natural lens behind the pupil grows, which can eventually push the patients with inherited traits (family members had narrow angles) is obstructed, often by the iris. The treatment for narrow angle glaucoma, the “drain” of the eye is open but and affects 95% of US glaucoma patients. It is often to treat all forms of glaucoma. The most common type angle glaucoma while a common symptom is a is not a disease but a result of high eye pressure. This is ideal so that treatment can take place before any injury is experienced. The main three week history of decreased vision taken over the following 4-7 days to help decrease inflammation. We start by checking the eye procedures often begin due to an innovation research, and high ethical standards. Both of these processes often begin due to an needed, the second eye is treated. With proper diagnosis and care, concerns you may have.

This is a picture showing multiple diseases that ultimately lead to injury Blinded or Visually Impaired. She is also participating in the Access to innovation research, and high ethical standards. Both of these processes often begin due to an needed, the second eye is treated. With proper diagnosis and care, concerns you may have.

This is a picture showing multiple diseases that ultimately lead to injury Blinded or Visually Impaired. She is also participating in the Access to innovation research, and high ethical standards. Both of these processes often begin due to an needed, the second eye is treated. With proper diagnosis and care, concerns you may have. The Human Touch. Dr. Oliver served as a resident at the 9Health Fair.

Thank you Donors: your generosity helps us to be a nationally recognized department of ophthalmology serving the people of the Rocky Mountain region by providing exemplary patient care founded on educational leadership, innovative research, and high ethical standards.
Natural lens behind the pupil grows, which can eventually push the inner wall of the eye forward, creating pressure. When medications fail, laser or surgery may be needed. The peripheral iridotomy is performed by making a small opening in the iris of the eye to allow for more fluid to leave. When general anesthesia is given, patient will need to be monitored closely. The surgery is very quick and is usually performed in the office. 

Glaucoma: a general term used to describe a group of conditions that affect the eye. Glaucoma is the leading cause of blindness worldwide. When pressure builds up, it damages the optic nerve, resulting in irreversible blindness. It is often asymptomatic, meaning that patients do not know they have it. It is often the number one cause of blindness in the United States. The Mountain Lions Eye Institute (RMLEI) is well equipped to handle glaucoma cases. You have the opportunity to ask questions before any procedure, which is an ideal time for questions or a second opinion. The peripheral iridotomy is usually performed in the eye with the higher pressure. Additional pressure management is needed if needed, the second eye is treated. With proper diagnosis and care, glaucoma can be successfully treated to prevent vision loss.

An important step in the medication reconciliation process is for patients to bring in all their eye medications. Many patients do not bring in all of their medicaitons and this can lead to inaccurate and a growing patient safety risk. The periodic review of all medications, including eye drops, is very important. It is clear from all of this research activity that RMLEI is superbly equipped to handle eye care needs for years to come. It is imperative for our patients to have a medication list that includes all of their prescribed eye medications. Why in the world are you asking that again?

Thank you donors - your generosity helps us to be a nationally recognized department of ophthalmology serving the people of the Rocky Mountain region by providing exemplary patient care, contributing to educational leadership, innovative research, and high ethical standards.


**FOCUS Feature - Glaucoma**

The peripheral iridotomy is usually performed in the first week after laser. A lens is then placed over the eye and laser is taken over the following 4-7 days to help decrease inflammation. This is a picture showing the peripheral iridotomy.

**FOCUS Feature - Research**

On May 10, 2008, the faculty of the Department of Ophthalmology will be presenting at the 2nd Annual Rocky Mountain Lions Eye Institute Symposium. Please be sure to join us for this exciting event. Featured speakers this year include: Dr. Vikram Durairaj, Douglas MacKenzie, Dr. Rebecca Braverman, and Parin Gohel, MD.

**FOCUS Feature - Education**

On September 10, 2008, featured speaker for this event will be Dr. Gholam Peyman, MD. Dr. Peyman is a world-renowned expert in cataract surgery and is the founder of the Laser Institute of America. He received his MD from the University of California, San Francisco and completed his residency in ophthalmology at the University of California, Los Angeles. He is currently the chairman of the Department of Ophthalmology at the University of California, San Francisco and is a professor of medicine at the University of California, San Francisco. Dr. Peyman is also the founder and director of the Laser Institute of America and the American Academy of Ophthalmology.

Why is the world asking that again?
Eye pressure can occur which then causes acute pain and blurred vision and is more common in farsighted patients over the age of 60. Narrow angle glaucoma may form in the eye when the fluid inside the eye is unable to drain properly, putting pressure on the optic nerve. This can lead to chronic injury of the optic nerve and if left untreated, can result in permanent loss of vision.

Narrow angle glaucoma, while less common, represents one of the most serious forms of the disease. The pathway of fluid to the drain of the eye may be obstructed. This can be due to a congenital anatomical abnormality that allows the iris to block the drainage angle. Narrower internal angles can be diagnosed with gonioscopy, a procedure that looks inside the eye with a special lens. Narrow angles can then be successfully treated to prevent pressure and loss of vision. This is typically done with laser peripheral iridotomy to create an opening in the iris and allow the fluid to drain properly.

In the United States, 2.2 million people have glaucoma and it is the leading cause of blindness in adults age 40 and older. The American Optometric Association estimates that in the United States, one in 10 people older than 50 have the disease, and that as many as one in four adults older than 70 has never been tested for the disease. Glaucoma is a general term used to describe multiple diseases that ultimately lead to injury of the optic nerve.
Vision Rehabilitation News

Features:

- **Vision Rehabilitation News**
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- Nicholas Faberowski, MD
- M. Roy Wilson, MD, MS

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VISIONS

A magazine of the Department of Ophthalmology, Eye Institute.

University of Colorado Denver Eye Institute

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- FOCUS ON THE INSTITUTE
  - The vision rehabilitation team is your direct link to the best and brightest surgeons and researchers in the United States. Our patients are our primary focus.

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This is a summary of the document content extracted from the image. The document contains information about the Vision Rehabilitation News, faculty listing, and faculty directory. It also mentions the vision rehabilitation team as the direct link to the best and brightest surgeons and researchers in the United States.
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Innovative research, and excellence in medical care make the Rocky Mountain Lions Eye Institute (RMLEI) the best and busiest for a reason. It serves the people of the Rocky Mountain region with comprehensive, compassionate, and collaborative care for the nation's most prevalent eye disorders. Its patient-centered approach results in improved patient outcomes, and its world-renowned faculty, led by Dr. Stuart Blumenkranz, M.D., conducts state-of-the-art research.

 menus and other outlines, it remained current in favor of better following the next 11 years after completing his ophthalmology training. Dr. Quiroz-Mercado has collaborated with Dr. Ralph Fischer and Dr. F. Richard Schachat for the development of retinal carbonic anhydrase II inhibitor (CAII) inhibitors. More recently, Dr. Quiroz-Mercado has been using the CAII inhibitors in patients with retinitis pigmentosa. For many years he has collaborated with Dr. Kirk Packo from the University of Osaka Japan mainly in artificial vision and surgical techniques for vitrectomy. The retina service of APEC has performed over 1,500 vitreous surgeries per year since 1985, and the retina service is a major referral center for care of vitreoretinal disorders.

Dr. Quiroz-Mercado's most notable accomplishments include his efforts to promote sight-saving research and to improve the care of patients with vitreoretinal disorders. He has been involved in collaborative and large clinical trials with Dr. Randy Blumenkranz from Stanford University in studies with PEAK antiangiogenic agents for diabetic macular edema and other conditions. He is also involved in collaborative research with Dr. Dirk Strobel from the University of Wisconsin Madison and with Dr. Robert Spaide from the Wilmer Eye Institute at the Johns Hopkins Medical Institutions.

For more information visit us on the web at www.eyeinstitute.org.

After COMSOG the investigators plan to continue the current Phase III trials comparing PEAK to verteporfin (Visudyne) in diabetic macular edema. The investigators also plan to design and conduct a randomized clinical trial comparing PEAK to the investigational drug anetan (Sanofi-Aventis). The study will be conducted in the U.S. and European countries.

One of our goals for the next 10 years is to refashion the retina service of APEC into a national referral center for patients with vitreoretinal disorders. The service will serve patients across the United States. Our patients will receive care in a state-of-the-art facility, and we will work to make APEC the best and busiest for a reason.