects for any cyclotorsion and then plugs into my operating room microscope with another piece of equipment called Verion that projects the steep axis onto your cornea for the most accurate placement of the Toric IOL. All very cool.

Another technology of which I make great use is ORA. ORA is an aberrometer that is mounted on the underside of the operating room microscope. ORA is a revolutionary device that allows for verification of the IOL power during cataract surgery once your cataract has been removed. Taken together, all this fabulous technology creates a powerful surgical tool. It has made my cataract patients and me very happy. 🧐

Premium IOL's

I always like to give an update on premium IOL's. On the technical side, there have been improvements in these lenses. First, the IOL's have ultraviolet (UV) protection built into the IOL, so one need not worry about needing UV protection in your glasses. Second, there is an improved design in the edge of the IOL. The IOL's, since they are thin wafers, have a high index of refraction. This translates to mean that the light waves that enter your eye perpendicularly pass straight through to the retina; however if the light waves hit the implant obliquely, some of the light rays can internally reflect within the IOL and exit at the edge of the IOL. This can result in some haloing or peripheral light flashes. This is what is referred to as an "edge phenomenon" and accounts for the reflection occasionally seen when looking at someone

who has had previous cataract surgery. Fortunately, the manufacturers have redesigned the IOL's and they are much better with far fewer problems and side effects. Finally, the quality of the acrylic used in the fabrication of IOL's has been improved, resulting in superior optics. IOL's will last a lifetime and never need to be replaced. Cataract surgery is one and done.

A premium IOL that I often use and am a big fan of is the Toric IOL, which corrects astigmatism. Astigmatism occurs at the corneal plane, yet the Toric IOL will correct astigmatism internally. The Toric IOL qualitatively and quantitatively improves vision by eliminating astigmatism without the use of glasses, a result otherwise not attainable. Cataract surgery offers the surgeon a clean slate to correct existing refractive errors, and astigmatism is a significant component of the refractive error.

Multifocal IOL's act as trifocals in that they provide good vision at a distance, in an intermediate (computer) range, and for reading. Multifocal IOL's are "diffractive" lenses, meaning that there are rings of varying power. They split light coming into your eyes so that about 50% of the light energy is focused on distance, while 25% is dedicated each to intermediate and reading. These IOL's do not work like trifocals that are used in glasses and so there is no jump between distances. With a multifocal IOL you get more in terms of freedom from glasses but there are more potential side effects. The part that allows you to read without glasses does so by making you nearsighted. In about 30% of patients, this shift causes glare and halos at night. In time, the glare and halos tend to get better through neuro-adaption but not always. The other side effect has to do with how the IOL splits light energy. I find the vision is good but not quite as sharp as with monofocal IOL's. At present I'm using both the Pan Optix and Odyssey Multifocal IOL's. 🧐

Staff Notes

This past year my already professional, experienced staff has become more adept at making your experience in my office more efficient and pleasant. My front office team, led by my receptionist Linda and medical assistants Edgar and Bertha, are truly outstanding.



They have the difficult task of ensuring all the required paperwork is completed and up to date, getting the correct tests performed, all while being polite, respectful, and informative. They are great multi-taskers!

My surgical schedulers, Claudia and Peggy, both 30-year employees, are fabulous at their difficult job of juggling my surgical schedules, getting all the completed paperwork to the surgery center, and, most importantly, answering all your questions. I try to make the process as seamless as possible, but it is their hard work, diligence and kindness that brings it all together. They do a great job.

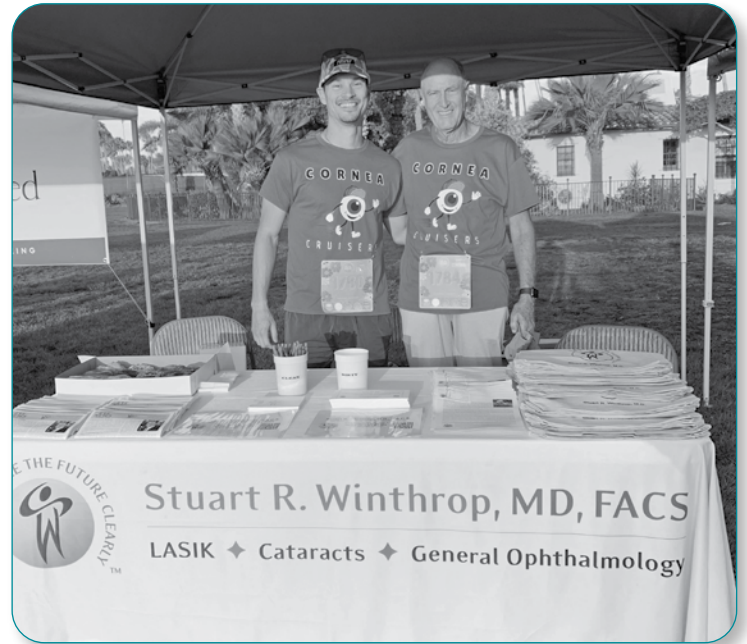
Upstairs, a place you don't see, is my back office. Charlotte, my administrator, does a great job wearing the many hats that are necessary to run a medical practice. She oversees Claudia Q and Elisabet, who happen to be sisters. They process charts, help answer the phones, fill in where needed downstairs and keep things running smoothly in the clinic. Couldn't be without them.

Finally, a nod to Christian and Rindi. Rindi is my long-time bookkeeper, and she is my interface with Medicare compliance issues. A very trying exercise. Many of you now know Christian, who replaced Jeff 3 years ago, as my medical technician. Christian is a wonderful addition to our staff. He has the personality, knowledge and passion to help people. He is a great listener who relates to everyone. I feel very fortunate that Christian has joined my practice. The common

thread for all my employees is their commitment, professionalism and a great work ethic. I am so lucky! 🍷

GIRLS INC/SHE.IS.BEAUTIFUL

Speaking of Christian, he spearheaded our office participation in a fun and philanthropic activity to benefit Girls Inc. I was one of the sponsors for the 5 and 10K walk/run, and we also had an information booth on East Beach. We each wore a bright turquoise t-shirt labelled "CORNEA CRUISER" for the walk





down Cabrillo to the bird refuge and back. The pictures I used in this newsletter are from the walk. My whole staff donated their time for all the logistics in getting ready for the event, setting up and breaking down of the booth, and were enthusiastic participants in the walk. I'm so proud of my staff and I hope to participate next year. 🐾

Vision Correction Procedure

There are 3 vision correction procedures which will free you from wearing glasses. They are refractive lens surgery (RLE), refractive cataract surgery and, lastly, LASIK. I recognize that with changing nomenclature and technological advances, it can be difficult to determine which procedure would be appropriate for you. I will describe the three choices and discuss their pros and cons.

RLE is essentially the same procedure as cataract surgery, with the removal of the natural lens you were born with and its replacement by an intraocular lens (IOL) that is selected to give you good vision without glasses. The difference between RLE and cataract surgery is that with RLE the natural lens being removed has not clouded over to form a cataract. This procedure is for people who have high refractive errors (nearsightedness, farsightedness and/or astigmatism) and wish to be less dependent on visual aids, such as glasses or contact lenses. Other people who choose RLE are those who are not good LASIK candidates and those who can no longer tolerate their contact lenses. RLE candidates are typically in their 40's to 60's. The procedure is performed at an outpatient surgery center, with one eye done at a time. Since insurance companies have a certain criterion to meet the "cataract" diagnosis to provide insurance coverage and there is no diagnosable cataract in RLE, it is not covered by insurance. The costs are paid entirely by the patient.

Refractive cataract surgery involves the replacement of the cloudy natural lens with a premium IOL selected to improve vision. Refractive cataract surgery is now far more common than the conventional cataract procedure and by far the most common procedure I perform. With the diagnosis of a cataract, this surgery

is partially covered by insurance. That insurance coverage would include my cataract surgery fees, the cost of the surgery center and the anesthesiologist. The part that is an out-of-pocket expense is the "refractive" component associated with implanting the upgraded lens. This included the use of technology to determine the precise lens to correct your vision (the FEMTO second laser, ORA and Verion, the premium IOL itself, and any astigmatism correction). The surgery is performed at a surgery center, with one eye done at a time. The surgery itself is quick, about 10-12 minutes, NOT painful with no patch covering the eye after surgery and a return to normal activities the next day.

LASIK is still an excellent choice for correcting any refractive error and remains the gold standard. The procedure is done in my office, both eyes in one sitting. And, as is true of all 3 of these procedures, the down time is just the day of surgery. One day post-op you can essentially resume full activities. I have performed LASIK since 1996, so it is a mature technology that offers staggering results. The upside is that it is an office procedure that is fast and painless with wonderful results. The down side is that if you are older than mid-40's, I can correct for distance or for close-up, but not both. If you are younger than 45 years of age, you can achieve both good distance vision and near vision. LASIK is an out-of-pocket expense not covered by insurance. 🐾

Visual Fields 2025

I would like to provide a more detailed look at the usefulness and advances in visual field (VF) testing.

I Welcome New Patients

I welcome all new patients and value your kind referrals for their comprehensive ophthalmology needs. I do not limit my practice only to LASIK or surgical ophthalmology. I love my LASIK and cataract practice because patients are so pleased with their outcomes, but the heart and soul of my practice will always be taking care of patients with medical problems of the eye, and routine "well-patient" care to prevent those problems in the first place. 🐾

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It is most commonly used as an adjunct in glaucoma management to track the progression of the disease. It is also diagnostic in stroke patients. The earlier VF machines presented the same exam to each patient, in the same sequence, with the same object size and light intensity. Now, at the beginning of each test, the machine tests the bare essence of what you can visually detect and progressively challenges you by changing the size and light intensity of the test object and does so in a random order.

To ensure greater accuracy, the machine presents false positives and false negatives and alters the speed of presentation of the test objects so there is no rhythm to the testing. The new machine is much more sophisticated and utilizes artificial intelligence (AI). It is actually trying to trick you. With this use of AI, every test for each patient is different and depending on how you respond, the machine correspondingly formulates the test going forward. It is often frustrating wondering whether you saw the test object, leaving you with the feeling of having failed the test.

The VF has been considered the gold standard for monitoring glaucoma progression and is given once a year. The other test that supplements the VF is the optic nerve OCT, which is also given once a year to track the progression of glaucoma. On the positive side, this machine is very fast. Over the past 10 year I've progressively purchased 3 machines with each being faster. Now the testing time is just 5 minutes an eye as opposed to 15 minutes. When the test took 15 minutes/eye I often had the impression that when reviewing the test with the patient, who had just taken it, they were fatigued, frustrated, and not happy with me. The new technology is way, way better-both in accuracy and speed. 🦋

LASIK/PRK, a Brief Update

The best, most robust Excimer laser in the marketplace is the Alcon Allegretto EC500. It runs at 500 hertz for both the ablation and tracking, which is 7 times faster than you can move your eyes. Each laser pulse is calibrated and tracked 500/second. With Alcon's "Perfect Pulse" technology, this amazing technology is able to safety check and calibrate each

pulse at 3 separate locations before being delivered.

But even more stunning is that this is the ONLY machine that can perform "topography driven" LASIK or PRK, what Alcon calls "CONTOURA." With CONTOURA, an aberrometer measures each eye and then creates an ablation profile that is unique to each eye. Meaning that it will correct your eye and no one else. The cornea is not symmetric, having high and low spots as well astigmatism asymmetry, much like the uniqueness of a fingerprint. CONTOURA's ablation profile corrects whatever abnormalities are present with a resulting more accurate correction and better visual outcome. The Allegretto is the only machine in the world with this capability. I'm fortunate to have the EC500 in my office laser suite for the past 4 years. 🦋

Social Media

Many new patients find their way to my office via social media. We have always encouraged our LASIK patients to post about their experiences on Yelp or Facebook, but with the rapidly changing ways in which we all make use of the Internet, even more new avenues for finding professional referrals are augmenting the old tried and true method of asking advice from family and friends. So now we urge all our patients who use social media to post comments about their eye care online, whether they come to see me for LASIK, cataracts, a unique problem or even well patient care. Of course, we should all evaluate online reviews critically, but Yelp and Facebook are frequently the first source for referral, whether one is looking for a restaurant, a general contractor or a doctor!

Thank you for taking the time to post. I sincerely appreciate your trust in me, whether you recommend me to a family member, friend, or post a review online. 🦋

We Invite you to Visit Our Website

I encourage all my patients to visit my website: www.seewinthrop.com. It is constantly updated with new information and is formatted so that the content seamlessly adjusts to whatever device you are using. You will find answers to many of your questions about general eye anatomy, diseases of the eye, or a surgical procedure you may be contemplating. There are

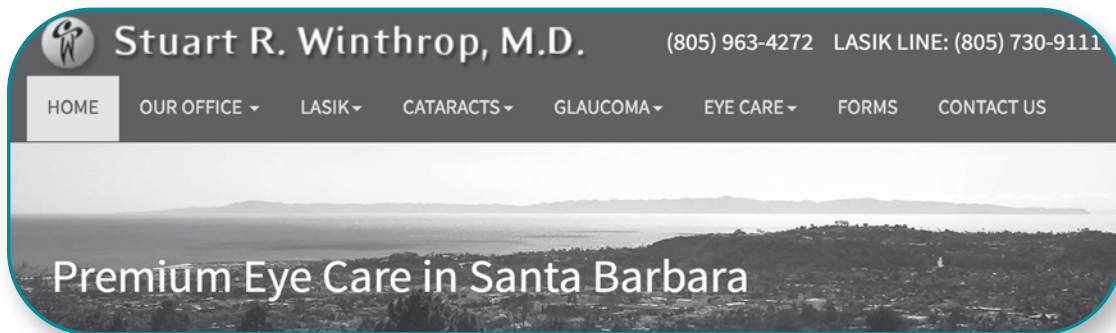


video clips and this year's newsletter as well. You can also check out my academic credentials and training history, download registration forms, get directions, or determine our office hours.

Whether you are a new or existing patient, visiting the website before an appointment will shorten your check-in time upon arrival. Since registration forms and insurance information need to be updated on a yearly basis, I highly recommend that you download these forms from the website and fill them out prior to your visit. We now have Medicare forms online too. If you come to your appointment armed with these completed forms, together with a list of all medications you are currently taking, you can make a big contribution toward minimizing your "wait" time. Thank you. 🌟

Free Screening for LASIK

Are you still not sure if you are ready for LASIK? In our experience family members wait to see who will "go first". Call us to schedule a complimentary screening at 805-730-9111 for you or your loved one. 🌟



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