Practice Information

Who we are, what is our vision and why have surgery with us?

Asheville Regional Office
Introduction

Our founder and Medical Director, Dr. Jonathan Woolfson, has been a proven leader in the field of laser vision correction for decades. Having performed tens of thousands of vision correction cases over his 20+ year career, many local Optometric professionals and proviso patients in 5 Southeastern states have consistently referred to him for trusted, experienced, advanced and valued eye surgical services.

As his practice has matured in the markets he has served, he has been approached by local loyal referring doctors and patients alike to expand his offices to provide other Ophthalmic surgeries, including cataract and facial plastics.

About Jason Karo, MD

Dr. Karo comes to Woolfson Eye Institute from the metro Charlotte region where he was in private practice with a large multi-specialty group for nearly 6 years. He began his professional education as an undergraduate at the University of Florida, graduating magna cum laude in three years with a degree in Microbiology and a minor in Chemistry. He received his medical degree at the University of Virginia in 2002 and joined the Army Medical Corps thereafter, completing his residency in a combined Army/Air Force program. His Residency spanned the height of the Iraq and Afghanistan conflicts resulting in opportunities for unique training. In 2006, he received the program’s “Lambert award” for Most Outstanding Chief Resident. He was the first Resident in the history of his program to perform Laser Vision Correction and the first Resident to have it performed on his own eyes.

Following residency, Dr. Karo was stationed in Ft. Sill, Oklahoma for 4 years being the only military General Ophthalmologist for 200 miles. At Ft. Sill, Dr. Karo developed the “Warfighter Refractive Surgery” program seeking to serve deploying and Active Duty Soldiers with life-changing Vision Correction surgery. Over his tour of duty at Ft. Sill, Dr. Karo performed over 4,000 vision correction procedures in addition to his duties as the only military Ophthalmologist in the region. For his work, Dr. Karo received a Meritorious Service Medal at the conclusion of his service. During his military career, Dr. Karo was deployed twice for Humanitarian Missions to Honduras in Central America, performing medical and surgical services in an austere environments seeing and treating hundreds of patients. Upon separation from the Military, Dr. Karo joined Charlotte Eye, Ear, Nose and Throat Associates. He was successful in building a de novo office serving Cabarrus and Southern Rowan County just northeast of Charlotte before joining Dr. Woolfson in his vision of expanding surgery services in the Asheville area.

His expertise in cataract surgery, including a full suite of premium lens options, laser vision correction and cosmetic eyelid surgery/injectable products meets the most common referring doctor and patient requests to Woolfson Eye Institute in this area.
**Our Vision**

Our vision is to provide you and the Asheville region with a different kind of surgical care experience. One that is personal and focuses on a patient’s goals. By marrying available lens and corneal surgical options to best fit those seeking improvements in quality of vision, we are covering the full suite of surgical abilities to give the best outcomes. For those seeking facial enhancements, we offer the most common forms of facial plastics procedures done in our office to enhance your aesthetic profile. We think you’ll find our approach both unique and personal and one centered around your interests.

**Why have your surgery done with us?**

In short: we’re different. This practice is about you and your specific needs and desires.

1. **We are not trying to be everything to everyone. We are surgeons first:**

   We are not telling you we’re going to do everything we can not. We are surgeons that provide consultative medical and surgical care within our scope. Our incentives are aligned with you: Great coordinated care with an exceptional, caring surgical experience focused on your outcome desires. Simple and effective yet advanced and innovative care.

2. **Facilities:**

   We intend to provide surgical options in the office when appropriate and utilizing the communities surgical facilities when necessary. Some patients (pending on their referring doctors) may be seen in local offices where they live rather than exclusively in our Asheville office. For those coming from outlying communities, this keeps as much of your care local as possible.

3. **Expertise:**

   Choosing us, your getting the most common surgical procedures offered under one roof: Cataract surgery, Laser Vision Correction and Cosmetic Facial Plastics. We’re offering the most advanced corneal and lens based surgery options available to this community performed by a surgeon with 12 years of surgical experience rated in the top 1% of all surgeons nationwide for patient satisfaction*. We will listen to your needs, perform a thorough examination and recommend choices based on what best fits your needs and goals as well as the internal anatomy. We will not place a high-priced lens in an eye or perform laser vision correction on people that frankly aren’t good candidates.

What are the common risks of cataract or lens based corrective surgery?

We feel information is important. Many times, people spend hours of personal time seeking sources of good information regarding surgery. Certainly, no list can be inclusive of all possibilities that can occur in the operative setting, therefore this example is designed to be a brief overview of the benefits, alternatives and risks with any less based/cataract surgery.

Benefits:

Cataract surgery and lens based surgical procedures are the most common surgical procedure in the United States (by far). Better than 98% of patients undergoing surgery across the board end up with better vision AFTER the surgery than their BEST CORRECTED vision before surgery. Those are great odds in your favor. No other surgery offers the lifestyle benefits in terms of quality of life adjustment that cataract surgery does at the safety that this surgery does. However, achieving full spectacle independence may not best the best option or even attainable in every case. Indeed, it is realistic to expect to have to wear glasses for some things following surgery. your goals and lifestyle objectives will be listened to and a surgical plan offered based on your desires and your exam findings.

Alternatives:

Alternatives to cataract surgery are limited for those seeking this procedure due to vision limitation. There is no surface laser or non-surgical techniques which currently exist to eliminate your cataract, which is a natural age related clouding of the lens of the eye. Those patients seeking lens based surgery because they are not good candidates for laser vision correction already know the limitations to achieving less spectacle dependence. There are no nutritional supplements that reduce your chance of developing cataract that have been proven in the literature. That being said, alternatives to surgical removal and replacement involve attempting to maximize your vision in glasses or corrective lenses. For those who are intolerant to these types of corrective lenses, you may undergo replacement at direct cost to you. For those seeking a medical indication for coverage, you are only offered surgery when your vision in best corrective lenses can not or will not meet your needs for your lifestyle. That is a personal decision and one that no one person can make for you. Only you see your world and know how it impacts you.

Risks:

The risk of cataract and lens based replacement surgery across the board is low, but certainly not zero. There is no such thing as a risk-free operation. This is real surgery. In
general, the the most common risks include, but are not limited to: Infection, loss of vision, loss of eye, need for additional surgical procedures, retinal tears, retinal detachments, vitreous loss, inability to place a new lens due to insufficient capsule support, retinal swelling (edema), ptosis (droopy eyelid), double vision and need for glasses for clearest vision.

My personal complication rate for lens based/cataract surgery is currently 0.2%. That’s far less than the reported average surgical complication rate (4%) reported in the literature. Things that may lead to NOT achieving better vision after surgery generally are from patients undergoing surgery with pre-existing eye surgery/disease. These include a history of diabetic eye changes, unseen or limited view of the area of the central vision pre-operatively due to the density of the lens obscuring these findings, Age-related eye disease (ie macular degeneration, dystrophies), post-operative retinal tears or detachments, post-operative infections or intra-operative complications that are inherent risks to surgery in general.

**Lens Replacement Options:**

Currently, there are **two lens types** available: *Monofocals and Multifocals.*

A *monofocal lens* provides only clearer vision at ONE target point (you will require glasses for anything other than your choice of distance, near or intermediate).

- For some people, an excellent alternative is to have one eye set for near and one eye for distance. This is suitable for people who have experience with this through their contact lens wear called “monovision.” This *may be* an option for some people to reduce their dependency on glasses. This is also suitable for patients who are NOT multifocal lens candidates due to existing eye problems.
- An alternative monofocal lens is appropriate for some patients **with astigmatism** in addition to cataract. This will be discussed if you are a candidate for correction and if this is needed for clearer uncorrected vision. This monofocal lens is called a *TORIC lens.*
- Another form of astigmatism management are limbal relaxing incisions or astigmatic keratectomy.

A *multifocal lens* is new technology. **NOT ALL PATIENTS ARE CANDIDATES FOR THIS LENS.** The lens provides improved vision at distance, near and intermediate zones to reduce dependence on glasses after surgery. 87% of people that choose this lens are independent of their glasses and contacts for **most** daily activities. This lens is, generally, implanted in BOTH EYES for best results. At your consultation appointment, we will perform a thorough examination and discuss what lenses you are a candidate for based on your exam and your lifestyle desires.

Please bring your family to discuss your options and concerns regarding surgery. We desires you to be well-informed and feel that you’ve had your questions answered.
What about Laser Vision Correction?

Your pre-operative evaluation for Laser Vision Correction is comprehensive. We are screening you for stability of your examination (please bring any previous exams from outside doctors to establish this record), general eye health, acceptable prescription for treatment and disqualifying conditions or anatomic findings that the FDA has ruled are contraindications for these procedure. In order to prepare you prior to your appointment, please remove your contact lenses according to the following schedule:

- **Soft Daily Wear** – 2 weeks prior to consultation and procedure.
- **Soft Extended Wear and Torics** - 2 weeks prior to consultation and procedure.
- **Rigid Gas Permeable (RGP) and Hard Lenses (PMMA)** - 4 to 6 weeks, plus one week per decade of wear, prior to consultation and procedure.

Failure to remove your lenses FULL TIME can result in inaccurate testing and screening resulting in delays and disappointments.

To help identify disqualifying conditions, we’ve listed some below. This is not a completely inclusive list:

**Ocular Conditions that are DQ:**
- History of Herpetic Eye Disease (Zoster or simplex)
- Keratoconus, Pellucid Marginal degeneration or any subtype
- Ocular Rosacea
- Severe Dry Eye Disease
- Glaucoma
- Pigment Dispersion Glaucoma (syndrome on cases by cases basis)
- Visual Axis Corneal Scars

**Systemic Conditions that are DQ:**
- Autoimmune diseases
- Immunodeficiency Diseases (HIV/AIDS on meds)
- Pregnancy
- Diabetes on Insulin
- Keloid formers are acceptable

**Medications that are DQ:**
- Imitrex/Zomig or similar medications in this class: needs to be off for 6 months
- Accutane: needs to be off for 6 months

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Amiodarone: Cardiac arrhythmia medication
Tuberculosis meds (Isoniazid): Need to finish the course, then consider Prednisone
Any immunosuppressive drug including, but not limited to: Remicade, Humira (or other biologics), Methotrexate, Plaquenil, chemotherapy, ect.

What about Facial Enhancements?

At our Asheville office, we are offering facial cosmetic enhancements to our service offerings. Sometimes, your particular case may require more extensive or involve more anatomy than we can offer to treat. Your consultation will allow our surgeon this opportunity to discuss your case in general and what your options are in achieving your aesthetic needs. Most, if not all, procedures can be safely done in the office avoiding costly surgery center costs.

Currently, we offer the following Facial Cosmetic Enhancements:
- Blepharoplasty of the upper and lower eyelids
- Brow lifting
- Lower eyelid tightening procedures
- BoTox ®
- Radiesse ®
- Juvederm XC ®

We look forward to seeing you at our office!