

Dear Members of the House Healthcare Committee,

As a board-certified ophthalmologist specializing in cataract surgery, I write to you in opposition of HB2541. This bill would seriously compromise the quality of surgical care for Oregonians and increases the risk of permanent damage to their sight.

First, I wish to express my great respect for my optometry partners. On a personal note, my father is an optometrist and is still practicing to this day. I am continually impressed by the expert refractions and contact lens fitting that my optometrist partners provide for some of my difficult patients. But optometrists are not surgeons, and expanding their scope of practice to allow laser and incisional surgical procedures would be dangerous.

Much of the argument in favor of this bill by the doctors of optometry is focused on the YAG laser capsulotomy procedure. This procedure is performed after cataract surgery when a membrane behind the intraocular lens implant, the posterior capsule, becomes hazy or opaque. Proponents of HB2541 describe this procedure as simple and low-risk. It is only due to the extensive surgical training and experience of practicing ophthalmologists that one could describe the procedure with those words.

As an ophthalmology resident, I first performed dozens of YAG capsulotomy procedures under the direct supervision of experienced attending surgeons. These attendings used an observer microscope to ensure that my laser was properly aimed and focused before they permitted me to fire the laser. Once my attending surgeons were confident in my ability to perform the procedure, I was then allowed to perform it under the supervision of more experienced senior residents. This was a process that lasted well over a year. As a senior resident having performed nearly 100 such procedures, an attending would still examine the patient after the procedure was complete to ensure it was done competently. It is this expansive level of training that ensures patient safety when a surgeon is practicing on their own.

During YAG laser capsulotomy, variations in focus of fractions of a millimeter can cause the laser energy to be directed into the artificial lens implant. This causes irreparable "pitting" of the lens and can result in glare and starbursts in the patient's vision. If the laser energy is focused too far in the opposite direction, the vitreous gel that fills the back of the eye can be disturbed. Sudden movement of this gel can result in small breaks in the retina which can lead to retinal detachment. Some years ago, I was consulted on a case where an improper laser setting resulted in the laser hitting the retina directly, leading to permanent vision loss.

I have now performed the YAG capsulotomy procedure well over 1000 times. For me as an experienced surgeon, it is relatively easy 95% of the time. But it is that other 5% where I must rely on my extensive training and experience to successfully complete the procedure without complication. There are patients with neck problems who cannot sit properly at the laser, requiring me to find the target at a difficult angle. There are patients with deep-set eyes who cannot accept the fixation lens, requiring me to perform the procedure without the proper magnification. There are patients with Parkinson's Disease that cannot keep their head still, and require me to fire the laser at a moving target. While these cases are not routine, they are also not rare. These are the cases when surgery done by experienced surgeons can make the difference between clear sight and vision loss.

Just like cataract surgery, when completed properly, YAG capsulotomy is only performed once. The same access to surgical care that led to the patient's cataract surgery will allow them to have a safe and successful YAG capsulotomy procedure.

I ask you to strongly consider the safety of your constituents and oppose HB2541.

Sincerely,
Matthew Kaufman, MD
EyeHealth Northwest