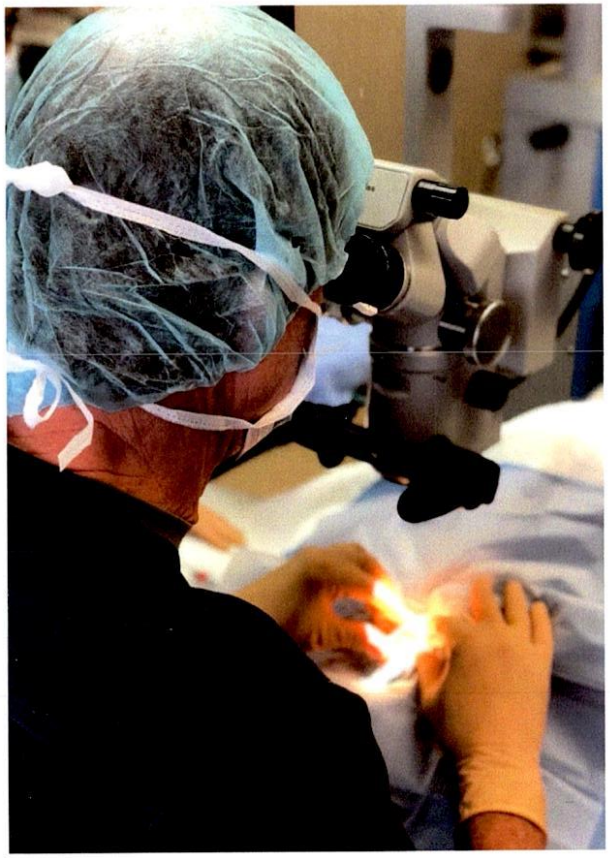


Surgery

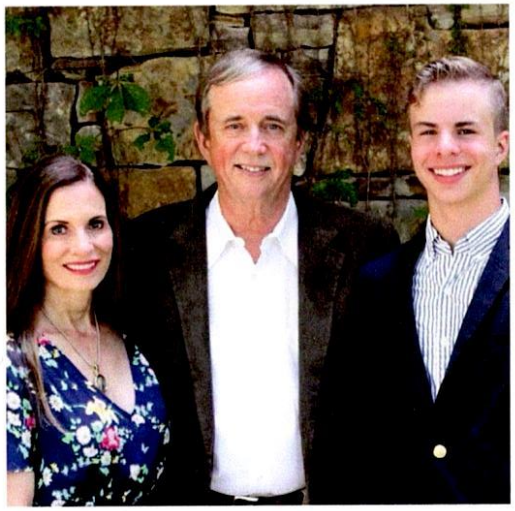
• Every surgery is an outpatient procedure. No patients will stay overnight.

• We strongly suggest a CBC and a blood chemistry screen through your primary veterinarian. Please bring a copy of the results to surgery check-in.

• No food after 10 pm the night before surgery. No breakfast the morning of surgery. Water should be available at all times.

Diabetics should receive normal food and medications including insulin. Water should always be available at all times.

• Please be advised that all surgical procedures will be done under anesthesia or a short acting sedative. Patients are monitored closely before, during and after surgery.



Robert M. Gwin, D.V.M., M.S.

Dr Gwin. is a board certified veterinary ophthalmologist. He graduated from veterinary school at Oklahoma State University in 1973 and went on to obtain a Master's degree in veterinary ophthalmology along with board certification. He was on staff at Ohio State University and the University of Florida before returning home to Oklahoma. Dr. Gwin. has practiced in Oklahoma City and Tulsa for over 30 years.

Dr. Gwin has over 30 published research papers and was a National Institutes of Health research fellow studying primary glaucoma in dogs. He wrote early articles defining inherited corneal endothelial cell dystrophy in dogs, idiopathic uveitis and exudative retinal detachment, primary lens luxation and secondary glaucoma.

Animal Eye Clinic

Oklahoma City and Tulsa

This brochure does not, in any way, describe or dictate a standard of care. Its purpose is to provide general educational information to the pet-owning public.

Animal Eye Clinic

Oklahoma City and Tulsa

Oklahoma City
2915 Northwest 122nd Street
Oklahoma City, OK 73120
(405) 751-3821• (800) 258-6454

Tulsa
4005 South 102nd East Avenue
Tulsa, OK 74146
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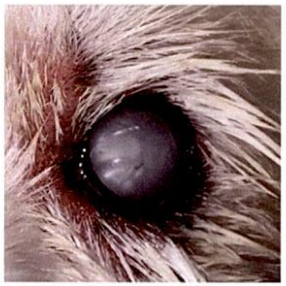
Robert M. Gwin, D.V.M., M.S.
Diplomate, American College Of Veterinary Ophthalmology

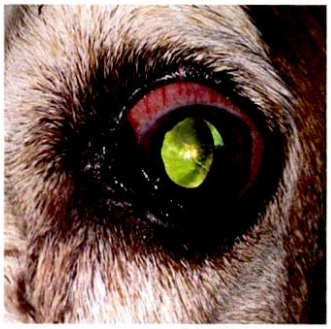
The Animal Eye Clinic is a referral-based veterinary ophthalmology practice. In general, Dr. Gwin recommends early evaluation for any progressing or uncontrolled ocular diseases. Appointments may be scheduled for either of his office locations. Please bring relevant medical history and all prescribed eye medications to appointments. Upon completion of the appointment, Dr. Gwin will provide your veterinarian with a detailed report, including recommended therapies and a diagnostic plan. Dr. Gwin's practice treats a wide range of ocular diseases, including but not limited to:

Cataracts/Diabetic Cataracts



Early diagnosis, critical medical therapy and surgical removal is strongly advised in many cases. Cataracts are a common problem that can develop rapidly, especially in diabetics. Surgery is minimally invasive (3.5 mm incision) and includes an intraocular lens implant. It is highly successful and results in the return of normal functional vision.

Glaucoma



Glaucoma, an increase in intraocular pressure, often starts in one eye and can progress to involve the second eye. It requires aggressive medical therapy and timely evaluation to prevent permanent blindness. Surgical therapies may be indicated for poorly controlled glaucoma.

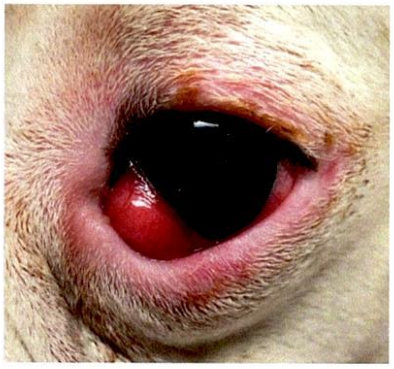
Corneal Ulcers

Corneal erosions (ulcers) often have an infectious component. Ulcers require vigorous medical therapy as they can progress quickly. Surgical therapies may be indicated in deep or aggressive ulcers that risk rupture.

Cancer/Neoplasia

Most commonly occurring eye lid masses require surgical removal with a full thickness resection. Tumors on or inside the eye may be more critical and require more involved surgery.

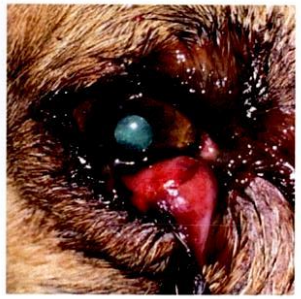
Cherry Eye/Prolapsed Gland



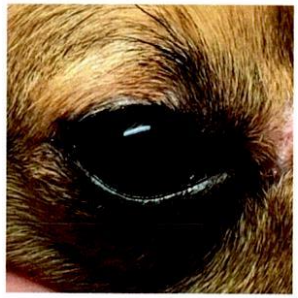
This gland is essential for overall eye health and therefore, should not be removed. Surgical repositioning of the gland is a delicate but highly successful procedure.

Trauma

Traumatic lesions to the eye and its surrounding tissues can be severe.



Before



After

Reestablishing normal structures (cosmetically and functionally) can be complicated and involved, yet critical and dramatic.

Entropion

If left untreated, this eyelid defect results in corneal irritation and ulceration. Surgery is necessary to correct the rolling inward of the eyelid.

Sudden Blindness

Sudden blindness is an emergency and should be treated as such. Blindness can be the result of a number of systemic diseases, including inflammation and infections. Many of the causes for sudden blindness can be successfully treated, if seen early.

Dry Eye

This chronic inflammatory disease produces thick mucoid discharge. The associated progressive corneal disease can lead to blindness. Medical therapies can be aggressive and long term.