



# Behind Your Eyes

For the Patients & Friends of  
Eye to Eye Ophthalmology

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## ARE YOU AT RISK FOR A GLAUCOMA ATTACK?

There is a type of glaucoma called narrow angle glaucoma that can cause a sudden attack of high eye pressure. Are you at risk for this? Let's find out.

Narrow angle glaucoma occurs when there is crowding in the front part of the eye (**the anterior chamber**). Your **iris** blocks off the drain that drains the fluid out of your eye (**trabecular meshwork**). This drain can be blocked suddenly and cause your eye pressure to rise acutely (**acute narrow angle glaucoma**) or slowly become clogged over time (**chronic narrow angle glaucoma**).

An attack of narrow angle glaucoma causes you to have eye pain, a headache, and nausea and vomiting. This is all from the sudden rise in eye pressure. This very high eye pressure can also rapidly cause irreversible damage to your optic nerve if not lowered promptly.

Narrow angle glaucoma occurs more frequently in people that are **hyperopic** (far-sighted). Hyperopic people have smaller eyes and small eyes tend to have small anterior chambers which can get crowded easily. The older a far-sighted person gets, the more at risk he is for angle closure. With time, people get cataracts which are fat and take up an already limited space in the eye. Asians are also predisposed to angle closure due to the anatomical structure of their eyes. Angle closure glaucoma is responsi-

ble for 91% of bilateral blindness in China (BCSC Glaucoma, 2008-2009). Women are also 2-4 times more likely to have angle closure (BCSC Glaucoma 2008-2009).

People that have crowded eyes can have an attack of glaucoma triggered by certain medications. This is why you see a warning label on certain drugs that advise you to "check with your doctor" before you start them if you have glaucoma. Some examples of this are over the counter decongestants, a migraine medicine called topamax and some bladder medicines.

The good news is there is a painless, simple procedure to prevent all of this if you are at risk for narrow angle glaucoma. It is called a peripheral iridotomy. It is done prophylactically in patients with narrow angles to prevent a future attack. An iridotomy is a small hole made in the iris, usually with a laser, but it can also be surgically made. This hole gives the fluid an alternate route to drain out of the eye. The laser procedure is usually done as an outpatient, takes only five minutes, and uses only topical anesthesia. Dr. Lusavage screens everyone for narrow angles as part of a routine eye exam. If she sees suspicious crowding, she does a procedure called gonioscopy to look at the drain and see if it is open or closed.

## EYE TO EYE FOCUS

In this feature of our newsletter, we place the spotlight on one of our staff so you can get to know them better. This issue's focus is on the doctor herself, Lonnie Lusavage.

Dr. Lusavage is a board certified ophthalmologist who has been practicing for nine years. She went to Penn State for college where she earned a bachelor's degree in biology with honors in nutrition and graduated first in her class with a 4.0 GPA. After that she went to Jefferson Medical College for medical school where she graduated summa cum laude, second in her class. She went on to do an internship at what is now Christiana Care. She did her ophthalmology residency at Scheie Eye Institute at the University of Pennsylvania.

Dr. Lusavage opened her own practice in 2003 in Chadds Ford after working in Delaware and Philadelphia for several years. Dr. Lusavage grew up in Broomall and now resides in Cochranville with her husband Joe, her daughter Elizabeth (10), and her cat Cosmo.



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## INSURANCE CORNER

There is traditionally a lot of confusion as to when you should use your medical insurance and when you should use your vision insurance for your eye exam.

Medical insurance is to be used when you are coming in for an eye problem or a chronic eye condition even if you are eligible for a routine eye exam. For example, you should use your medical insurance if you have a new floater, your eyes are red and irritated, you are getting headaches, etc. You should also use your medical insurance if you have diabetes, glaucoma (or glaucoma suspect), macular degeneration, etc. even if you are not having an acute problem. This allows the doctor to do any extra testing that you need which is not covered under vision insurance.

Routine vision insurance (like Davis vision, Eyemed, Spectera) is to be used if you are coming in solely because you need new glasses or contact lenses, or if it has just been a few years since your last normal eye exam. It also should be used for children who fail vision screenings at their doctor's office or school.

### **Important Phone Numbers &**

#### **Resources**

Eye to Eye Ophthalmology

610-388-9755

Jennersville Hospital

610-896-1000

Riddle Memorial Hospital.

610-566-9400

Wills Eye Hospital

215-928-3000

Behind Your Eyes is a production of Eye to Eye Ophthalmology. Comments or suggestion can be addressed to Joe Lusavage at 610-613-9887 or email Eyetoeyeop@aol.com