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## MEDICAL MULLIGANS™

*Views and insights on Golf & Medicine*

*[As seen in regional & national  
golf publications coast to coast]*

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### THE EYES HAVE IT

In his heyday, David Duval seemed as famous for “hiding” behind his sunglasses as he was for his unorthodox, yet highly effective golf swing. And though many golf reporters assumed that his motivation was to project a “cool” demeanor, he actually started wearing them to protect his eyes from irritation caused by the elements, especially wind, pollen, and glare, and simply got used to wearing them.

Of late, it’s become *much* more common to see golf professionals wearing sunglasses during tournament rounds, most notably the world’s best female golfer, Annika Sorenstam. There are even PGA Tour players and prominent golf personalities endorsing sunglasses, including Butch Harmon, Billy Andrade, David Faherty, and Scott McCarron, primarily as a means to improve your ability to see the golf ball or read the greens, claiming improved contrast enhancement as the reason.

But the advantages of wearing sunglasses for golf go far beyond merely protecting the eye from minor irritation or creating better depth perception. While most of us are quite aware of the long-term harmful affects of sun exposure to *skin*, few of us realize how damaging it is to our *eyes*. Scientific research has clearly linked several eye diseases to damage from the ultraviolet (UV) radiation in sunlight. Two of the better known are *cataracts* and *macular degeneration*.

*Cataracts* are the hazing or clouding of the eye’s *lens*, which is normally clear and allows light to pass through it to focus on the retina. A cataract is a clump of protein that blocks the passage of light, thereby causing reduced vision. It is painless and occurs with little warning, but is the number one cause of blindness worldwide. The earliest symptom is often simply increased “glare,” mostly at night. Luckily, cataracts are treatable, primarily via surgery, with excellent success rates. In fact, it is the most common surgery performed in the U.S. today. Although exposure to UV light is a major risk factor for their development, other factors, such as genetics, excess alcohol consumption, diabetes, and smoking also increase the chances of acquiring them.

Primarily an age-related problem, *macular degeneration* (MD) is relatively uncommon in people under the age of 60. It results from the death of cells in the central (*macular*) portion of the retina, and is also associated with long-term UV light exposure. Becoming much more common, many people with MD don’t go completely blind, they do suffer with severe visual impairment. Similar to cataracts, there is no pain or discomfort, and the condition can be quite advanced before patients experience any symptoms, such as blurred central vision, distortion of straight lines, or a dark, empty area in the center of vision. While medications or laser treatments can help slow the progression of MD in certain cases, there is no treatment proven effective to restore vision. Other risks for MD are smoking, family history, high blood pressure, and a high-fat diet.

There are several other eye problems associated with long-term UV light exposure. A *pterygium* is a benign, fleshy overgrowth of tissue on the

white part of the eye (sclera). It may eventually extend onto the cornea, where it causes cosmetic concerns as well as severe reduction of vision. In severe cases, surgery can be done, but it will often recur.

Cancers of the eye itself are quite rare, but *skin* cancers (such as *basal cell carcinoma* or *melanoma*) can commonly develop on the more sun-exposed lower eyelid or conjunctiva (pink part) with chronic sun exposure. Finally, *photokeratitis*, or “sunburn of the cornea,” occurs acutely when someone spends long hours in the sun without eye protection. It can be quite uncomfortable, and also causes temporary vision loss and/or light sensitivity for one to two days. It’s more common on the snow or beach due to the increased reflection (hit those bunkers shots *quickly!*), but also occurs in golfers.

While we are all at risk for UV light-related eye ailments, some people are a bit more susceptible. For instance, people who have *blue* eyes or who take certain drugs – including some *diuretics* (“water pills”), antibiotics, psychiatric drugs, or *allopurinol* -- are especially vulnerable to eye damage from sunlight. Check with your doctor to see if you are taking any medications that place you at an increased risk.

By far, the best thing we can do to protect our eyes from the harmful effects of UV radiation is to invest in a good, UV-absorbing pair of sunglasses. Think of them as “sunscreen for the eyes.” Though I’m sure we’re all quite fond of the classic ZZ Top song, “*Cheap Sunglasses*,” there is perhaps nothing more harmful for your eyes. The combination of dark lenses *without* UV protection can actually be worse than wearing no glasses at all. The dark lens causes your pupil to dilate, thereby allowing increased penetration of the un-blocked UV rays.

A good quality pair of sunglasses should block out 99 to 100% of *both* UV-A and UV-B radiation (to 400 nm). They should be comfortable (so you’ll actually *wear* them!) and distortion-free. “Polarized” sunglasses help cut glare, as do mirror coatings, but do nothing additional for UV protection. “Wraparound” style glasses may afford a little better protection by blocking peripheral UV rays. And, the color and degree of darkness *don’t* determine the lens’ UV blocking capabilities, so choose whatever is most comfortable for your eyes and vision.

Here are some other helpful tips:

- A wide-brimmed hat will help reduce UV light above and around the glasses
  - If you’ve had cataract surgery, you’re at an increased risk of retinal injury, unless a *UV absorbing* lens was used
  - All types of eyewear, including prescription glasses, contact lenses, and lens implants can be made with UV protection at little or no increased cost
  - Realize that levels of UV radiation are greatest during the midday hours, between 10AM and 3 PM, and also during the summer
  - UV levels are greater at higher altitudes
  - Quit smoking (this one seems to be on every “tip list!”)
  - Have regular eye exams, especially after age 50
- Remember -- when it comes to sun protection, make sure “the eyes have it.”

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