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Duke Eye Center
SIGHTLINES

LOSING VISION BRINGS INSIGHT

As general manager of Biologics Oncology Pharmacy Services Group, Dan Duffy delivers services to help patients through difficult times. Duffy's company provides cancer patients with chemotherapy drugs, assistance obtaining funding for their drugs, nursing support for the side effects of chemotherapy, and counseling and emotional support.

And as a low vision patient at Duke, Duffy knows something about tough times himself.

Duffy had always enjoyed a very active life. Growing up in Canada, he began playing hockey at age four. He went to Kent State University on a hockey scholarship, where he met his wife, Beth. He earned his MBA and settled his growing family in Chapel Hill, where they live today. By 2008 he was the proud father of four daughters and was still playing hockey—in a league in Hillsborough. Life was good.

In March 2008, Duffy, his wife, and their daughters took a spring-break trip to Fripp Island, South Carolina. While there, he noticed something amiss in his left eye. It continued to worsen, and by the time they returned home on Sunday, he realized he had no sight left in it. On Monday, he was given a barrage of tests. "At five minutes

"I found out you've gotta go blind to see the beauty in the world. People really want to help me. People really do want to help people. This definitely showed me that."

DAN DUFFY

to six that evening," he recalls vividly, "the doctor said, 'Dan, I think you have a tumor pushing on your optic nerve. You need an MRI.'" Knowing as much as he did about tumors, this was frightening news. His doctor sent him to the emergency department so that he could have the test immediately. The MRI didn't show a tumor, but it also didn't help pinpoint the problem. He had to undergo another month of testing before a simple

blood test revealed that he suffered from Leber hereditary optic neuropathy, a genetic disorder. Then came more bad news: Duffy would lose the sight in his other eye as well. Within four months, Duffy lost his central vision and was left with only weak peripheral vision. He was now legally blind.

What followed was an incredibly difficult period of adjustment for Duffy and his family. "It was definitely hardest on my wife," he says. It was a time of tough realities—no more driving, "which I loved," he says, and no more hockey. At work, Dan became more and more frustrated as he attempted to use the technology that

was essential to his job. At least at work, as an executive, Duffy says that he felt some power, some purpose. "I had the opportunity to be inspirational to some people, but," he confesses, "that was all on the outside."



Diane Whitaker, OD

Duffy admits that he finally reached a point where he felt he had hit rock bottom. Shaking his head, he says, "I wouldn't have made it if it weren't for my friends, my family, and Duke Eye Center."

continued on the next page

DUFFY continued from the cover

Before Duffy found the Duke Eye Center, he struggled with treatment that he said made him feel “like a guinea pig” or “disconnected.” He calls his referral to Duke’s Diane Whitaker, OD, chief of low-vision rehabilitation service, the turning point in his experience.

During visits to the Duke Eye Center, he would meet with Whitaker and technology specialist Jerry Mansell, LDO, COA, to work with different devices that would help him perform his job at the highest possible level. After the training, Dr. Whitaker and Mansell had specialists come to Duffy’s office to set up the equipment and provide further training. He now uses electronic magnifiers and text-to-speech software to perform many day-to-day tasks.

Duffy speaks passionately when he talks about Duke and about Whitaker. “Dr. Whitaker is so great. She has such a different approach,” he says. “Technology

was 10 percent of it, but the other 90 percent was the support I received.”

Duffy doesn’t try to paint a rosy picture of life with low vision. “It sucks,” he states bluntly, but insists that his vision loss has enabled him to understand himself better and to see the world differently. “I found out you’ve gotta go blind to see the beauty in the world.” He says that when he is in New York City and using his cane, “People really want to help me. People really do want to help people. This definitely showed me that.”

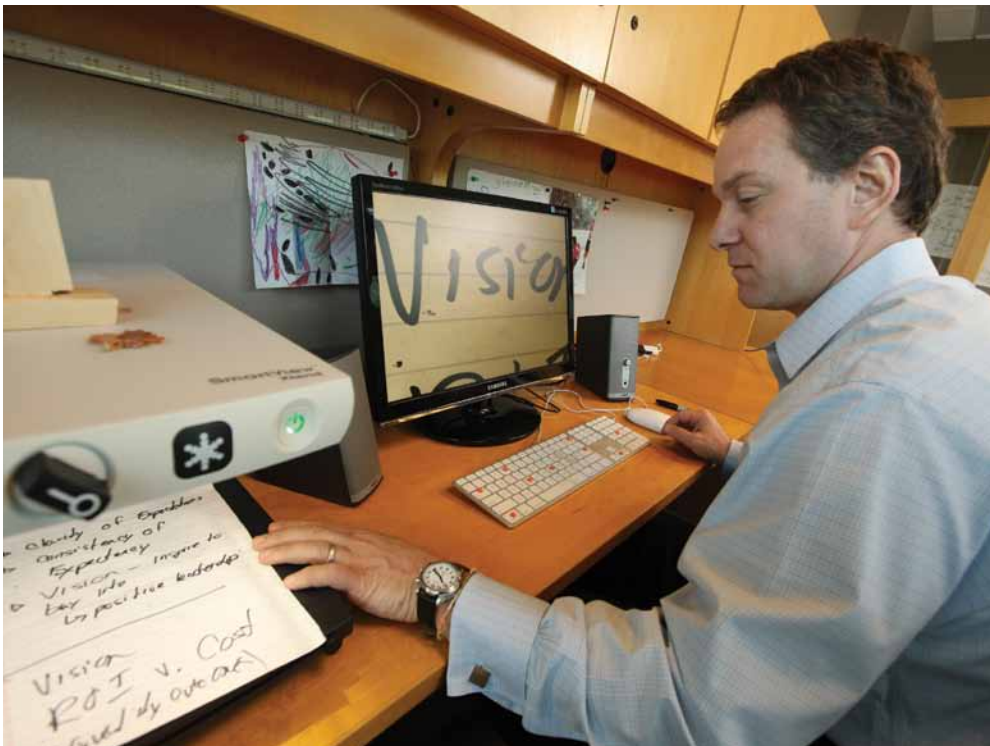
He emphasizes that the most important help has come from his friends and family. “I kept telling myself that I have to go through this for my wife and kids. I can’t cheat them.” His youngest daughter, Jessie, was only two when he lost his vision. Now, he says, “When she sees a step, she just turns toward me and grabs my hand. From the time she was two years old, this has been who I am.” He says he hopes that his experience will inspire his children to face adversity head-on in their own lives.

This desire to help others is what compels Duffy to tell his story. “The next Dan Duffy is out there going through this. I would tell that person to keep moving forward, because there are people who need you. You’ve lost something, but now you have to find the next thing.” Duffy lost hockey, but he has taken up the guitar again. This is his third try. And this time, he says, “I’m really feeling it.”

Low Vision Resources

- Non-optical devices such as specialty lighting (like Ott-Light) or large print books
- Near-vision optical magnification such as a hand magnifier used for reading
- Distance-vision optical magnification such as telescopic glasses used for watching television
- Electronic magnification such as video magnifiers or computer magnifiers (like ZoomText or Zoomware)
- Text-to-speech readers (like JAWS or ZoomText Reader)
- Optical character recognition software that translates text or writing to a computer

For more information on low vision assistive devices, go to DukeEye.org and visit our Low Vision Rehabilitation Service section. There you will find Web sites and devices ranging from computer software, audio-books, and mobile phone technology to magnifiers and proper lighting techniques.

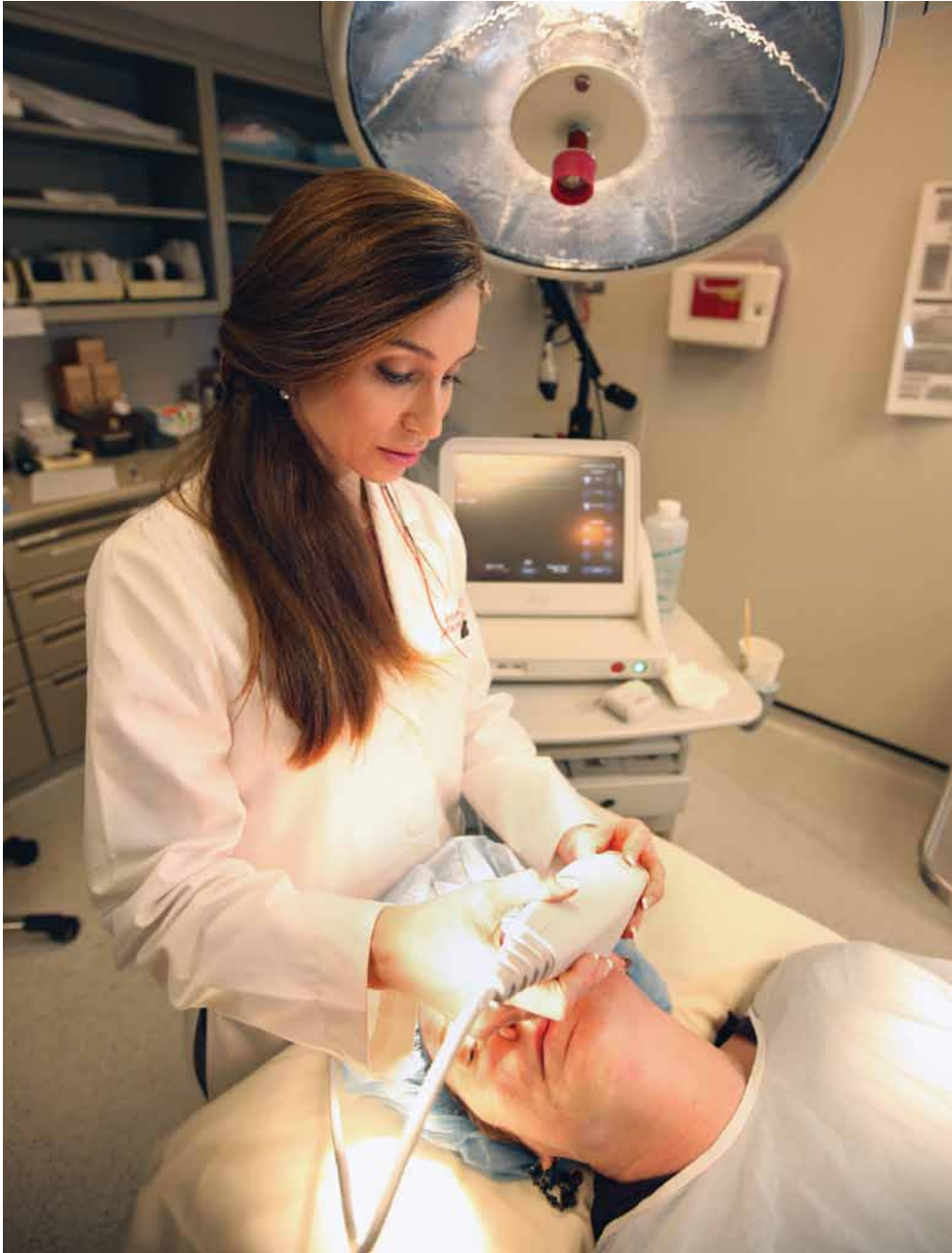


Dan Duffy uses electronic magnifiers and other technology to perform many day-to-day tasks.

Only through the generosity of donors can Duke Eye Center provide its cutting-edge, world-class level of service. Contributions of all sizes allow the Duke Eye Center to conduct research and find treatments for every eye condition imaginable. To learn how you can help, please call

919-684-0404
dukeeye.org

ULTRASOUND HELPS TURN BACK THE CLOCK



The Duke Aesthetic Center now offers a new non-surgical facelift procedure that uses ultrasound waves to tighten and lift loose skin areas. The system is called Ulthera, and Duke is the only place in the Triangle offering it.

Ulthera delivers ultrasound waves at depths of several millimeters below the skin, creating heat. This heat helps the

body start producing new collagen, tightening and lifting sagging skin in areas like the lower face and neck. The results are gradual, as new collagen forms over the next few weeks, and peak effects are seen about 90 days after the procedure. Patients see subtle changes, which leave them looking younger and more refreshed—a less drastic change than a surgical facelift. And because there is no cutting and no anesthesia, there is no

down time. Patients can return to their normal routines immediately.

Duke's Julie Woodward, MD, says her patients' experiences with Ulthera have been very positive. Patients describe being surprised at how little pain the procedure causes. One such patient, Linda, had opted to forego numbing injections prior to treatment, but Woodward administered a topical numbing cream to her skin. Linda had taken an oral medication for relaxation, but said that the procedure went so well that she felt she could have done without it. After the procedure, her skin was slightly pink. "I feel rosy, like I've been outside," says Linda, who compared the whole experience to a spa treatment.

Woodward recently gave a demonstration of the system for a local television station, with the help of Ginger Wilkinson, a nurse at the Aesthetic Center. Woodward began by marking the treatment areas of Wilkinson's face with a white eyebrow pencil. Next, she applied the ultrasound gel that allows the transducer, which delivers the ultrasound, to glide over the skin. As Woodward applied the treatment, she was able to see on a screen the areas being treated. Wilkinson, who had no medication of any kind prior to the treatment, later described the sensation as "prickly heat."

Woodward described Ulthera as a great option for people who don't want to undergo surgery for a variety of reasons. They may not feel that their drooping skin is bad enough for surgery, or they may not want the "pulled" appearance that can result from facelift surgery. Ulthera is also much less expensive.

Wilkinson was glad she chose Ulthera. "I'm too young for surgery!" she says. She reported that she came back to work the day after the procedure. Two months later, the skin of her neck was feeling tighter and looking "less crepey and saggy." She has already decided that she will probably choose Ulthera again in a few years when she decides to refresh her look. ▀

Did You Know?

Duke Eye Center doctors are highly trained clinician-scientists who team with Eye Center research scientists in the Albert Eye Research Institute (AERI) to form research groups to better understand glaucoma, macular degeneration, corneal and retinal degenerations, and children's eye diseases.

Duke clinician-scientists have access to some of the most advanced research tools in the world, thus providing patients with the latest technologies and treatments.

At the Duke Eye Center and AERI we conduct basic research into the causes of diseases without curative treatments, with the goal of translating new discoveries into new therapies. With the proposed new clinical building and clinical research center, we hope to have sufficient space to bring these new curative therapies to our patients. Our goal is not only to deliver the very latest and best eye care to our patients, but to discover new therapies through our basic and clinical research programs.

For more information about Duke Eye Center clinical specialties and research, visit DukeEye.org



Duke Eye Center Advisory Board Marks 30 Years of Advocating Vision Care Advancements

This year marks the thirtieth anniversary of the Duke Eye Center Advisory Board. Started in 1982, the advisory board was chartered to support and promote philanthropic support, advocacy, outreach, communications, strategic planning, development, and marketing. Throughout the years, the Duke Eye Center Advisory Board has had a hand in establishing named professorships, raising money for new equipment, and building the world-class Albert Eye Research Institute. Now their focus is on raising funds for the latest expansion, a clinical pavilion. If their track record is any indication, this will surely be their biggest success yet.

The Eye Center would like to thank our current advisory board members for all of their efforts to ensure Duke Eye Center remains one of the top eye care facilities in the nation.

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4 stories

30 ancillary and diagnostic rooms for imaging, injection, and laser procedures

127,000 square feet

50 examination rooms

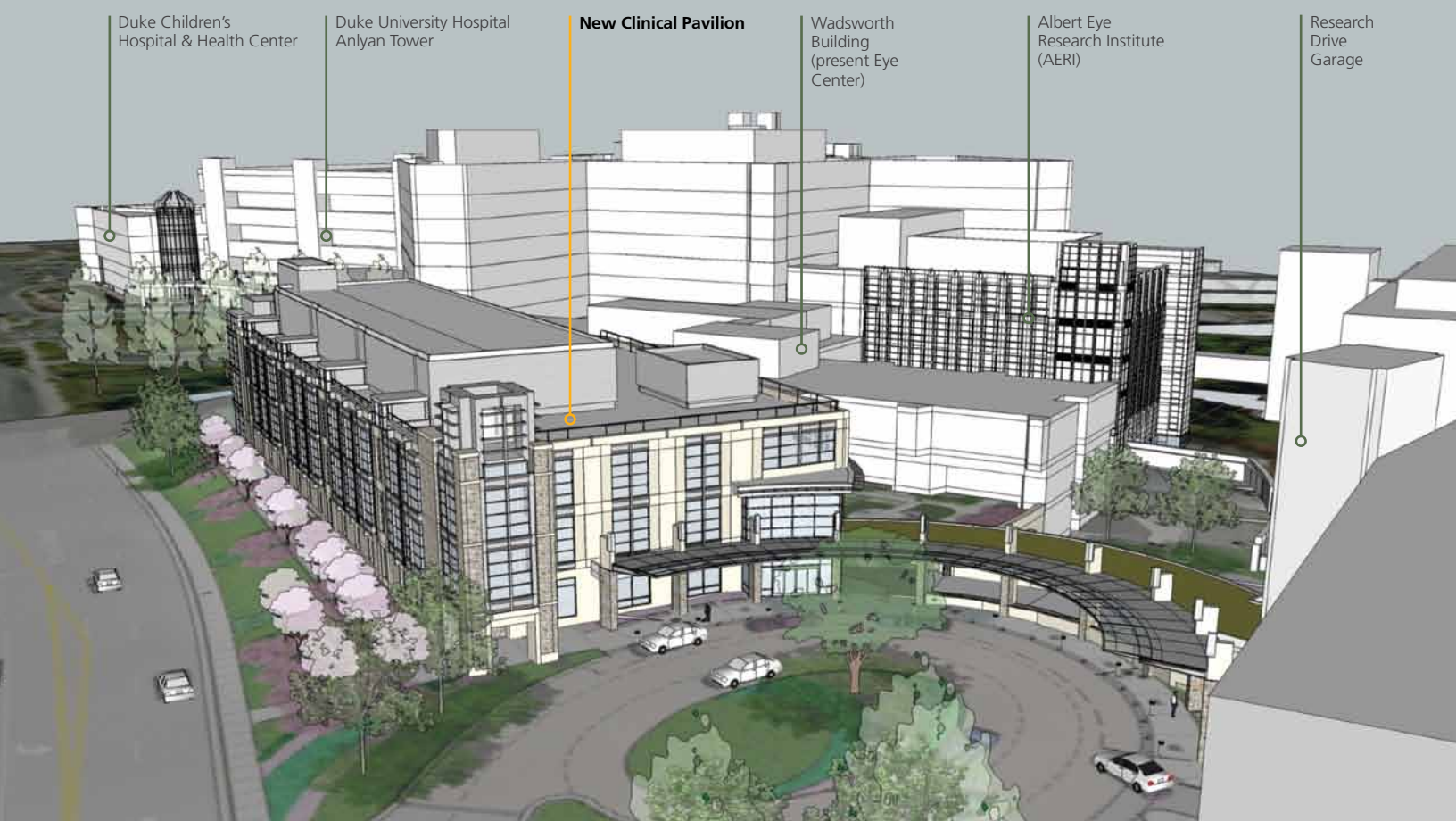
MAJOR EXPANSION AHEAD

Thanks to a lead gift from LC Industries, planning has begun for a state-of-the-art expansion of Duke Eye Center. A new clinical pavilion will create a prominent address on Erwin Road and a new front door for Duke Eye Center. The project is part of a major capital expansion, which will transform Duke's medical campus.

Potentially blinding eye diseases are a major U.S. health problem, with as many as 5.5 million Americans projected to suffer vision loss in the coming decade. The new expansion will allow Duke to better serve the fast-growing Triangle region by integrating the latest technologies in a comfortable and convenient environment specifically designed to meet the needs of patients with impaired vision.

The Duke Eye Center expansion will provide a modern clinical and clinical research environment that will greatly enhance the Duke patient experience. The expansion includes more patient seating, facilities for shorter check-in and check-out times, and centralized testing and photography areas, which will mean less travel across the clinic, streamlining and enhancing compassionate care for our patients.

Together with the Albert Eye Research Institute and renovated space in the Wadsworth Building, the new clinical pavilion will become the hub of Duke Eye Center, incorporating new patient amenities and services with Duke's expert clinical eye specialists and world-class ophthalmology research.





Lions Club

David Epstein, MD, chair of the Duke Eye Center, recently spoke at a meeting of the Durham Lions Club. After his presentation, Kaaren Johanson, president of the Durham Lions Club, presented Epstein with a check for \$3,250 on behalf of the club. This fulfilled a \$5,000 pledge to the Duke Eye Center Clinical Expansion Fund. The North Carolina Lions Club Foundation and the Durham Lions Club historically have been generous supporters of the Duke Eye Center through donations to pediatric services as well as the Albert Eye Research Institute. Local involvement, like that of the Lions Club, is integral to the success of the expansion project.

Sinskey Pledge



In February, Robert Sinskey, MD, member of the Duke Eye Center Advisory Board, pledged \$3 million to the Duke Eye Center Clinical Expansion Fund. This pledge was in addition to \$125,000 he

had previously donated to the campaign.

Donations, both large and small, help advance the goals of the Eye Center.