



MEET OUR DOCTORS

Violeta Radenovich, M.D., M.P.H. is the founder and owner of *The Children's Eye Center of El Paso*. Serving the families of El Paso since 1996, she is El Paso's ONLY female U.S. Residency and Fellowship trained Pediatric Ophthalmologist who is also American Board Certified. After earning a Master of Public Health degree from the University of Texas Health Science Center at Houston, Dr. Radenovich completed her Residency in General Ophthalmology in 1995 and her Pediatric Fellowship in 1996.



Yvette Jockin, M.D. is a Fellowship trained, Board Certified Pediatric Ophthalmologist specializing in the diagnosis and treatment of newborns, infants, and children. Dr. Jockin completed her residency in Ophthalmology in 1995. Twice a recipient of the *Patients' Choice Award*, Dr. Jockin has also been honored with the *Compassionate Doctor Recognition*.



Elsie Hearn, O.D. is a Therapeutic Optometrist and is Glaucoma Certified. She graduated from the Illinois College of Optometry in 2001 after earning an undergraduate degree in biology. Dr. Hearn specializes in the diagnosis and treatment of pediatric patients. Dr. Hearn began specializing in Pediatric Optometry in 2006.



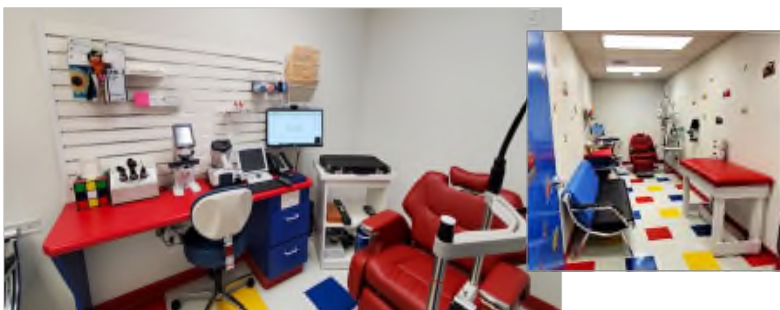
Gordon Hendricks, O.D. graduated from the Southern California College of Optometry in 1993. He has extensive experience in hospital-based care focused on identifying and managing ocular disease. Dr. Hendricks served as principal investigator in the Army's leading vision research laboratory. He also provided visual science research and consultative services for Army aviation and ground units.



FOUR NEW HIGH-TECH EXAMINATION ROOMS ADDED ENHANCES CARE - MINIMIZES WAIT TIMES

Dr. Violeta Radenovich recently announced the addition of four high-tech exam rooms. "Since our inception in 1996, our goal has been to provide the highest quality pediatric eyecare available anywhere in the world." To this end, all our exam rooms feature the latest technology for diagnosing and treating eye diseases in addition to providing an environment that helps children and parents feel safe and secure. The additional exam rooms will further minimize patient wait times as we continue to add staff to ensure the highest level of patient care.

During construction the waiting rooms were also enlarged. Additionally, significant upgrades were made to patient check-in and other areas to further enhance the comfort of patients and parents as well as improve operational efficiency.



NEW "KID FRIENDLY" VISUAL FIELD MACHINE MAKES TESTING FUN!

The Children's Eye Center of El Paso is proud to announce it now has the latest Visual Field testing instrument on the market today. Kid-friendly with state-of-the-art electronics, this instrument actually instructs the patient – in English or Spanish – so a child's peripheral and central vision problems are easily detected. No longer does the patient have to remain still with their chin on a huge desktop device for two minutes. Now, kids love doing the exam! It reminds them of a virtual reality game.

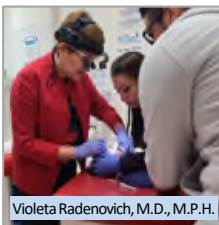
"We help kids see better!"



The VR Goggles can communicate with the child in several languages!

NASOLACRIMAL DUCT OBSTRUCTION THE CASE FOR EARLY REFERRAL

Of the approximately 7 percent of children born with nasolacrimal duct obstruction, most outgrow the condition. Of those that don't, early referral to a qualified Pediatric Ophthalmologist can prevent more serious eye conditions from developing beyond the initial discharge and tearing condition.



DISCHARGE AND TEARING (0-6 MONTHS)

Massages, warm compresses with antibiotic drops. If no improvement refer patient for *In-Office Probing & Irrigation* under topical anesthesia. This can prevent progression to more serious conditions including:



DACRYOCYSTITIS

Hospitalization Required for IV Antibiotics, Probing & Irrigation with Tube Placement under General Anesthesia.



ABCESS

Hospitalization Required for IV Antibiotics, Probing & Irrigation with Tube Placement under General Anesthesia.



FISTULA

Hospitalization Required for IV Antibiotics, Probing & Irrigation with Tube Placement under General Anesthesia.



Note

If bony obstruction, refer to ENT for dacryocystorhinostomy.

[OUT OF TOWN ENT REFERRAL NOT REQUIRED]

AN OPEN LETTER FROM DR. RADENOVICH THE CASE FOR EARLY REFERRAL

Dear Colleagues,

I am growing weary of having to put children under general anesthesia for what was once a simple lacrimal duct obstruction that could have quickly been probed and irrigated in my clinic with just a topical anesthetic at a greatly reduced cost and inconvenience to patient and parents.

Please know I've done over 1000 in-office probings/irrigations without incident in patients under 6 months of age. In fact, my daughter Sophia was probed and irrigated at just 2 months of age. Simply put, it saves parents a daily ritual of warm compresses and massages for up to one year as they hope the obstruction will resolve on its own.

Recently I probed and irrigated a 2-year-old under general anesthesia in the hospital because an eye doctor did not correctly treat the lacrimal duct obstruction which became an Abscess requiring hospitalization under general anesthesia. In fact, the daycare this child attended called Child Protective Services (CPS) on the mother thinking she was neglecting her child.

Early probings under 6 months of age:

- Prevents more serious eye conditions from developing
- Avoids use of General Anesthesia
- Reduces symptoms early
- Reduces parental burden
- Much more cost effective

I strongly recommend early referral of patients with lacrimal duct obstructions to a competent eyecare professional.

Please contact me if you have any questions or comments.

Sincerely,



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

Pediatric Ophthalmologist

ABO Certified

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NEGLIGENT REFERRAL: A LEGAL LIABILITY

When a referral doesn't turn out well for the patient, the question is, "Does the referring doctor have any legal liability?" The short answer is, "Yes," according to the law firm of [Baker & Hostetler LLP](http://www.bakerandhostetler.com).

Citing a recent Texas case, a physician can be found liable for failing to *exercise reasonable care* in making the recommendation/referral. In order to be liable, the referring physician must have knowledge of the referred physician's incompetency or other contributing issue(s) that would preclude a reasonable and responsible physician from making the referral.

The State of Texas allows foreign medical doctors to obtain an unrestricted medical license without completing a U.S. Residency in their specialty. If you refer patients to another physician, confirm that the physician completed U.S. Residency training in their specialty to know they practice to American Standards of Care and avoid the potential for litigation.