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Low vision, Dr. Vicki Wong, Maryland Optometric Association, visual acuity, contrast sensitivity, age-related macular degeneration, glaucoma, diabetic retinopathy, cataracts, diagnostic tools, magnifiers, electronic magnification, AI-assisted devices, mental health, community support.

SPEAKERS

Dr. Vicky Wong, Ashley Biggs, Announcer

Announcer 00:01
Ashley, this podcast is brought to you by the Maryland State Library Agency, the MSLA podcast features presenters from Statewide Youth Programs as well as learning opportunities for library staff and resources for patrons of the Maryland State Library for the Blind and Print Disabled.

Ashley Biggs 00:21
Welcome everyone. This is Ashley from the library for the blind and print disabled. I'm so excited to have you here again, visiting with us for another LBPD Guest hour podcast. My guest today is Dr Vicki Wong, and I actually met dr Wong through the Maryland optomic Association, and she is amazing, and she's here to talk about low vision. And Dr Wong is a highly accomplished optometrist at Shady Grove eye and vision care. She's a graduate with distinction from Nova Southeastern University College of Optometry, and a member of the Golden Key Honor Society. She completed an ocular disease residency at Lexington VA Medical Center with a focus on low vision. Dr Wong specializes in primary eye care, particularly myopia control and dry eye management, and is an active member of the AOA, the American Optometric Association, contributing to the vision rehabilitation section. She serves as the chief medical officer of the myopia Institute and writes patient education content for intro wellness. In addition to her professional roles, Dr Ruang is the president of the Maryland optometrist Association, the first all female board, and she is a founding member of young ODS of America outside of work. She enjoys food, volleyball in time with her family, including her two young children and her pomerating habits. Did I get it all in?

Dr. Vicky Wong 01:49
Yes, thank you for that nice introduction. Well,

Ashley Biggs 01:53
Dr Wong, it's so nice to have you here. You and I've had a chance to chat chat before. I've been looking forward to this for a while. I'm gonna just start off with that first question. So what is the medical definition of low vision, and how does it differentiate from complete blindness?

Dr. Vicky Wong 02:11
Yeah, absolutely. And a lot of our patients can also tell already. But if we are defining it medically in terms of like what we have to submit to things like Medicare and health insurances, you need to be in the realm of somewhere around 2070, to 2400 with or without your correction. And that's a distinction, because some people obviously, if they don't wear their glasses, they don't see as well. So those would not be the ones that fall into this category, because once they put glasses on, they can achieve, you know, 2020 or 2025 coincidentally for the state of Maryland, that is also the limitation for a legal driver's license is up to the 2070 mark. So it kind of follows hand in hand there. If you have low vision, you have restrictions on your driving. There are little nuances also about more your peripheral vision. So peripheral vision affects some diseases like glaucoma, and if you have peripheral vision that's affected and you get more of a tunnel vision effect, that also decreases a lot of the information you can receive visually. So that is also another consideration for low vision, and it'll be like a little tunnel vision. You're looking through a very small sliver of the vision that's not affected because of, again, some dirt nerve damage in the back of the eye. Oh,

Ashley Biggs 03:29
wow. Again, that that important number is 20 over 70. 2070,

Dr. Vicky Wong 03:33
to about 2400 anything past 2400 would be more in that legal blindness category. And again, this is just on paper, just for quantifying purposes. It doesn't mean that they would not be successful with low vision devices. That is just how the low vision categories are.

Ashley Biggs 03:56
Oh, Dr Wong, oh, there she is. No way that's I should be on stable Wi Fi. Not sure why. You know what it's technology and it happens,

Dr. Vicky Wong 04:08
right? Yeah, it kicked me out. It didn't like my last answer.

Ashley Biggs 04:14
You know, you, you have a wealth of experience. What are some of the common causes of low vision that you encounter in your practice.

Dr. Vicky Wong 04:21
Yeah, personally, over here in Maryland, most of low vision is affected, mostly because of age related macular degeneration, because while there are lots of great advances in terms of medications, injections or early intervention, that is still something that is very debilitating and can deteriorate very fast, and also because it happens often in one eye, worse and faster than the other eye, some patients are just not aware that their vision is changing, because it is, I guess, a little less common to check your eyes individually throughout the day and see what's going on. So sometimes with the later intervention and. Even, again, with all of the newer technologies, it's almost a little too late to help prevent some of that damage from macular degeneration. Additionally, the next more common ones would be glaucoma

as an eye disease, diabetic retinopathy, or again, diabetes in general, that affects the retina in the back of the eye. We have lots of blood vessels back there. So that's why the conditions like macular degeneration and diabetic retinopathy affect our vision so much less common. Luckily, are things like retinal congenital or inherited conditions. We do see a couple of them, but in a sense, that's almost easier to manage, because those patients, congenitally, again, start off with pretty poor vision, so they have had all of their life to get adjusted and understand what low vision is, versus it comes as quite a shock to my macular degeneration patients or glaucoma or again, diabetic retinopathy patients who've had great vision all of their lives, great vision that has been able to be corrected with glasses or even contacts, and that they can see well, and they got so used to being able to see well that it is more debilitating to those patients by the time say something happens in their 70s or 80s to then accommodate and then get used to the low vision portion of their day to day activities. With their vision, we

Ashley Biggs 06:21
definitely see that, you know, that's something that that we see at the library too.

Dr. Vicky Wong 06:27
Yeah, the younger you are, of course, also a little bit more, you know, able your shift with things in general. And then, oh, I forgot to mention, like cataracts. You hear about cataracts a lot, and it is a very common condition. Everybody that lives over the age of, say, 65 will get cataracts and before, maybe, if surgeries were not as accessible, or again, it was very, very late for us to catch it and surgery wasn't advisable, then that could cause low vision. But we're seeing that way less in general now, even though, again, it's an age related thing, it's very common, and cataract surgeries are very common. So as long as everything is straightforward, that's usually a more preventable or operable type of low vision patient, versus something like macular degeneration glaucoma. Once those things degenerate or deteriorate, there's unfortunately no replacing those parts of the eye. Gotcha.

Ashley Biggs 07:23
Well, how do you determine the severity of low vision in a patient are, you know, I'm assuming you're using diagnostic tools.

Dr. Vicky Wong 07:32
Yeah, some diagnostic tools that are both objective or subjective. So say the patient's just really not good at verbalizing. So again, your younger patients, we have ways that we can diagnostically see. Hey, is there vision affected because of just simple need for glasses, or if it's more affected because there's something congenital going on? So there's machines, we have cameras, retinal cameras, and things for that. And then we also have good old fashioned, what we call like a retina scope. Is our handheld kind of bread and butter to let us know. Hey, is this purely just a prescription thing? Are they just nearsighted or far sighted or have astigmatism? But the main tool is what everybody is used to seeing at an eye doctor's office. It's that eye chart, our visual acuity chart. It's the one that usually starts off with a big E at the top to make sure that you could see the mirror or the chart itself. And then we go down and we break it down to smaller and smaller angles. Another portion that some people may not see as often is a contrast sensitivity chart. It might be in the same program, because, if it's a digital chart, it can be in the same program as that, or it can be in on a separate, standalone stand, and it

checks how well your contrast is. So a lot of our patients with low vision, they can see again, the Big E because it's such a bold letter. It's not because of the size, but because it's such a bold letter. But they have contrast sensitivity issues because, like, the nerve is damaged and it's not sending the right signals. So then we tested their contrast, and we noticed, oh, it's not because they can't see it's because they've lost some signals that doesn't allow them to see things as sharply. And then there's some certain ways to that we can enhance that as well. But again, that's usually loss of nerve function from some damage, of some eye disease, and we lose some contrast sensitivity there, but those are the two main diagnostic charts, our visual acuity chart and our contrast sensitivity chart. It

Ashley Biggs 09:33
just amazes me that with all the advances in technology, we're still using the eye chart. You know what I mean? Yeah,

Dr. Vicky Wong 09:38
yeah. I've been in practice for like, 12 years, and before the the charts have definitely improved, because before you had the like, projector style ones that had the same exact letters so kids, like, totally could, you know, memorize the charts and kind of maybe stump the doctor every once in a while. But now, now that everything's digital, like most of the. World the charts at least are, you know, interchangeable, and we can test things out and kind of filter things out a little bit better. So I would say there's still some advancements. But, yeah, it is still looks like a chart. Yep,

Ashley Biggs 10:14
I just have this picture of an old timey, old timey vision doctor, you know, with the chart 20 feet away, and you're like, Okay, try to read the chart, you know, versus where it is now on a screen, you know? Yeah, yeah. On a screen, yep, you know, you said you've been practicing for 12 years. And there has to be some emerging treatments or technologies that you're excited about for low vision patients,

Dr. Vicky Wong 10:38
yeah, yeah. So it's kind of like 5050, there's definitely tried and true kind of devices, like you see, and you know about magnifiers and enhanced lighting and stuff like that, and telescopes or binoculars, right? Like, you can't really make those that much more high tech. And then there's definitely more high tech in terms of electronic magnification. But while it's high tech, it's, unfortunately for a lot of people, just a little out of reach, because that technology comes at a price, right? So while that's available, maybe not all patients can drop $5,000 on an electric magnet Electronic Magnifier device like that, and they're sometimes pretty clunky, you know, and then something that's more portable, that's not electronic, are your typical devices, like your magnifiers, again, loops, telescopes and stuff like that, that are, again, very tried and true. And I try to stay up to date as much as I can being outside of an academic setting. But there are other ones that are wearable devices. Those are some great new technologies that some of them are also AI assisted. So you know, you have these smart glasses for normal sighted patients that are out there on the market, and they've been able to utilize the AI that's in some of those glasses to incorporate enhancements for low vision, and that would be more of your audio visual type of enhancement, not so much like a magnifier that can zoom in, you know, Tony Stark style from Marvel comics, but being able to have something, be able to read out loud to you in real time and interpret, you know, the print and the font that's on there. Of course, some limitations with

languages and stuff like that still exist, but there's a device like the OrCam that does that, again, kind of can read back to you what you're seeing. Some AI assisted ones are also available, where you can point your eyes in a direction with these glasses on, and see you know your environment, and then it will describe to you your environment, which I think is pretty cool, and again, just keeps you more aware. I can see this working well with patients that are in more of a city setting. Maybe needs to find the bus stop or the next metro stop, or if there's a lot of people around them, a crosswalk, sidewalk and stuff like that. But in a typical patient of mine that maybe lives in an assisted living home because I'm in a more suburban area that's maybe not as useful, and sometimes just the wearables or the magnifiers that allow them to just have enhanced vision is enough to, you know, read the menu at dinner time, or, you know, find their pills more accurately, because all white pills look the same, things like that. Oh,

Ashley Biggs 13:30
yeah, yeah. And, you know, there are so many, you know, we have our, you know, at the library, we have the technology user group, and they, they talk about certain technologies every so often. So it it's nice to hear from from your perspective, what works and what doesn't work,

Dr. Vicky Wong 13:47
yeah, and it's very specific. That's why we have low vision exams. You know, it's not like a one size fits all. I try to tell my patients, like, if you give me your top three wants, we might find three separate tools to help you with those. I try to write off the bat, let them know I do not have a magical one fix I want to set our expectations I do not have a magical one. Size fits all. One tool fixes everything. Magic pair of glasses that I can just make so much stronger that, you know, the previous eye doctor didn't know how to do nothing like that. So we set expectations that are low vision exams for things like that. So

Ashley Biggs 14:25
you actually, kind of, you kind of actually answered my next question, which is, what adaptive tools and resources do you recommend most frequently? You know, is there a particular tool that you end up using? You know, because you said you don't have a magic wand, but you Yeah, I'm sure there's a couple that you kind of like go back to, yeah. So

Dr. Vicky Wong 14:45
most commonly, I would say, and a technique that we have is separating their distance vision prescription from their reading vision prescription. A lot of people are in bifocals, progressives. Multifocals, whatever you want to call them. They've gotten used to it again, because they didn't have low vision until now, at age, you know, 7080, or whatnot. So they've had all these years with normal types of glasses, but with low vision patients, because either if they have tunnel vision, poor contrast, or, again, just very blurry vision, centrally as well, if you have something that has such a variation in the glasses, it's really hard for them to focus on. And separating out the prescription into just a distance pair for when they're walking, when they're trying to watch TV, just gives them so much more real estate to look through. Instead of having to find that sweet spot in a pair of glasses that normally would have multiple prescriptions. It also really helps, because this demographic of patients is also at a higher risk of falling or tripping, so separating that out and keeping a distance also avoids the area of that reading prescription like getting in the way of their vision, or making things look too magnified when they look down, or again, not being able to find the sweet spot, so that really helps prevent falls as well. So that's

a safety enhancement. That's a vision enhancement. So that is usually a very, you know, straightforward go to technique. Another thing that I use a lot are, again, your magnifiers. Everybody feels very they feel like they lose their independence when they cannot do their own finances, when they cannot read a book, and you know, with all the options you have at your state library, that they just feel a little disheartened if they can't do some of these things on their own. So again, with magnifiers, with the aid of audio visual and things like that, then that that is another very, very straightforward go to and we can trial that out in office we make prescription or, you know, provide prescription magnifiers, which is different than those, you know, old school magnifiers that look like you're trying to solve a detective case. So we don't do those.

Ashley Biggs 16:58
I actually once had a patron way back when, when I was a branch manager down in Mississippi, I had a patron who had one of those old school magnifiers, yeah, and she loved it. And one day she came in and she had forgotten it, and we, like, scrounge, we were looking for it, and we just didn't have one. So we ended up buying a couple. And, you know, as her vision worsened and she was relying more and more on it, because she was, you know, we, you know, she ended up going to the Mississippi Talking Book service. She ended up finding a magnifier that was as big of a cage and had lights all around it. Oh, yeah, yeah, yeah, that was really cool. Yeah, light

Dr. Vicky Wong 17:41
really helps out a lot. So it's similar to, like, a light a filter, those will enhance contrast. So the way I explain that for a lot of patients there is, like, you know how it's harder for you to read in dim lighting, anybody, regardless if you have low vision or not, you can't read as well in dim lighting. Like at a restaurant, those menus and the restaurants got that nice ambient lighting, but then you can't see it as well. That's day to day for a low vision patient. That's not just at a menu at a restaurant. That's day to day, everything's just a little dimmer. And so if we can enhance it with more light that gives them more contrast, and that already works a lot of wonders there, in addition the light on magnifier. So that's why, again, those old fashioned ones that are just more your over the counter kind of magnifiers, if you can get by and use that, then you probably don't have low vision. You probably just, you know, little, need a little boost here and there. You know, smaller, smaller fine print and stuff. But by the time you get to me, usually need more of like a low vision magnifier. And those usually have LED lights, or, again, stronger powers, they go all the way up to, like, a 10x and magnification, but yeah, some things like that will help out.

Ashley Biggs 18:50
So we've talked a lot about the technology, and you know your experience, I you know, and I know with with HIPAA and all sorts of stuff that you can't, like, go into, like, lots of details. But can you share a patient success story where treatment or adaptation, like improve their life? Yeah,

Dr. Vicky Wong 19:07
so let me pull one up that is more of like a congenital condition. So albinism is an inherited congenital condition that can affect the vision. So you've seen albinism, you know, on the surface of a patient, usually they're very, very pale skin. They have super, super light or light blue, or even see through like irises and the iris color on their eyes. Those patients are one very, very light sensitive, because they

don't have any pigment, any melanin that helps to absorb the light coming in. So say, like, you know you're wearing a dark colored shirt, you feel the heat of the sun more than if you were to wear a white colored shirt. So that pigment absorbs a lot of it for you. So the if there's no absorption happening, then one that patient obviously will sunburn more easily. But in the eye, it's just very glue. Layering. So what we did for a patient is we got them so comfortable with being able to see without all of that glare, with different filters and an updated prescription in their we did a specialty type of contact lens that also has tints in it as well, and that's, again, not your typical. It's not like it's magnification or anything. They just had so much sensitivity and loss of contrast and everything that just a couple things on top of their eyes to kind of give them, like a an artificial Iris, in a sense, to block off a lot of that bright light help them to be able to even feel safe driving. So, like I said before, like, you know, being able to read on your own, being able to, you know, read a book or read your finances or newspaper or something, that makes you feel like, of course, you have a little bit more of your independence back. You have a choice of what you want to do in your free time. That was a super important to that patient. They're now, you know, 21 years old. They had been living on campus for, you know, college for a while, so they weren't really driving. So it didn't really affect them. Now, they're in the real world. They want to contribute to society. They want to be able to get to a job. And in order to do that, you know, in our suburban area, you usually have to drive. So we got them to the legal limit of driving, just by a couple things like that, and again, some specialty lenses, thinking outside the box like that. Really, really helped that patient and be a more, again, successful and contribution to society.

Ashley Biggs 21:30
I love it, you know? I don't. I forgot all about albinism as a, as a, as an eye issue. Yeah, you know, what do you wish more people understood about living with low vision of blindness?

Dr. Vicky Wong 21:46
Yeah, so a lot of common misconceptions is because you don't know what you don't know, right? Like, if you are normal sighted, you don't go through day to day activities that you know your vision affects and bothers you. So I guess it's not necessarily a misconception, but it's also like the family support you need. And while not everybody has, you know, a very dynamic or inherent family, I really always ask a lot of our patients to hey, if you have a family member or if you have a caregiver, please make sure that they're at the exam as well, so that, you know, it doesn't all the information I give you, like even in the short, you know, talk that we're having, this is the same kind of stuff I talk to my low vision patients, and it's a lot to comprehend, especially if it's their very first exam, or they're expecting something completely different, because they've only ever gone to, you know, eye surgeons before, and now I'm talking to them for, you know, 3040, 50 minutes and going over daily activities, versus like, Oh, I'm going to put a needle in your eye. Oh, I'm going to do this test on your eye. You know, like, there's much more communication that caregivers family members, if it's like a sibling that helps them out, if it's their child that helps them out, if it's an adult child, then having them in the room is just really enforces the expectations, and then also the role of what that patient can do or not. I don't want to ever tell a patient they cannot drive without a witness. You know what I mean. So if their vision is so again, low vision, that I'm either taking away their license or not renewing their license based on vision requirements. If they're the only person that knows about this, no one's gonna stop them. No one's gonna keep them on track. I like to be able to tell a spouse or somebody else, like, you know, at this point, we're just really not legal for driving. I say it in a nice way if I have to scare them. You know, some patients need the

tougher hand holding. But I like it whenever I have somebody else in the room to again coordinate care with, because even though I say like hey, simple things like again, if they are a coffee drinker and they just keep burning themselves, because they keep over filling their coffee bug, like, hey, take away all the navy blue and black coffee mugs. You are not seeing the distinction of contrast between that coffee or the tea and that black mug. You need to only drink out of white mugs from now on, that goes in one ear and out the other, you know. But if somebody else is there, a caregiver, a spouse, they'll be like, Oh, that's so simple. I can help them with that, you know. Let me take away all the dark colored bugs and not let them have a chance to burn themselves again, so things like that again. It's not magic. Sometimes you point it out, and it's like common sense, but it is a misconception that, you know, it's all up to them as the patient to be able to make all these changes, or be able to implement all these changes.

Ashley Biggs 24:38
So it really does take a you know, no, because I, I know them, yeah, because, you know, we work with, we have patrons who are very independent, and, you know, so I know that, you know they, they're probably the ones going through the mugs of themselves. And they're like, Yep, I got this. I got this. And then there are some who, you know, um. Need a little extra hand, so it kind of just

Dr. Vicky Wong 25:02
depends, yeah, and the other part of it too. It again also enforces that I've told this patient, there are no magic glasses. I would love to make magic glasses I cannot, you know, again, I ask for your top three once, like you want to be able to read the newspaper again, you want to be able to watch the TV more comfortably after five minutes. You want to be able to take a walk outside without feeling like the glare is debilitating. Those are three separate ones in three different environments that may require three different tools, and sometimes that's just a lot for them to again, understand, take in and come to terms with they came in thinking, Oh, we only I can help with one thing. No, I can help with multiple things. You need to come to terms with being accepting of multiple devices. Some people don't want to be bothered by carrying multiple devices, multiple magnifiers or glasses, and there's just too much for them, or they think they think they can't keep track of it. Well, that's whenever that spouse maybe would help you out and be like, Oh, hey, sweetie, we're going outside for a walk today. Do you want these glasses instead of these ones, you know, and help them keep track and again, remember, Dr Wong said that these glasses won't work for you as well outside as these ones will, you know, little reminders here and there to again, assess that there's no magic glasses.

Ashley Biggs 26:23
Well, that actually brings me to my next question. Because you see so many low vision patients, how does low vision impact mental health, and what advice do you end up having to give patients struggling with these challenges? Now, I'm

Dr. Vicky Wong 26:38
not a mental health professional, but I definitely, like you said, see a lot of these patients and hand in hand, it definitely does. I always try to do my best to be aware of their feelings, and again, their sense of when they come into the office, are they, like, very depressed or in despair, and I am their very, very, very last hope. You know, they've been bounced around to different doctors and stuff. That's another

reason why in preparation for the appointment, we always advise that spouse, caregiver, child to accompany the patient to that appointment, because, you know, they might just, they might be the only person that sees them outside of, like typical doctor's eye exam, doctors exams and stuff like that. And I want to make sure that they're not just dropping them off, letting whatever happened to that patient and then just picking them up, you know, like, there has to be a continuity of care, and that's very important with the mental health because that person that's taking them to the exam, because, again, most of the time my low vision patients are past that legal requirement, driving wise, somebody's driving them, I want to know who's driving them, who's coming to that exam with them. Do they have the support from them and stuff like that, but that personal support system, regardless if it's a family member, it's an institution, it's an assisted living center that is vital in the impact of their mental health.

Ashley Biggs 27:53
You know, I know that you're not in an academic setting, but you know you and I have talked before, and I know that you are very active in MLA and a couple other organizations. What advances in medical research hold the most promise for preventing or reversing low low vision?

Dr. Vicky Wong 28:12
Yeah, so I always try to make sure that the patient, whatever their low vision reason is right, is also seeing a specialist and maintaining their appointments and things for that specialist. So if, again, their low vision is from glaucoma, I just regularly reinforce make sure to follow up with your glaucoma specialist. I am an eye doctor, but I am not your glaucoma doctor. And just making sure there's the distinctions there, because those specialists are the ones that have the hand and the pot of you know, what's the latest research at the NIH what's the latest clinical trials and stuff like that? I hear it secondhand. I'll hear it from a patient, and they'll be like, thank you so much for referring me back to so and so they said I qualified for this study, and now I feel like I have so much of my vision back, you know. So while some things are reversible or, you know, being able to be aided with surgeries, with different advancements like that, not all of them are, and a lot of the times, the aim for a lot of those studies and advancements is to keep everything stable. So stable is also good. No change, no deterioration. Stable is good. So I don't want to downplay the fact of like, the stable type of, you know, help that a lot of these studies can help with, but not everything needs to improve for that patient to feel successful. So we're not trying to get you back to 2020. I think that's, in general, pretty recognizable that you led as an age 80 year old is not going to see as well as you as age 18, right? That's that's something that should be pretty understandable, and sometimes we have to talk about it because they, again, don't remember a time that they couldn't see, you know? And this is like so new to them. But a lot of those are good again, getting. Them back to their specialist is really the the sounding board for a lot of things. With advancement in technology. There's been things with implants that have been able to replicate retinal cells. There have been some advances in some nerve tissue tissue regeneration. Those are definitely less common, and again, just inherently much, much more difficult, especially when you're working on the size of something as small as a nerve or an optic nerve. So while there's not as much out there, I do hear patients that are, you know, their lifeline is, is their specialist? I'm just a different specialist.

Ashley Biggs 30:39

Well, I mean, it's, it's nice to have that person you can turn to that can point you in the right direction. And I'm sure that that's been, you know, that that has made life so much easier for some of your patients, where they've come in and they've said, hey, you know, I'm not seeing so well, and you're like, yep, you've got AMD, and when's

Dr. Vicky Wong 31:03
the last time you saw your specialist? Right? It's been two years. I don't go back, because they always tell me my vision got worse. I'm like, Yeah, but there's sometimes, there's a reason, and there's also a way to fix things from getting worse, right? Like you, you want to go every year or every six months, or every four months, whatever your iteration is, and hear that things are stable because they've checked and ruled out things that are going to make you unstable, that that's, that's a great exam. That would be a great follow up, you know, I don't want you to not go to your specialist for every, you know, three years. And then, yeah, at every three years, if you haven't been going, there's a possibility that, yeah, you're gonna get told that your vision got worse, right? But they missed some areas of possible interception of, you know, certain types of treatments and things, or they could have gotten you to me sooner. So that happens vice versa too. Like, while I ensure that they continue their care with their surgeon, a lot of my referrals are from the retina specialists themselves. Like, hey, you know, I know you don't feel as comfortable anymore. Let's get you in and see if a low vision evaluation will enhance your vision any better. Because I'm not able to stop this from progressing that much longer. I think you need to, you know, come to terms again, or know what the expectations are. So we'll see that as well. Wow,

Ashley Biggs 32:21
I didn't think of that. You know about, about the special sending them to you? That's,

Dr. Vicky Wong 32:31
yeah, I would say, actually, I it's 5050, like I would say, 50% of my patients are referrals. 50% are looking for me. The problem with that is, I would rather have 100% of my patients be referrals, because if the if it got to the point where the patient has to find me, how long has it been, you know, since I could have helped them already, right? Right?

Ashley Biggs 32:53
Yeah, it's kind of, I kind of equate it like going to the dentist, yeah, you know, no, no one likes to go to the dentist, but it's important to go. And, yeah, don't keep up with the appointments. And you gotta, you know, looking for the dentist. You know, by the time I go looking for my dentist, I'm probably doing, you know, probably missed my cleaning. Yeah.

Dr. Vicky Wong 33:14
And then back to that, like, mental health portion, too. Like, again, checking in gives you the reassurance so that you are not in this like mentally downward spiral of always hearing bad news, right? If you can go in have a few healthy checkups every so often, or understand what it is that your disease state is doing to your eye. A lot of times, I'm still one of the first persons to tell them why macular degeneration affects their eyes the way it does. And a simple example I use is that is a lot of patients understand a old school camera. You got a camera, you got the housing, you got the lens, you

got a lens that's focusable, and then you've got the film in the back. The film in the back of the camera is your retina, if you don't have any film, or the film is burnt up because of light exposure, because of again, correlating that to the disease state, you have that film. There's no such thing as replacing that film in real life. It can be replaced in cameras, but really cannot be replaced in real life. In your eye the lens is the glasses. So I can fine tune and I can adjust the glasses, but if there's damage on the film in the back of the eye, no matter how strong I make that lens, you know, you just can't focus through it, right? And that picture that gets taken is not going to be as clear. And then there's mirrors and things inside of that lens, and that's also how your brain interprets it. So your brain is part of your vision system. If there's a disconnect with the nerves from your brain to your eye again, you cannot just replace those pieces whenever it's in your eye. You can replace certain pieces like that in the camera lens, but not so much the eye, right? Yeah, I think that's what a lot of these, you know. Um. New studies and clinical trials and stuff with implants and things are working on because they know that it's just too hard to try to retie, remake, grow stuff or anything. So it has to be more of like an implant. I'm

Ashley Biggs 35:13
seeing the future of bionic eyes like, you know, so

Dr. Vicky Wong 35:18
has Hollywood,

Ashley Biggs 35:22
you know, I could see the future of what is it? The $6 million Man, is that what he was? He was like, all bionic inside. But I guess my last question to you would be about roles of communities, and because we talked a little bit about mental health and the importance of having a support system when you're diagnosed with low vision. But what role can libraries like mine, community organizations like at play in supporting individuals who have low vision or blindness? Yeah,

Dr. Vicky Wong 35:54
well, whenever you have such highly distinguished libraries like the Maryland State Library, because Didn't you guys win a regional library of the year last year? Yeah. So whenever you have communities, libraries like yourselves, that are always striving to be the best, right? You're gonna stay up to date. You're gonna have that network that is needed for these patients to reach out to. We have communities in the sense where, you know, like, there's some government support, of course, in certain departments of health services and things like that. Because, again, a lot of patients still want to be contributing members of society, so they're trying to get enough vision back so that they can function at a job level or have some training and things like that, but online communities are that's, again, like a very double edged sword, because online means you have to visually be able to find it in most cases, on the internet, and if you have such low vision that navigating a computer screen is difficult, that is harder, but that's where Your support of your family members, your assisted living home, and the caregivers around you should know about these communities. So I think a good thing for a lot of these type of communities, libraries and stuff, is not just reaching out to the patients or the patrons, but making people aware that would be able to help those patients or patrons reach your community is also super, super helpful, right? So net, letting all eye doctors know, regardless if they're a surgeon or if they're an optometrist or whatnot, know about your services and your community that I think that that network is

that would be, you know, just make that so much stronger. And there's things like National Federation for the Blind, which is in our backyard. It's in the state of Maryland. It's in Baltimore. They have services like free white canes for the blind community, or low vision, because you don't have to be blind to use a white cane. Any any measure of safety enhancement is super appreciated with anybody with a visual disability. So you don't, again, have to be blind to use white cane. And I think they're getting a lot of that in terms of, like, a message across also, if you have decent sight, even if it's low vision, you can practice now in preparation, you know for when things deteriorate or if things get unhealthy, then you already have the background of knowing what to do. It's a lot harder again to pick up new things when you don't have the visual input to learn the new things, right? So again, earlier intervention, more communication to your family support system, your caregiver support system, the assisted nursing homes, the eye doctors, the eye surgeons, all of the above, I think, would really enhance those resources that you know, already exist. I'm not saying it's, you know, something that needs to be created, but the stuff already exists. It's there. It just needs to be more accessible.

Ashley Biggs 38:58
Oh yeah. And you know, I know that public libraries across the state, they, you know, they when they signed on for Libby, which is the downloadable book service. You know, one of the chief complaints was that it was not accessible to voiceover, which a lot of low vision and blind people use on their phones. And Libby had to go back and, like, fix that. And the public libraries were out there going use Libby. Use Libby. You Libby, you know, with their with the patrons who were, you know, AMD, and, yeah,

Dr. Vicky Wong 39:33
yeah, yeah. I think that's, again, just important to to keep in mind, like, what is it important? Because it's not a one size fix all. The goal for a lot of low vision patients is just to be able to make their own choices and be able to do their thing that level of independence, and they won't. They don't like being told what they cannot do, right? So if they if it takes a little bit extra time, more work, again, a different tool, a different magnifier, most of my patients are, again, very appreciative of that I've had. Hobbies as unique as ink, pen restyling, some of one of my had a patient, low vision patient, like her main hobby that she would love to get back, to be able to do was to be able to re I guess, apply the filters or the filaments needed in ink fountain pens. And that's very small. So yeah, we went over expectations and things like that, but she had no interest in being able to read again. She was like, I was never a big reader in my former life. I don't think I'm missing out on much. I like my alone and quiet time, and I want to fix filaments on fountain pens. That was her thing. I know everyone's different, yeah,

Ashley Biggs 40:42
and I know that being in public libraries for God, as long as I've been in a public servant, you know, I've seen libraries host programs on different hobbies, I can see where they could adapt things like that for people with low vision and blindness, yeah,

Dr. Vicky Wong 40:59
because certain things need to be hands free. Certain things, you know, need much more light and things, right? So there's just a lot to take into play. But I think I might actually start also having whenever they schedule appointments, like bring whatever it is that you're you want to be able to do.

So right now, a lot of people, they'll have it in their purse anyways, but they want to read a book, so they have a book in their purse, or something like that, right? Things like that. But a lot of now, I think I don't know if it's just more niches or more hobbyists or what, but I get hit with a few random things like again, fountain pens. Then I'm like, I don't have one of those on hand to test your vision today.

Ashley Biggs 41:43
Oh, Dr Wong, this has been an amazing talk, and I really appreciate your time. Is there anything you'd like to say in closing? No, I think we covered a lot. So thanks for all the really thought out questions, and you made me think about a lot of these. Well, you know, I know. I want to give you a huge shout out. You've been an incredible partner getting the library's information out through Moa. And for those who don't know, the Maryland Optometric Association partnered with the library for the blind and prompt disabled to make eye doctors and eye surgeons across the state aware of our services, so that they knew what application they were signed so it wasn't a surprise. And Dr Wong has been a huge supporter of us, so we are so thankful. And you know, I just, I can't wait to see you guys again this fall.

Dr. Vicky Wong 42:38
Yeah, no problem. It was like a no brainer, very harmonious type of partnership, like, why not? And then you have access to, again, all these eye doctors that are the type of eye doctors that are more, maybe like involved in their community, right? Because they're part of the MOA. They're already the kind of person that wants to be involved or wants to know about new things. They're not the ones that are sitting back and letting things happen to them, right? So I think that was a very symbiotic and very natural relationship and partnership. And we love working with you. Love seeing your smiling face, Ashley at every single convention.

Ashley Biggs 43:15
Well, thank you so much. I will I know that we are actually getting close to the end of our time together, so I will turn you back over to your amazing patients, and thank you again, so much. No problems. You're up. Thank you so much. You're around. Bye.

Announcer 43:31
This has been a presentation of the Maryland State Library Agency. For links to additional resources provided by today's presenter, please visit the show notes for more information on MSLA or the Maryland State Library for the Blind and Print Disabled, visit Maryland libraries.org, do.