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Insurance Services LLC

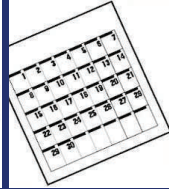
January 2010

Wellness and Safety

news

Monthly Newsletter for the Employer

2010 National Health Observances



January

1-31

Cervical Health Awareness Month
National Cervical Cancer Coalition (NCCC)
info@nccc-online.org
<http://www.nccc-online.org/awareness.html>
Materials Available
Contact: Rachel Biety

4-10

National Folic Acid Awareness Week
National Council on Folic Acid
ncfa@sbss.org
<http://www.folicacidinfo.org>
Materials Available
Contact: Adriane Griffen

1-31

Glaucoma Awareness Month
Prevent Blindness America
info@preventblindness.org
<http://www.preventblindness.org/news/observe.html>
Materials Available
Contact: PBA Consumer and Patient Hotline

1-31

National Radon Action Month
Office of Radiation and Indoor Air
Indoor Environments Division
U.S. Environmental Protection Agency
<http://www.epa.gov/radon/nram>
Materials Available
Contact: Gina Bowler

The second leading cause of lung cancer in the United States.

RADON IN THE WORKPLACE

Source: www.ccohs.ca/newsletters/hsreport/issues/2009/01/ezone.html
Canadian Center of Occupational Health and Safety

You can't see it, smell it or taste it, however radon is a very real, radioactive gas that occurs naturally in the environment, particularly in some geographic regions. Formed by the disintegration of radium (a decay product of uranium), the gas can move freely through the soil enabling it to escape to the atmosphere or seep into buildings. People can be exposed to radon in homes, workplaces, schools, and other places.

In open air, radon gets diluted to very low concentrations and poses a negligible threat. When released into a building through cracks in the walls and floors, or through gaps around pipes and cables, however, it can accumulate to high levels.

In high enough concentrations or with prolonged exposure, radon can cause lung cancer. It is the second-leading cause of lung cancer after smoking. According to the Environmental Protection Agency (EPA) in the U.S., radon claims about 20,000 lives in the U.S. each year.

Health Risks

Radon emits alpha particles and produces several solid radioactive products called radon daughters. Most radon daughters become attached to tiny dust particles in indoor air. Some don't. A fraction of both attached and unattached radon daughters are deposited into the lungs, where they emit particles that are absorbed in the nearby lung tissues. Since alpha particles cannot penetrate more than a fraction of a millimeter into the tissue, the damage is confined to the lung tissue in the immediate area.

The degree of risk from radon depends on how much radon is present, how long the person is exposed and to further compound the problem, there are no warning signs of radon exposure.

The Environmental Protection Agency (EPA) recommends radon testing. It's the only sure way of knowing how much of this imperceptible gas is present.

Radon Detection and Control

You can't detect the presence of radon with any of your senses, but you can test fairly easily for the presence of radon, either with a do-it-yourself-kit or by hiring professionals to perform long term testing.

Once radon has been detected, exposure must be controlled.

- Air filtration can decrease the radon daughter concentration as much as 90 percent by removing the airborne particles that the radon daughters are attached to.
- Increasing ventilation reduces indoor radon levels. Opening a window can help lower the radon level by allowing the inside air to escape and letting fresh air in.
- Caulking and sealing cracks and holes in basement floors and walls help stop the release of radon from the ground into the building. Painting basement floors and wall surfaces with epoxy paints also helps reduce radon emission.
- Where radon levels are high because uranium mill tailing was used as landfill, it may be necessary to replace the fill, or reduce the radon concentration by coating the surface of the building foundation.

Invisible but detectable, radon exposure is a health hazard that can be prevented. A simple test could ease your mind and preserve your health. Start your new year off on the right track by putting radon on your radar.

Radon do-it-yourself test Kits can be purchased starting around \$9.50 at any of the following locations:



Radon: an invisible killer

In this video Drew Blaire from News Channel 15, out of Fort Wayne, Indiana, digs deeper into the risks associated with radon gas.

To view this video please visit the link below:

<http://video.aol.com/video-detail/radon-an-invisible-killer/1029606339>

Folic Acid awareness is more of a hot topic these days than most people would imagine. Do you think you are getting all the vitamins that your current diet provides? Chances are slim to none. Also, most people believe that just because they had a healthy salad and lean meat for dinner that they have satisfied the vitamin intake they need, thus no need for multivitamins. Multivitamins help fill in those nutrition gaps in the diet, especially when it comes to getting enough folic acid. Folic acid is an essential B vitamin; therefore, everyone needs it in order to stay in good health. Folic acid helps build DNA and your body uses it for cell growth and reproduction, fundamental building block processing and genetic material production. Folic acid is water soluble; therefore it passes through your body very quickly. Taking folic acid every day ensures that you always have it in your system.

Why is this so important? Well, studies have shown that folic acid is essential to the reduction to the considerable risks of certain cancers, any cardiovascular diseases as well as cognitive and mental conditions such as Alzheimer's disease. Some others are age-related dementia or depression. Also, most citizens are not aware that over 50% of all pregnancies in the United States are unplanned. Why is this relevant? Well there are several ways that women can prepare themselves before pregnancy to safeguard against birth defects. For example, *taking folic acid before pregnancy reduces the risk of birth defects of the brain and spine, called neural tube defects, by up to 70%.* The most common of these neural defects are Spina Bifida and anencephaly. Hence, for women in their childbearing years, taking folic

acid on a consistent daily basis has shown to reduce the risk of these defects. It is imperative to take folic acid on a daily basis even if you are not planning to get pregnant since, again, 50 percent of pregnancies are unplanned.

The next question that usually arises is "How much am I supposed to consume on a daily basis?" According to the Centers for Disease Control and Prevention and the U.S. Public Health Service, it is recommended that all women of childbearing age take 400 mcg of folic acid every day. The best and most reliable way to get that amount is to take a multivitamin, or folic acid pill. The multivitamin is heavily suggested due to the fact that you can be sure to get regular quantities of other minerals and vitamins that are essential to an individual's health. Taking these multivitamins on a daily basis complement very well with a healthy diet and consistent exercise.

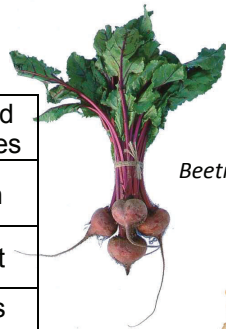
The National Council on Folic Acid recommends taking a multivitamin so that you can be sure to get consistent amounts of other vitamins and minerals like A, C, B6, E, Iron and Calcium. Eating a healthy diet and exercising are recommended in addition to taking a multivitamin every day.

To learn more about folic acid and its benefits, visit The National Council on Folic Acid at www.folicacidinfo.org.

Source: The National Council on Folic Acid is managed by The Spina Bifida Association, 4590 MacArthur Blvd., NW, Suite 250 Washington, DC 20007-4226

Foods Rich in Folic Acid

Meats	Legumes	Starches	Fruits and Vegetables
Liver (best source)	Dried Beans	Whole Grain Breads	Spinach
Chicken Giblets	Lentils	Wheat Flour	Beetroot
Kidney	Split Peas (dhals)	Potato	Brussels Sprouts
Egg Yolk	Soya Products	Sweet Potato	Broccoli
	Almonds		Cabbage
	Nuts		Asparagus
			Banana
			Oranges
			Peaches



Beetroot



Almonds



Egg Yolks



Sweet Potatoes

Form 300A Posting Reminder

California law requires employers to post Cal/OSHA Form 300A, the Annual Summary of Work-Related Injuries and Illnesses, from February 1 to April 30 even if none occurred during the year. Form 300A is a summary of Cal/OSHA Form 300, which records work-related fatalities, injuries, and illnesses for the previous year. This summary must be displayed in a conspicuous location where notices to employees are customarily posted. A copy of the summary must also be presented or mailed to employees who do not normally report at least weekly to a location where the annual summary is posted. At the end of the posting period, the summary should be taken down and saved for five years following the year to which it pertains.

There are some exceptions for small employers and certain industries, which can be found by clicking on the links below.

The link to the regulation is <http://www.dir.ca.gov/T8/ch7sb1a2.html>. Information, required forms, and additional resources can be found at <http://www.caloshareu.com/oshalog300/html/>.

Guide to Tax Related HSA Questions:

Form W-2 is a form the employers file with the IRS to report on wages and benefits given to employees. All employer contributions to an employee's H.S.A. account are recorded on form W-2 in box 12, code W.

Employer contributions to an employee's H.S.A. must also include any amount that the employer contributed towards the account management fees charged by TPA's. For tax purposes, your TPA should report contributions separately from fess, if the employer distinguishes between the two when H.S.A. contributions are made and fees are paid. Employer contributions towards fees are NOT included in Box 12 only if the contributions for the fees are paid separately from H.S.A. contributions.

Form 8889 is a form that the tax payer must complete and send to the IRS along with their 1040 tax return. The form should reflect contributions (deposits) and distributions (payments) to/from the H.S.A. Accountholders can use year-end statements from their TPA or Banks to complete this form, unless they plan to make additional contributions before April 15th, 2009. If additional contributions are made, the accountholder will need to include that information as well.

In addition, account holders may be able to deduct the fees paid to TPA's from their tax return. This depends on the taxpayer's financial situation and your tax preparer should be consulted.

Glaucoma

January is National Glaucoma Awareness Month, an important time to spread the word about this sight-stealing disease.

Glaucoma is the second leading cause of blindness in the world, according to the *World Health Organization*.

What is Glaucoma?

Glaucoma is an eye disease that has no warning signs. Left untreated, glaucoma causes progressive optic nerve damage that leads to vision loss. An estimated 2.2 million people in the United States have glaucoma; another 2 million have the disease and don't know it. The only way to detect glaucoma before any vision is lost is to get a comprehensive dilated eye exam at least once every 2 years if you are at higher risk for the disease.

Vision that is lost to glaucoma cannot be restored, which is why early diagnosis is so important.

Did you know that....

Glaucoma is a disability, deserving of protection from discrimination. Accordingly, an employer may not take any adverse action against an employee because of the employee's glaucoma. The employer also has an obligation to provide reasonable accommodation to an employee with glaucoma so as to allow the employee to perform the essential functions of the job. The law will protect an employee whose employer does not provide these necessary accommodations. While some jobs require (even by law) that employees have good eyesight, many jobs can be accomplished by individuals with vision problems. Employers have a responsibility to provide accommodations to individuals with glaucoma, so long as these accommodations do not place too much of a burden on the employer and workplace safety is not threatened. Employers have a responsibility to provide accommodations to visually impaired individuals, such as providing them with brail reading materials or allowing the use of a seeing eye dog, so long as these accommodations do not place too much of a burden on the employer and workplace safety is not threatened.

Workplace adjustments and solutions:

In the workplace there are various factors that would assist people with glaucoma to better manage their condition. These include changes to work tasks and the environment, and will vary depending upon the level of vision loss. Some suggestions for workplace modifications include:

- Evaluation of workplace lighting. Replace fluorescent or other bulbs that glare with more vision-friendly light.
- Magnification software to assist with computer screen magnification.
- Text to speech software.
- Larger computer screens to assist with viewing text, along with modification of contrast, screen versus text colors and brightness levels.
- Magnification aids and devices either portable or desk based to magnify hard copy documents or panels such as that on a photocopier.
- Specialized scanning software which allows rapid scanning of hard copy documents which are then saved to computer for viewing or listening via text to speech functions.
- The use of other adaptive technology to overcome workplace barriers such as barcode scanners for labeling items for easy location or Braille equipment.
- Large button phones or mobile phones with text to speech software to allow for use of text messaging.
- GPS equipment with speech output to assist with navigation around the community or when traveling for work.
- Provide a stand for holding papers so that documents do not have to be laid on a flat surface.
- Position desk to face away from the window.
- Install a glare reduction screen on the computer monitor.

Sources: http://www.glaucoma-foundation.org/news_story.php?i=5
<http://www.discriminationattorney.com/lawyer-attorney-1288632.html>
http://www.healthylvision2010.nei.nih.gov/toolkit/_documents/pdf/G_Booklet.pdf
<http://www.glaucoma.org/>



Glaucoma has been nicknamed the "sneak thief of sight" because the loss of vision normally occurs gradually over a long period of time and is often only recognized when the disease is quite advanced.

Source: <http://en.wikipedia.org/wiki/Glaucoma>

Hazardous Materials: The Employers Responsibility

Overview of the OSHA Standard

The basic goal of a Hazard Communication Program is to ensure employers and employees know about work hazards and how to protect themselves. This should help to reduce the incidence of chemical source illness and injuries.

Chemicals pose a wide range of health hazards (such as irritation, sensitization, and carcinogenicity) and physical hazards (such as flammability, corrosion, and reactivity). This standard is designed to ensure that information about these hazards and associated protective measures is disseminated to workers and employers. This is accomplished by requiring chemical manufacturers and importers to evaluate the hazards of the chemicals they produce or import; and providing information about them through labels on shipped containers and more detailed information sheets called *material data safety sheets* or MSDS's. All employers with hazardous chemicals in their workplaces must prepare and implement a written hazard communication program. They must also ensure that all containers are labeled, employees are provided access to MSDS's, and an effective training program is conducted for all potentially exposed employees.

The standard provides workers the right-to-know the hazards and identities of the chemicals they are exposed to in the workplace. When workers have this information, they can effectively participate in their employers' protective programs and take steps to protect themselves. In addition, the standard gives employers the information they need to design and implement an effective protective program for employees potentially exposed to hazardous chemicals.

The hazard communication rule applies to any chemical which is known to be present in the workplace in such a manner that employers may be exposed under normal conditions of use or in a foreseeable emergency.

The phrase "known to be present" is essential to the scope of the standard. If a hazardous chemical is known to be present by the chemical manufacturer or the employer, it is covered by the standard. This includes chemicals to which employees may be exposed during normal operations or in a foreseeable emergency. This means that even though an employer was not responsible for the manufacture of the hazardous chemical, the employer has the responsibility for conveying hazards to his/her employees.

For example, the standard applies in the following situations: if employees are exposed to chemicals brought onto a multi-employer worksite by other employer(s) or if service personnel are exposed to natural gas during furnace repair. An employer whose employees are exposed to chemicals "known to be present" must include in their hazard communication program information concerning the hazards of those chemicals.

Employee - Employees, such as office workers or bank tellers who encounter hazardous chemicals only in non-routine, isolated instances are not covered. For example, an office worker who occasionally changes the toner in a copying machine would not be covered by the standard. However, an employee who operates a copying machine as part of her/his work duties would be covered by the provisions of the HCS.

source: <http://oshatraining.org/courses/pages/705m1.html>



PREVENTIVE CARE GUIDELINES



	Birth to 18 years	19 to 39	40 to 64	64 and older
Comprehensive preventive care visits	1st two weeks Mos: 2, 4, 9, 12, 15, & 23 Yrs: 2,3,4,5,6,8,10,13,16,18	Men: every 5 years Women: every 3 to 5 years	Men: every 5 years Women: every 3 to 5 years	Men: every 1 to 2 years Women: every 1 to 2 years
Immunizations/Vaccinations:				
Diphtheria, Tetanus, and acellular Pertussis (DTaP)	2, 4, 6, and 15 months; 5 yrs			
Tdap (DTaP booster)		every 10 years	every 10 years	every 10 years
Hepatitis B (HepB)	2, 4, and 6 months; 11 yrs	series of 3 if not prev. done	not recommended	not recommended
Hepatitis A (HepA)	between 12-15 months and 18-23 months			
Poliovirus (IPV)	2, 4, and 6 months; 5 yrs			
Rotavirus (Rv)	2, 4, and 6 months			
H. influenza type B (Hib)	2, 4, 6, and 15 months			
Pneumococcal Conjugate (PCV 7)	2, 4, 6, and 15 months			
Meningococcal Conjugate (MCV4)	at 11			
Influenza	at 6 mos & every year after	optional	optional	every year
Measles, Mumps, Rubella (MMR)	12 to 15 months; 5 yrs			
Varicella (chickenpox)	12 to 15 months; 5 & 16 yrs			
Pneumococcus vaccine		once, if at high risk	once, if at high risk	at 65
Other Checkups:				
Blood pressure check		every 2 years	every 2 years	every 2 years
Cholesterol Check		every 5 years after 35	every 5 years	every 5 years until 65
Hearing and vision screening		not recommended	not recommended	beginning at 75
Colorectal cancer screening		not recommended	every 5 years at age 50	every 5 years until age 80
For Men				
Prostate cancer screening		optional from starting at 30	optional prior to 45 every year beginning 45	every year
For Women:				
Human Papillomavirus vaccine	at 12 (3-dose series)			
Pap Smear & Chlamydia Testing	at 18	every 3 years	every 3 years	every 3 years
Clinical breast exam		every 3 years	every year	every year
Mammogram		not recommended	optional until 49 every year beginning 50	every year until 75



YOU ARE
CORDIALLY
INVITED



Employment Law Update 2010

When: Wednesday, January 27, 2010
 Where: Danone Simpson Insurance Services LLC
 22110 Clarendon Street, Suite 201
 Woodland Hills, CA 91367
 Time: 7:30AM—11:30AM

Karen Dinino, Esq. will review
 What's New for the Workplace in 2010, including:

- What's Changed, What Hasn't, and What Might
- Privacy, Competition, and the Nosey Boss
- Are Office Pools Dangerous Waters?
- FMLA, CFRA, PDL Review

The fee for this Legal Update Workshop is \$50 per person. Clients are complimentary!
 Once you have registered, payment must be received on or before 1/22/2010 to reserve your seat.

Please make checks payable to: Danone Simpson Insurance Services LLC
 Mail Checks to: 22110 Clarendon Street, Suite 201
 Woodland Hills, CA 91367

To pay by credit card, please call (818) 676-0044

Continental Breakfast will be served.



January 2010

Wellness and Safety news

Start the New Year with your eyes wide open

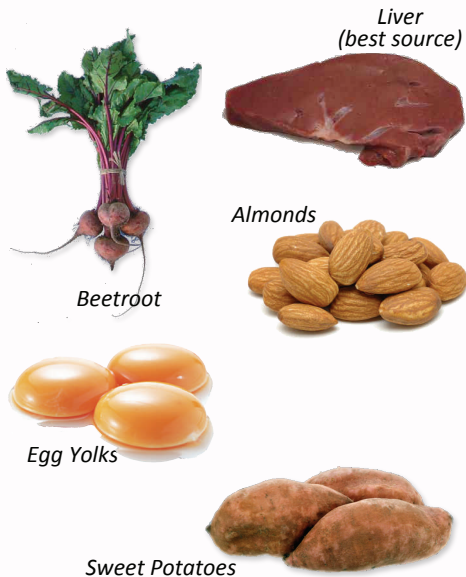
Monthly Newsletter for the Employee

Folic Acid News

Why is Folic Acid so important? Well, studies have shown that folic acid is essential to the reduction to the considerable risks of certain cancers, any cardiovascular diseases as well as cognitive and mental conditions such as Alzheimer's disease. Some others are age-related dementia or depression. Also, most citizens are not aware that over 50% of all pregnancies in the United States are unplanned. Why is this relevant? Well there are several ways that women can prepare themselves before pregnancy to safeguard against birth defects. For example, *taking folic acid before pregnancy reduces the risk of birth defects of the brain and spine, called neural tube defects, by up to 70%.*

To learn more about folic acid and its benefits, visit *The National Council on Folic Acid* at www.folicacidinfo.org.

Foods Rich in Folic Acid



Cervical Cancer and Early Detection



Cervical cancer is nearly 100 percent preventable, yet according to the American Cancer Society, an estimated 11,000 new cases will be diagnosed in 2010 and about 4,000 women in America will die of cervical cancer. The good news is that cervical cancer is preventable and curable if it is detected early.

Cervical cancer rates are higher among older women; however, cervical intraepithelial neoplasia (or CIN), the precursor lesion to cervical cancer, most often occurs among younger women. Screening younger women using the Papanicolaou (Pap) test is an important strategy that can actually prevent cervical cancer from developing almost 100 percent of the time.

Studies that have identified risk factors associated with cervical cancer have shown that cervical cancer is closely linked to:

- Failure to receive regular pap test screening
- Human papillomavirus (HPV) infection
- Certain sexual behaviors
- Immunosuppressive disorders such as HIV/AIDS

Experts agree that infection with certain strains of the Human papillomavirus (HPV) is one of the strongest risk factors for cervical cancer. Experts also agree that one of the most important things women can do to reduce their risk of cervical cancer is to receive regular screening with a Pap test.

How often should women be tested for cervical cancer?

Young women should have their first Pap test no sooner than age 21, regardless of when they become sexually active, say new guidelines from the American College of Obstetricians and Gynecologists.

After age 21, women should have a Pap test every two years, instead of every year. At age 30, if a

woman has no history of cervical cancer and has had three normal Pap tests in a row, she can be screened every three years, rather than every two to three years. Women ages 65 to 70 who have had at least 3 normal Pap tests and no abnormal Pap tests in the last 10 years, should ask their doctor if they can stop having Pap tests.

You should have a Pap test every year no matter how old you are if:

- You have a weakened immune system because of an organ transplant, chemotherapy, or steroid use
- Your mother was exposed to diethylstilbestrol (DES) while pregnant
- You are HIV-positive

Women who are living with HIV, the virus that causes AIDS, are at a higher risk of cervical cancer and other cervical diseases. The U.S. Centers for Disease Control and Prevention recommends that all HIV positive women get an initial Pap test, and get re-tested 6 months later. If both Pap tests are normal, then these women can get yearly Pap tests in the future.

What do abnormal Pap test results mean?

It is scary to hear that your Pap test results are "abnormal." But abnormal Pap test results usually do not mean you have cancer. Most often there is a small problem with the cervix.

Some abnormal cells will turn into cancer. But most of the time, these unhealthy cells will go away on their own. By treating these unhealthy cells, almost all cases of cervical cancer can be prevented. If you have abnormal results, to talk with your doctor about what they mean.

Sources: *The Center for Disease Control (CDC)*
The National Cervical Cancer Coalition
The U.S. Department of Health and Human Services

Glaucoma - "The Sneak Thief of Sight"

What is Glaucoma?

Glaucoma is an eye disease that causes loss of sight by damaging a part of the eye called the optic nerve. This nerve sends information from your eyes to your brain. When glaucoma damages your optic nerve, you begin to lose patches of vision, usually side vision (peripheral vision). Over time, glaucoma may also damage straight ahead (central) vision. You may not notice a loss of side vision until you have lost a great deal of your sight. When checking for glaucoma, eye doctors usually look for damage to the optic nerve and any loss of side vision. They may also check your eye pressure.

Glaucoma is often called "the sneak thief of sight." That's because people usually do not notice any signs of the disease until they have already lost significant vision. Once lost, vision can't be restored. [More than 2.2 million Americans age 40 and older have open angle glaucoma](#), the most common form of glaucoma. At least half don't even know they have it.

Who is at Risk for Glaucoma?

These risk factors may increase your chance of having glaucoma:

- **Age** – The older you are, the greater your risk.
- **Race** – African-Americans have glaucoma four to five times more often than others. African-Americans are also likely to have glaucoma at a younger age.
- **Family history** – If you have a parent, brother or sister with glaucoma, you are more likely to get glaucoma too. If you have glaucoma, your family members should get complete eye exams.
- **Medical history** – [Diabetes](#), previous eye injuries, eye surgery or long-term steroid use can increase your risk of glaucoma.

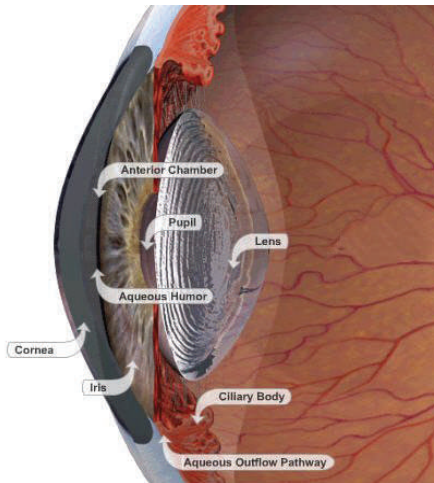
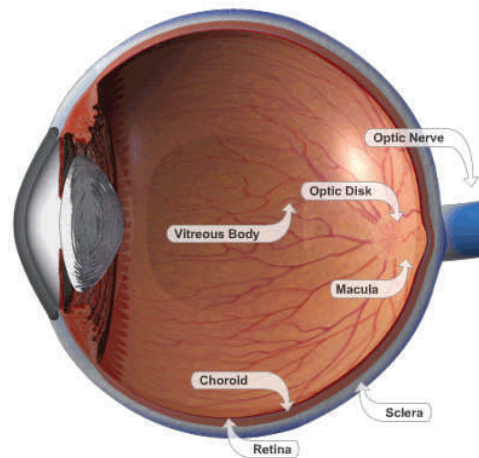
Anyone can get glaucoma. Glaucoma affects one in 200 people age 50 and younger. The rate increases to one in 10 over the age of 80.

How Does Glaucoma Damage My Eyes?

Doctors don't know exactly how glaucoma damages the [optic nerve](#). For many people, increased eye pressure seems to play an important role.

Your eye produces a watery fluid ([aqueous humor](#)), which goes into the eye and drains out. When your eye is healthy, the fluid drains through a mesh-like pathway and into the bloodstream. Aqueous fluid is produced by

the [ciliary body](#). It flows through the [pupil](#) and behind the clear [cornea](#). Finally, it drains away through the trabecular meshwork.



For some people, fluid can't drain properly because of a faulty drainage system. Drainage that once worked well may gradually slow down as you get older. A sink that becomes clogged backs up with water. When there is no place for excess fluid to go, pressure inside the eye builds up.

This increased eye pressure may damage the optic nerve over time. Slowly, the nerve fibers that are essential for vision die.

For others, glaucoma damages the optic nerve without increased pressure. These people may be unusually sensitive even to normal levels of pressure. Their glaucoma may also be related to problems with blood flow in the eye. Doctors continue to study eye pressure and other possible causes of glaucoma.

Different people experience glaucoma differently. Usually, glaucoma affects side vision (peripheral vision) first. Late in the disease, glaucoma may cause "tunnel vision." In this condition, the person can only see straight ahead. That's why someone with glaucoma can have

The Eye



Anterior chamber: Space in the front portion of the eye between the cornea and the iris and lens, which is filled with aqueous humor.

Pupil: The opening in the center of the iris that appears as a black dot and through which light enters the eye.

Lens: The clear disc that brings rays of light into focus on the retina.

Aqueous Humor: Clear, watery fluid that fills the anterior chamber and the posterior chamber in the front part of the eye and provides nutrients to structures in the anterior chamber.

Cornea: The clear curved structure that comprises the front of the eye, a refractive surface through which light enters.

Iris: Colored circular membrane that is in front of the lens and controls the size of the opening at its center (pupil), thereby regulating the amount of light entering the eye.

Ciliary Body: A ring of tissue between the iris and the choroid consisting of muscles and blood vessels that changes the shape of the lens and manufactures aqueous humor.

Aqueous Outflow Pathway: The main exit route of aqueous humor from the eye, including the trabecular meshwork and Schlemm's canal.

Optic Nerve: Special nerve of sight beginning in the retina as the optic disk, which carries messages from the retina to the brain, resulting in visual images.

Optic Disk: Head of the optic nerve; formed by the meeting of all retinal nerve fibers in the retina.

Vitreous Body: Transparent colorless mass of soft, gelatinous material filling the globe of the eye between the lens and the retina.

Macula: The region of the retina that helps provide best central vision. The fovea is at the center of the macula.

Choroid: The middle layer of the eye containing blood vessels that furnish nourishment to the other parts of the eye, especially the retina.

Sclera: The white part of the eye; a tough covering that along with the cornea forms the external protective layer of the eye.

Retina: Innermost layer of the eye containing light-sensitive nerve cells and fibers connecting with the brain through the optic nerve and nourished by a network of blood vessels; receives image and sends it to the brain.

good straight ahead (central) vision. However, even central vision can be seriously damaged.

How Do Eye Doctors Treat Glaucoma?

Glaucoma can usually be treated and controlled using medicine(s), laser surgery, glaucoma surgery or a combination of these treatments. Medicines (eye drops) are typically the first step in treatment, but laser surgery may be just as effective as a first choice. Your treatment is up to you and your doctor.

Source: <http://www.preventblindness.org/glaucoma/>