

Letters

Esprit de Corps: Ophthalmology in Washington

This April, more than 400 ophthalmologists will travel to the nation's Capitol on behalf of their patients, colleagues, and profession. They will meet with ophthalmologists from other states, confer with leaders of the Academy, and convene with their representatives deep in the chambers of Congress. United as one voice, these Eye M.D.s are a political force backing ophthalmology in Washington, D.C.

This is Congressional Advocacy Day (April 9-10), held in conjunction with the Mid-Year Forum (April 9-12). Why should you go?

Because one voice can truly make a difference. Physicians are a highly respected authority in D.C., and members of Congress want to hear about our practices, patients, and ideas. One story can turn a senator's head, or even change

a congressional vote. They need our input: We have the medical expertise.

Because we want to protect our patients and profession. We know that professional groups with less experience, training, and competence are trying to expand their scope of practice, constituting a threat to patient care and our profession. We need to protect our patients and our families, and ensure safe, quality care for the future.

Because we get results. It is an opportunity to thank Congress for granting ophthalmology a 3 percent increase in the Medicare Physician Fee Schedule over the last five years, when fields like cardiology and radiology saw 16 percent and 64 percent decreases, respectively. We need your participation to continue this trend.

Because it is our duty. We are so fortunate to have had the education and opportunities in life to become physicians and, especially, to help others with their sight. It is a true privilege to do what we do every day, and it is our duty to honor, promote, and protect our profession and its patients.

It is an amazing sight to see so many ophthalmologists take time from their busy practices, travel to Washington, and help make national policy. Come and meet the movers and shakers

in ophthalmology—join in the esprit de corps. The experience will change your outlook—and your life.

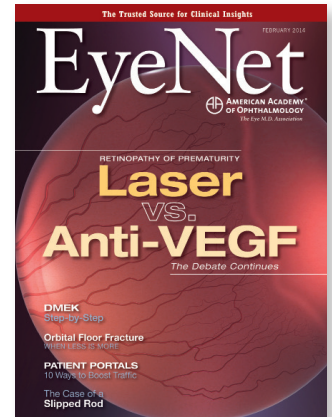
I look forward to seeing you on the Hill!

*Diana R. Shiba, MD
Los Angeles*

Diana R. Shiba, MD, is a new member of the OphthPAC Committee, and chair of the Young Ophthalmologist Subcommittee on Advocacy.

RVO and New-Generation Drugs

I recently read “Untangling Retinal Vein Occlusion” (Feature, November). The authors review the various options to treat macular edema secondary to RVO. However, these options treat the effect but not the cause, and the edema frequently returns. Oral anticoagulants and newer-generation anticoagulants—if and when indicated—block new venous thrombus formation but don't help dissolve them. Low-molecular-weight-heparins (LMWH) are antithrombotic and help dissolve the thrombus, opening up the venous block, but can affect platelets and cause bleeding through heparin-



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induced thrombocytopenia (HIT).¹

The new-generation drugs such as fondaparinux 2.5 mg are similar to LMWH, but they act little on factor Xa, do not affect platelets, and do not cause HIT. Our limited experience with these drugs is that they can open RVO, improving recanalization (when used with appropriate timing). It is time to study their possible role in RVO treatment.

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1 Steigerwalt RD et al. *J Ocul Ther Pharmacol*. 2008;24(4): 421-426.

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