

## Special Section: Ophthalmic News

### A new facility

# Retina center responds to growing patient needs

## New York Eye & Ear Infirmary's Retina Center now located on one floor

By Robert A. Nozar

**New York**—Patients in need of treatment for retinal diseases and other maladies can now come to the New York Eye & Ear Infirmary's (NYEEI) state-of-the-art Retina Center.

"We have the oldest retina center in New York and we now think it is also the best equipped for clinical and diagnostic retinal procedures," said Joseph B. Walsh, MD, chairman of ophthalmology at the facility. "It covers the full gamut of services."

Dr. Walsh said the new \$5 million facility, which opened in mid-May, is a response to the growing need among the area's population for eye care, particularly as it relates to retinal woes. He specifically mentioned the increase in incidence of diabetes. In January, the New York City Department of Health and Mental Hygiene reported that diabetes has doubled among adults in New York City in the past 8 years. More than 450,000 adult residents of New York have had diabetes diagnosed.

"Part of the responsibility of medicine is to adjust to changing needs and react to trends and statistics discovered through research," Dr. Walsh said. "We have pulled together a unique set of diagnostic and treatment capabilities for physicians and researchers to provide the highest quality of ophthalmic care in the region, whether for retinal detachments and tears, macular



degeneration, macular edema, diabetic retinopathy, or other diseases."

Thomas O. Muldoon, MD, director of Retina Service at the infirmary, agreed that the new facility is partly a response to the evolution in patient needs and improvements in how ophthalmology is practiced.

"When I first came here in 1966, the basic Retina Service was to diagnose and treat tears and detachments and diagnose ocular tumors," Dr. Muldoon said. "Sometimes the only treatment possible was removal of the eye. Now, with our early imaging techniques, we have been able to expand our treatment horizons greatly."

The Retina Service first opened its doors in 1959, and its biggest growth spurt has been in the past 5 years. In that time frame, patient visits have doubled to more than 22,000 annually.

"We have grown in our subspecialty services, purchased the very best in diagnostic and treatment equipment, and greatly enhanced our education techniques for our healthcare professionals and patients," Dr. Muldoon said. "We also have enhanced our residency and fellowship training programs."

Prior to the opening of the Retina Center, which combines everything in a 9,600-square-foot area on one floor, diagnostic and treatment services were in separate areas of the building.

"It is clear that many benefits for staff and patients are derived from bringing this all together," Dr. Walsh said.

Dr. Muldoon said integration of the clinical exam with the center's newer imaging devices is able to give NYEEI's physicians more information that is better aligned with patient needs.

“For instance, we have more sophisticated ultrasound devices to aid our detection and follow the growth of ocular tumor height and diameter more accurately,” he said. “This allows us to reach the goal of doing everything possible to spare the removal of the eye.”

### A high-tech approach

Dr. Muldoon said he is particularly excited about the way in which the center combines the digital age with patient-friendly design. Each of the 14 multipurpose laser and fluorescent exam rooms has a 17-inch, flat-screen monitor that is networked and digitally connected to four physician offices. The Retinal Learning Center, which is a separate area used by residents, has eight learning carrels, each with a monitor for viewing patient cases and doing research.

“We are now providing a centralized, modern facility for our nationally recognized subspecialty services and our patients,” Dr. Muldoon said.

In 2002, for example, the physicians in the Uveitis Service treated several thousand patients. The new center also has space for the infirmary’s growing Ocular Oncology Service and treatment of eye cancer.

Other medical/surgical services offered include:

- Argon, krypton, diode, and YAG laser treatments for retinal diseases.
- Photodynamic laser surgery for those

with age-related macular degeneration.

- State-of-the-art vitrectomy surgery, using long-acting gases and silicone oil for complicated detachments.
- Surgery for macular holes and submacular pathology.

“We have so many services and different devices working with digital information, and so we have made certain that we are properly equipped with today’s technology that gives us capabilities to learn and administer treatment far into the future,” Dr. Muldoon said. “The science involved in the practice of ophthalmology continues to grow, and we are in a better position now to react to the transformation and improvements taking place.”

The Retina Center has one of the country’s most comprehensive and advanced imaging laboratories for understanding the anatomy, physiology, and visual function of the retina.

“Research in our lab brings about unending improvements in the care of our patients,” Dr. Muldoon said.

Imaging technologies available in the lab include:

- Scanning laser ophthalmoscope.
- Retinal thickness analyzer.
- 3-D ultrasound tomography system.
- Macular pigment densitometry.
- Optical coherence tomography ophthalmoscope.
- Heidelberg Retina Tomograph II.

A special electrophysiology room, lined completely in metal to filter out errant electromagnetic waves, is used to perform multifocal electroretinograms, electro-oculograms, visual evoked potentials, and ocular exams.

“Our research staff has helped develop some of this new technology and works with the manufacturers on improvements,” Dr. Muldoon said. “We learn more and improve our methods whenever we use today’s technology.”

Dr. Muldoon said using computer monitors to access information and then placing studies side by side with patient charts not only helps the patient, but furthers the cause of research that will help other patients now and patients of the future.

“Our ability to learn, to adapt, and to utilize the latest technology means constant improvement in the quality and continuity of care for patients,” he said. **OT**

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