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Providing Pediatric Ophthalmological services to children ages 0-18 since 1996

PATIENT OF THE MONTH



JOSE was only 18 months old when his left eye started crossing. I first prescribed glasses, but after 6-weeks his crossing had only slightly improved so I prescribed *Patching* the good eye to make the crossing eye work harder to be straight. Jose is scheduled for a follow up to see if surgery is required. I'll let you know the outcome in our next newsletter.

STRABISMUS FACTS vs FICTION

- 1) Crossing eyes will correct themselves as a child gets older. **FALSE!** It is best to correct strabismus as early as 6 months of age.
- 2) Vision Therapy will correct ALL strabismus cases. **FALSE!** Some Strabismus cases will require surgery to align the eyes.
- 3) All babies that cross have strabismus. **FALSE!** Some intermittent crossing before 4 months of age is normal. After 4 months a child should be referred to a Pediatric Ophthalmologist.

The Children's Eye Center of El Paso is dedicated 100% to newborns, infants and children up to 18 years old. Please email me if you have any questions about your patients at anytime!

DrVioleta@Childrenseyecenter.com

THE CHILDREN'S OPTICAL OF EL PASO EXPANDS!

Affiliated with The Children's Eye Center of El Paso, and located directly across the hall in Suite 4B, **The Children's Optical** has tripled in size and remains the only optical store in El Paso dedicated 100% to children. Commenting on the expansion Dr. Violeta Radenovich said that, "In addition to offering over 500 of the most popular kid's frames, our in-house, state-of-the-art finishing lab provides flawless lenses and allows us to offer 1-hour service for many patients."



El Paso's Only Pediatric Optical!



Our In-House Lab



A kid-friendly environment staffed by specially trained personnel with over 500 popular kid's frames to choose from.

We Help Kids See Better!

1250 E. Cliff Drive, Suite 4B
915.577.9672

THE VALUE OF REGULAR EYE EXAMS FOR CHILDREN

MOST PARENTS TAKE THEIR CHILDREN to the pediatrician and the dentist for regularly scheduled checkups. However, many parents don't realize that their children should also have regular eye exams – even if the child doesn't wear glasses. **HERE'S WHY REGULAR EYE EXAMS ARE CRITICAL...**

- **Eye problems are very common in children.** The American Optometry Association (AOA) estimates that 1 in 4 children have a vision-related condition. Left untreated, these conditions can have a serious effect on a child's learning development, athletic performance, and overall health.
- **Poor vision affects learning.** The AOA estimates that 60% of learning disabilities are associated with vision problems.
- **Eye problems can affect development.** Eye muscle imbalances (called strabismus, or commonly "crossed eyes" or "wandering eyes") can lead to amblyopia or "lazy eye" in which the brain suppresses vision from one eye to avoid seeing double. This can lead to permanent vision loss if left untreated. Amblyopia without strabismus is also very common.
- **Eye problems affect physical abilities and athletic performance.** Vision irregularities or eye muscle imbalances can affect depth perception, leading to "clumsiness," tripping, and poor hand-eye coordination, creating a safety risk.
- **Rare but serious eye conditions.** Children can experience more serious eye conditions such as tumors (retinoblastoma), cataracts, congenital glaucoma, retinal disease, etc. that can cause blindness and even be life-threatening.



Violeta Radenovich, M.D., M.P.H.
Pediatric Ophthalmologist



EYE ON THE BORDER – From the Files of a Pediatric Ophthalmologist

http://childreneyecenter.com/wp-content/uploads/2015/12/eye_on_the_border.pdf



TOP DIAGNOSIS

The Children's Eye Center's top diagnosis over the last 18-months is shown below in order of frequency:

Diagnosis	#Cases	%
Astigmatism	8,894	25
Amblyopia	8,222	23
Myopia	6,596	18
Visual Disturbances	4,294	12
Esotropia	2,729	8
Hypermetropia	1,878	5
Exotropia	1,469	4
Strabismus Amblyopia	1,015	3
Chalazion	496	1
Nasolacrimal Duct Obstruction	392	1

For additional information and resources that may be helpful in your practice, please visit our website. Also, check out the short video overview of our clinic.

www.childreneyecenter.com

AGE	TESTS	REFERRAL CRITERIA COMMENTS
Newborn to 12 months	<ul style="list-style-type: none"> Ocular history Vision assessment External inspection of the eyes and lids Ocular motility assessment Pupil examination Red reflex examination 	<ul style="list-style-type: none"> Refer infants who do not track well after 3 months of age. Refer infants with an abnormal red reflex or history of retinoblastoma in a parent or sibling.
12 to 36 months	<ul style="list-style-type: none"> Ocular history Vision assessment External inspection of the eyes and lids Ocular motility assessment Pupil examination Red reflex examination Visual acuity testing Objective screening device "photoscreening" Ophthalmoscopy 	<ul style="list-style-type: none"> Refer infants with strabismus. Refer infants with chronic tearing or discharge. Refer children who fail photoscreening.
36 months to 5 years	<ul style="list-style-type: none"> Ocular History Vision assessment External inspection of the eyes and lids Ocular motility assessment Pupil examination Red reflex examination Visual acuity testing (preferred) or photoscreening Ophthalmoscopy 	<p>Visual Acuity Thresholds:</p> <ul style="list-style-type: none"> Ages 36-47 months: Must correctly identify the majority of the optotypes on the 20/50 line to pass. Ages 48-59 months: Must correctly identify the majority of the optotypes on the 20/40 line to pass. Refer children who fail photoscreening.
5 years and older*	<ul style="list-style-type: none"> Ocular history Vision assessment External inspection of the eyes and lids Ocular motility assessment Pupil examination Red reflex examination Visual acuity testing Ophthalmoscopy 	<ul style="list-style-type: none"> Refer children who cannot read at least 20/32 with either eye. Must be able to identify the majority of the optotypes on the 20/32 line. Refer children not reading at grade level.

*Repeat screening every 1-2 years after age 5.