



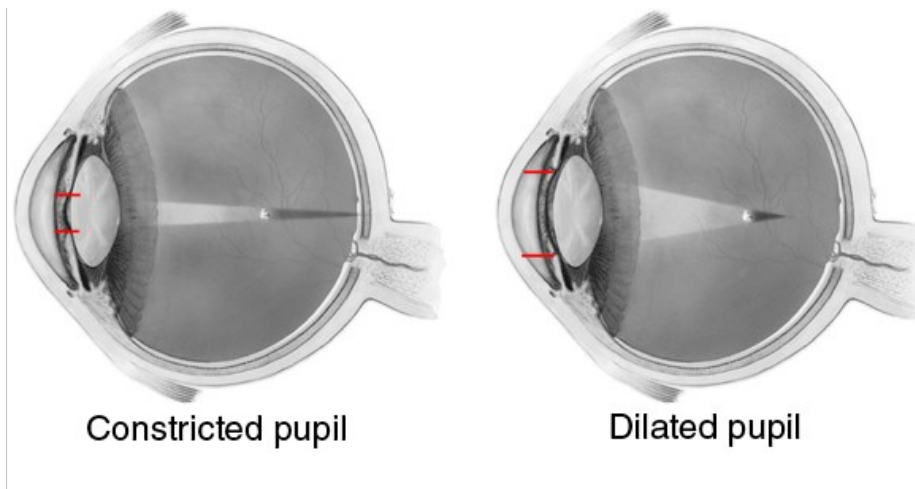
AN OPEN LETTER TO MY INTERNATIONAL COLLEAGUES  
REGARDING THE USE OF LOW-DOSE ATROPINE FOR  
VISUALLY BOTHERSOME VITREOUS EYE FLOATERS

Dear Doctor,

I am an ophthalmologist in the US with an unusual practice specialty. Since 2007 I have been exclusively treating vitreous eye floaters with a YAG laser. I can successfully treat most of the older patients (45-50+ years), but unfortunately the younger age floaters sufferers are rarely candidates for the YAG laser treatment as their floaters are often microscopic filaments that are both difficult to see on examination and also located very close to the retina where it is not safe to treat.

Recently, I have added low-dose atropine solution to my practice offerings and with the use of tele-medicine consultations. I can provide Atropine 0.01% to young (and older) patients throughout the US. I have been contacted by patients outside the US asking if I can help them. Due to medico-legal, postal, and trade restrictions, I can not mail the atropine outside country.

I am offering this open letter to assist the international floater sufferers in procuring a prescription from their local eye doctors so that they may get some relief from the floaters that affect their vision and diminish their quality of life.



A REVIEW OF THE OPTICS:

1. The patient does not see the actual floaters, but are subjectively aware of the shadows cast onto their retina, and as I say, *“Floaters don’t have to be ‘bad’ to be bothersome, they just have to be bothersome”*.
2. There are several variables that can affect how the patient sees their floaters. One very important one is the pupil size. The smaller the pupil, the more distinct and defined are the shadows, and conversely, **the larger the pupil, the less distinct and defined are the shadows seen.**
3. Full-strength dilating agents like tropicamide, cyclogyl, and atropine are too powerful to practically be used to decrease the appearance of eye floaters. The wide dilation makes the eyes sensitive to light, introduces optical aberration, as well as paralyzing accommodation effort.

4. Diluted Atropine (0.01%) takes advantage of the long lasting effect of atropine but with only a mild dilation, on average, an increase in diameter of about 1.6 mm (see attached article). Just as important, there is no appreciable change in accommodation effort and so the younger floater sufferer can still work and function for near visual activities at their computers and such.
5. At this 100X dilution, **there is essentially no systemic medical or ocular condition that would be a contraindication to treatment.**

I am offering this information to assist the internationally located floater sufferers who can not participate in my low dose atropine project here in the US. Although my own practice's offering of atropine is relatively new, I have received very positive feedback and appreciation for relief when almost all other have told them nothing can (or should) be done

**RECOMMENDATION:**

Moving shadows, clouds, and figures especially with eye and head movement are sourced in the vitreous. After ruling out ocular pathology with a standard dilated exam, offer a prescription for the low dose atropine and give your patients a chance for relief. It is good for their quality of vision, and good for their mental health.

**SAMPLE PRESCRIPTION:**

Atropine 0.01% solution (not 1%) custom compounded  
in NS, non-preserved.  
disp: 3 ea. 5ml or 1 ea. 15ml  
sig: i gtt. in am to affected eye qD as desired.  
refrigeration recommended but not required  
refill: 3 (three)

I will be glad to discuss my experience with treating floater with a YAG laser, or regarding this new program of low dose atropine with any professional. My email address is [mail@thefloaterdoctor.com](mailto:mail@thefloaterdoctor.com)

Regards,



James H. Johnson, MD  
Medical Director