

Exploring Eye Health & Wellness

Ryan Fante, MD
Ophthalmologist



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Dr. Ransohoff: Hello, I'm Dr. Kurt N Ransohoff, the CEO and chief medical officer here at Sansum Clinic. I'd like to welcome you to "Sansum Speaks," the speaker series presented by the Sansum Clinic Women's Council, led by Julie Nadel and Bobbie Rosenblatt. The series demonstrates our commitment to providing not only the highest quality healthcare but also informing and educating our community on important healthcare topics. These talks will be filled with valuable information presented by some of our most distinguished healthcare providers. The more you know the more you will get out of your healthcare experience at Sansum Clinic. So again, thanks for joining us.

We're here to talk with Dr. Ryan Fante, one of Sansum Clinic's highly trained ophthalmologists who practices at the Elings Eye Center at our Foothill campus. Dr. Fante received his medical degree from the University of Colorado School of Medicine in Denver. And then he completed his internship at St. Joseph Mercy Hospital in Ann Arbor, Michigan where he stayed and then did his residency at the University of Michigan Kellogg Eye Center. He joined Sansum Clinic's ophthalmology department in 2014. Ryan, welcome. Delighted to have you here. Let's start maybe first with how you got here, and I don't mean, did you ride your bike here today, but how did you become interested in ophthalmology?

Dr. Fante: Well, first, thank you, Kurt, for inviting me to do this. You know, when I first...kind of the first experience that I had that impacted my decision was actually when I was a kid. You know, around the age of 9 or 10 years old, I had developed nearsightedness. I was actually quite nearsighted. And the interesting thing when you're a child is you don't know that anything's wrong. And I remember traveling to Arizona with my family, and we had actually gone to an NBA game. And I was so excited to go to the game, and I'm watching the game, and I can't see what's happening. And I hear the crowd cheering, and I'm asking my parents what's going on. And that was when they realized that there was something wrong. And we quickly realized by kind of testing my vision that I was not seeing what the rest of my family was seeing.

And so soon after that went to see an eye doctor and had...fortunately, it was as simple as just getting glasses. And I'll never forget, when I did get those glasses, just the impact, just the wow factor of seeing clearly. And particularly looking out the window and seeing the trees, and to me, they had always been these big green blobs. And to see those individual leaves was just really...it really made an impact on me. And I think that, you know, later on when I was in medical school, I realized that I kind of had a knack for procedures. And so ophthalmology was just a really...it was a really great fit for me because it allows me to do a surgical subspecialty and also be able to help people, and have an impact. And hopefully a positive impact in their lives similar to what I experienced as a kid.

Dr. Ransohoff: So how old were you when you finally got some glasses?

Dr. Fante: In about...I was in fifth grade, I believe, so 9 or 10 years old.

Dr. Ransohoff: Like, up until that point I mean, if you just...like, was the blackboard and classroom a blur?

Dr. Fante: You know, it's hard to say how long it had been going on for. A lot of kids who, you know, are reading often at that age will develop nearsightedness. And so my guess is it had probably been happening for a few years, you know, maybe a year.

Dr. Ransohoff: Well, that's a really good...I mean, that's a great story, and what a way for you to really give back with that background. You know, when I was looking at your CV, Ryan, I thought, wow, he really spent some time in some cold places. And, you know, tell us, how did you choose Santa Barbara, and how do you like it?

Dr. Fante: Yeah, so interestingly enough, my wife also grew up in San Diego so it was a little challenging to convince her to go out to Michigan for the frigid winters in my residency. But we actually...I flew here in December to Santa Barbara to look at Sansum Clinic. And I remember flying out of Detroit, it was below zero that day, and landing in Santa Barbara and it was, you know, beautiful 75 degrees. So that was an easy choice after those four years in Michigan.

Dr. Ransohoff: I can't remember if we took you to lunch at the beach. We sometimes we do that with people who came out from Michigan in the winter.

Dr. Fante: I think it was near the beach. Yes.

Dr. Ransohoff: You know, maybe you could talk about, you know, what it was about not just the weather, but maybe what about the Sansum ophthalmology experience that kind of attracted you here.

Dr. Fante: In terms of just Sansum Clinic, in general, I was really attracted to the fact that, you know, for me, patient care is what I'm most passionate about and that's how I enjoy spending my day. And what's great about Sansum Clinic for a physician is that we have the staff in place to negotiate insurance contracts and run the business. And that just really allows me to focus my day-to-day energies on, you know, what I'm passionate about. I think the other big thing was the multi-specialty nature of Sansum. The fact that we have this integrated model with, you know, primary care doctors and a variety of sub-specialists who can easily communicate back and forth, you know, share notes and discuss patients. That's just...it's such a great experience for physicians in that model and I think also for patients.

Dr. Ransohoff: Yeah, I know. I mean, I think there have been times when I've seen...been examining people and thought there was something wrong, you know, called you up and just sent them right over, which is...you're right, it's a great treat for doctors to have that opportunity and I think for patients to have that access.

Dr. Fante: Definitely. And having access to a patient's chart just right there and all of their other doctors' notes.

Dr. Ransohoff: Maybe you could tell us, you mentioned your day, what does your work week look like? You mentioned that you're in the operating room sometimes and in the office.

Dr. Fante: Yeah. So typically, for me, I spend one day each week in the operating room, mostly doing cataract surgery, sometimes pterygium surgeries. I also spend about one day each week doing minor procedures here in the office. And that usually entails injections, intravitreal injections for patients with retina conditions, such as macular degeneration or diabetic retinopathy. Also, do laser procedures on those minor procedure days. And then the rest of the week, the other three days, I'm just in the clinic sitting down and talking with patients.

Dr. Ransohoff: You mentioned cataracts, which I think we all have heard of, you know, certainly, physicians are familiar with them, but I think lay people have heard of cataracts. But maybe you could explain, you know, what exactly are they?

Dr. Fante: The eye is much like a camera actually. And when we're born, we have this clear kind of flexible lens in the eye. And the job of the lens is that incoming light is focused onto the back portion of the eye. And for most healthy patients around the age of 60 or 70, that lens will start to get more rigid, and also it will start to become foggy and opacified, and that's what a cataract means. And so, in practice, for a patient, it's kind of like they're looking at the world through a dirty window all the time.

The most common things people notice are that if they try to drive at night, those headlights will kind of hit that foggy lens and the light will scatter and it floods the vision. So many patients tell me they don't feel confident driving after dark anymore. Another really common symptom is difficulty with reading, needing more light to read, having to really turn on bright overhead lights, and then just a general kind of deterioration or fuzziness to the vision.

Dr. Ransohoff: You must be able to relate to your patients when you replace the cataract, and they must feel like you did when you were in fifth grade.

Dr. Fante: Yes, I mean, definitely. I think it's very similar to what I experienced. And it's really interesting, when the cataract gets to a certain level it impacts patients in their day-to-day activities just like it did for me. You know, there are a lot of patients who have hobbies, you know, creating art, maybe sports, and they can't do that the way they used to. Also, in just kind of day-to-day essential activities, a lot of patients say that they can't read comfortably or that they don't feel safe driving anymore.

And actually, a recent patient that I had, for example, this patient came to me saying that he had a grandson who played baseball and he just loved going to the games and seeing his grandson and following those games. And his cataracts had gotten to a level where he could no longer clearly follow what was happening and he couldn't even recognize his grandson on the field. And, you know, fortunately, after his cataract surgery, there was a dramatic improvement in his vision and he was able to go back and participate like he had before.

Dr. Ransohoff: You know, that symptom of difficulty driving at night is certainly one that I think even internists recognize as cataracts. Are there any other kind of symptoms that are really typical of certain eye conditions that people should know about?

Dr. Fante: Yeah, I think another big one is for macular degeneration. That impacts...going back to kind of the camera analogy, that impacts the back of the eye. It's kind of like the film in the camera is being damaged. And many

patients when they develop wet macular degeneration will develop what we call metamorphopsia. But what that means is that lines that you know are straight look like all of a sudden they're bent or wavy. And so we definitely warn our patients who have the beginnings of macular degeneration that if they ever notice that the doorframe suddenly looks bent or curved to call us right away.

Dr. Ransohoff: Interesting. That's a good one to know. Thanks. The audience will appreciate you're using a word that probably most people haven't heard. And I'll just comment to the audience that ophthalmology charts are almost indecipherable to anyone but an ophthalmologist. You know, you mentioned cataracts, and what are some of the other most common conditions that you see?

Dr. Fante: You know, as a general or comprehensive ophthalmologist, I feel comfortable taking care of most eye conditions that come in the door. But you know, most frequently I'm seeing patients with retina conditions like macular degeneration or diabetic retinopathy. We see a lot of patients who have pterygia. You know, the nice thing too that I didn't mention previously about our ophthalmology department is that we have the full kind of spectrum of ophthalmology and sub-specialists. And this is really unique in our community in terms of a practice model. We have a cornea specialist, we have retina specialists, oculoplastics, pediatrics, and so the ability...we really have the ability to provide care for almost any eye condition patient who comes to our facility, similar to what you'd see in an academic center.

Dr. Ransohoff: You know, Ryan, as an internist, I certainly am used to giving a lot of vaccines. And you know, I think some of the vaccines, particularly the shingles vaccine, might have a real impact on conditions that you treat. And maybe you could talk about some of the...at least the preventative vaccines that can keep people away from trouble with their eyes.

Dr. Fante: Yeah, so I definitely think...I definitely recommend the shingles vaccine to all people who, you know, are over 50 years old and don't have contraindications. You know, unfortunately, we see way too many patients who have developed shingles along the ophthalmic nerve. And, you know, for those who don't know, that's the nerve that goes to kind of the upper face and the eye. And, you know, there's currently about a million cases of shingles in the United States every year, and about one-fifth of those involve that ophthalmic nerve. So it frequently goes to the eye. And when it does that, it can have significant morbidity for our patients. We have, unfortunately, many patients who have permanent corneal scars. Some patients develop glaucoma as a result of this.

Actually, previously, today, I have a patient who, in 2020, had shingles, and she's still suffering from blurry vision and pain in that eye two years later. And so, highly recommend considering the shingles vaccine. It's over 90% effective in preventing shingles. And, you know, there's a new version of it that was FDA approved in 2017.

Dr. Ransohoff: Yeah, really, really good point, thanks for making that. I think we may have already gotten a sense, but in your day-to-day practice, you know, what is the kind of thing that is really the most satisfying thing for you to do or you feel, you know, that you are really fortunate to be able to do something for someone?

Dr. Fante: I think, going back again to the cataracts, that's a big one just because when the cataracts get to a certain level, patients are...their quality of life day-to-day deteriorates significantly. And so to be able to help restore some of that day-to-day function is really rewarding. And I'd say macular degeneration is another one. You know, we have...there are injections available for the wet form of macular degeneration and it allows us in many patients to restore vision that's been lost. And similarly, you kind of help the patient improve, actually see improvements in what they're able to do.

Dr. Ransohoff: You know, Ryan, a question that often comes up is, if you think you're fine and you don't seem to have any eye symptoms, you know, how often should an adult, you know, be going to the eye doctor just to be sure everything's okay? And if you don't think there's any problems, why should you go to an eye doctor?

Dr. Fante: Yeah, it's a really good question. The thing about a lot of eye conditions is that there are many eye conditions that are asymptomatic until the very late stages of the disease. Glaucoma is a good example of that, where often patients don't know that they've lost, you know, much of their peripheral vision until it's down to a very small central field. And so if we can detect these conditions earlier on in the course, they're just much easier to treat, and much more vision can often be saved. And so, generally speaking, kind of rough guidelines, for a patient who is 65 and older, the American Academy of Ophthalmology recommends once a year of seeing an eye doctor, even for a healthy adult who doesn't have eye problems. And then for that group of patients who are a little younger from, say, 55 to 65, it's about every 2 years. And then an even younger group of kind of 40 to 55, the recommendation is about once every three years.

Dr. Ransohoff: Another thing that might be good for us to know is on TV, you know, you see a lot of sometimes ads for eye products. Like, there's a lot of these blue-blocking lenses that you'll see on TV advertised for the computer. You know, what are they, is that something people should really invest in? Do they work? Maybe you could help us out.

Dr. Fante: So, you know, I don't routinely advise my patients to go out and buy those blue-blocking lenses, but there are some benefits to blocking blue light. There's kind of two factors. The first is called chromatic aberration. And what that means is that in the kind of visible spectrum of light, blue light has the shortest wavelength. And so that blue light is more sharply focused by any lens or visual system and that creates a blurry image. So I don't know if you've had the experience of looking at, like, a blue neon sign at night, but a lot of times those signs look very blurry, and it's because of how that blue light is focused more sharply.

The other factor is that, you know, blue light has rolling circadian rhythms in our sleep cycles. And so exposure to blue light in the morning actually kind of makes us more alert and more awake. And then the problem is that nowadays for work reasons, or just for personal reasons, many people are on their screens late in the evening after, you know, it's dark. And so exposure to that blue light can actually suppress melatonin and make it so that you're less drowsy in the evening and have more trouble going to sleep. So I don't think that the blue-blocking lenses are more healthy for the eye, but there are some situations where they can, you know, maybe help you sleep a little better or have a little bit sharper image on your screen.

Dr. Ransohoff: I think iPhones have a setting, like, where you can change from a daytime to a nighttime, kind of, lighting pattern. Is it something that you'd recommend?

Dr. Fante: Yeah, exactly. So that's, like, the night shift mode. And that's doing exactly that. It's taking the blue light out of the screen. And so I use that, you know, if I'm reading in bed before I go to bed, I do that.

Dr. Ransohoff: You know, the other thing, obviously, that we see a lot of ads on TV for are sunglasses. And you know, should we be wearing sunglasses when we're out in the sun? Or if you're not bothered, should you not be wearing? Does it matter?

Dr. Fante: Yeah, it does matter. I think in terms of when we think about prevention of eye conditions, wearing UV protection and wearing sunglasses or

a hat, it's really important because UV light has a role in a lot of eye conditions. So a few examples are cataracts, for one. We think UV light exposure accelerates cataracts. Also, pterygia, pterygia growth often kind of has a role...UV light has a role in that. And so I do recommend that from a prevention standpoint.

Dr. Ransohoff: You know, I think for those of us who are beyond their 40s and 50s, we can remember in our 40s and 50s, perhaps, when we kind of were realizing we started to hold things further away from ourselves. Or, as you know, I like to go fly fishing and I thought they really changed the size of the hooks on me without telling me. You know, what's going on? Why is that happening? And what should people do about it?

Dr. Fante: Yeah, so going back to that camera analogy, we're born with this kind of clear, flexible lens. And when we wanna look at something that's close to our face, there are muscles in the eye that kind of flex, and the lens actually changes shape to allow us to focus up close, and that's called accommodation. And what happens to almost everybody when they hit their mid-40s to late 40s is that that flexible lens in the eye starts to harden, becomes more rigid, and it doesn't flex and change shape like it did in earlier years. And so we call that presbyopia, and that happens to essentially everybody eventually. And, you know, so there are a lot of patients coming and asking me, "What can I do for that?" They find it very frustrating that they're holding things farther and farther from their face. And some people are getting a lot of eyestrain because they're trying to kind of tough it out.

And so there's a couple of options for that. One is just over-the-counter readers, those are great, so they provide extra focusing power, and most people with those do quite well. Another option is called monovision. And what monovision means is focusing one eye for distance and focusing another eye for reading. And so this can be done by wearing a contact lens in one eye to make that eye focused up close. Or it can be done with refractive surgery with LASIK or PRK. And so we see a lot of patients who find that that just adds convenience to their life and not having to be reaching for glasses or taking readers on and off all day.

And I should probably mention, there is one other new thing on the market, there's actually an eyedrop that was recently FDA-approved in 2021, and has also kind of been in the news. And this drug contains pilocarpine. And what it does is when you take this drop, it constricts your pupil a little bit and that helps to focus a little bit for reading. And it also stimulates that muscle in the eye, the

ciliary body that helps us to focus up close. And, you know, this drop, what I'll say about it is in when it was studied, there was a significant improvement in reading vision for about 30% of patients. So you know, some people found that it didn't make a difference. But I think for most patients, it's gonna be those first couple of options that I talked about.

Dr. Ransohoff: You're mentioning some recent developments. When you're looking forward in your field, what do you see coming on the horizon that's gonna be of interest to our listeners?

Dr. Fante: I think one really cool thing about ophthalmology and one thing that attracted me to it is it's often on the cutting edge of technology. And I think one area is telemedicine. We're increasingly seeing cameras that are really good at taking photographs of the inside of the eye without even dilating a patient. And so if these cameras can be deployed to areas where patients maybe don't have access to an ophthalmologist, those images can be sent remotely to an eye provider or even to software that kind of reads that and can flag an issue. And so I think this is really neat, and it's gonna allow people to kind of triage and get at least some attention sooner for potential problems.

I think another one that's really interesting is...and I mentioned that we give a lot of patients injections in the eye. And the unfortunate...these injections are miraculous, but the problem is that they don't last...typically, they last about four to eight weeks. And so oftentimes patients are coming in to see me, you know, 8 times a year or 10 times a year for injection in the eye. And that just becomes, you know, a real significant burden over time. And so there's a lot of work being done to try to create drugs that last longer. And so perhaps patients would only have to come in once a year, once every six months.

Dr. Ransohoff: Yeah, it seems like the kind of thing probably patients aren't really looking forward to having an injection in their eye, so.

Dr. Fante: No, it's...you know, I think the idea of it, the thought of it is probably the worst part, but it's still not something that people wanna have to do.

Dr. Ransohoff: Switching gears, Ryan, maybe you could tell us, you know, what do you like to do for fun?

Dr. Fante: Two of my big hobbies are tennis and gardening, and so Santa Barbara is ideal, I think, for both of those things. I play a lot of local tennis leagues and probably play tennis about three days a week. And I also really enjoy gardening. I really enjoy really spicy food, extremely hot spicy peppers. And so I've taken up kind of growing habanero peppers. I currently have a

white habanero plant that's doing quite well. And ghost peppers. And what's nice about those is that the birds and the squirrels leave those alone.

Dr. Ransohoff: So can you grow peppers hotter than you can buy?

Dr. Fante: Yeah, you know, the peppers you'll find...the hottest peppers you'll usually find at the supermarket are habanero, but I've definitely found some. The ghost pepper and the white habaneros are often even spicier. I think I'm the only one in my family who likes them.

Dr. Ransohoff: Well, if your family and the squirrels aren't eating them, I guess you're gonna be in good shape to have them all for yourself.

Dr. Fante: Indeed.

Dr. Ransohoff: Well, Ryan, that's...you know, we really appreciate you taking the time to talk to us today. It's really great that you can educate our patients on the expert care you provide. I think, you know, your work, and you mentioned this during our talk, is really a good example of kind of the big city medicine that we're really able to provide here in our small town and at Sansum Clinic. So again, I thank you for taking the time and we look forward to having you back another day.

Dr. Fante: Well, thanks for having me.

Dr. Ransohoff: Thanks so much. Thank you for joining us for "Sansum Speaks." We hope you found this to be valuable information. To view all of our talks, please visit sansumspeaks.sansumclinic.org.



Sansum Clinic
P.O. Box 1200
Santa Barbara, CA 93102-1200
<https://sansumclinic.org>
(800) 472-6786
communications@sansumclinic.org