

BUSINESS

TUESDAY, SEPTEMBER 5, 2000

Artist and Ocularist Michael Hughes replaces what disease or accident takes

Making an eye for an eye

He serves some 800 people through the office he maintains part time in Roanoke.

By Jeff Sturgeon

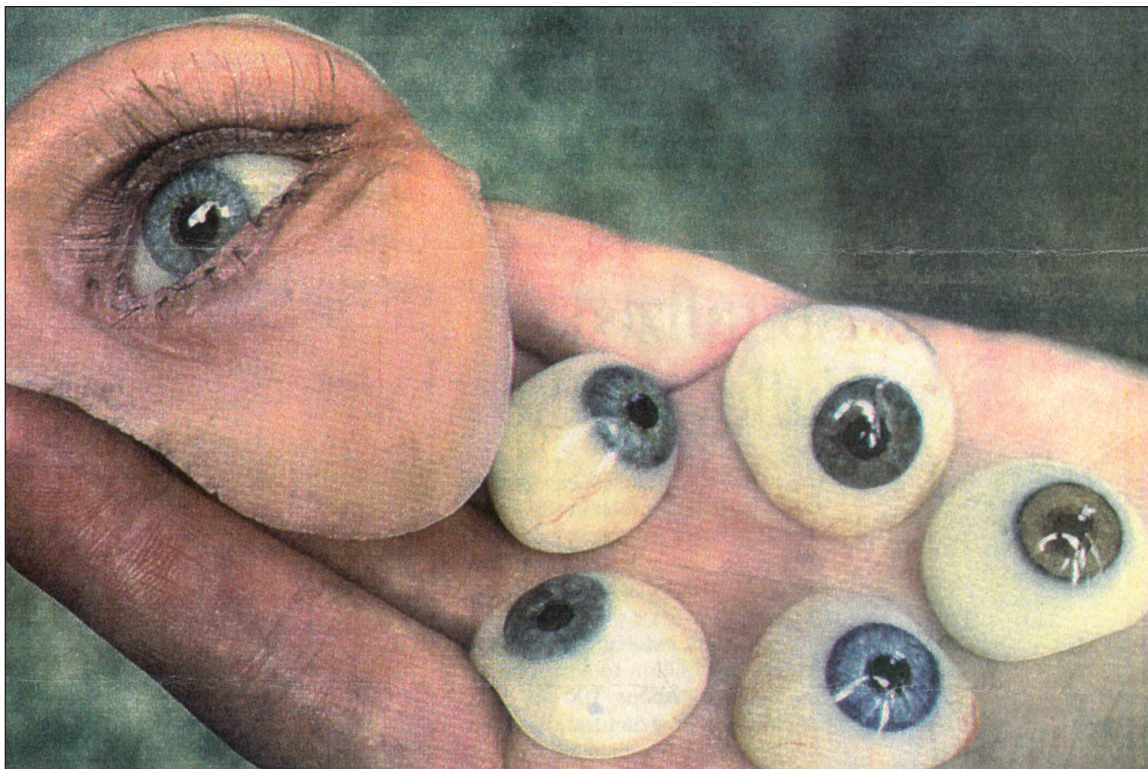
THE ROANOKE TIMES

His work might conjure up the macabre, or nervous laughter, but Michael Hughes takes his crafting of artificial eyes for thousands of Virginia patients quite seriously.

"The situations surrounding it are tragic," said Hughes, who recently began to see patients part time in Roanoke. As for the work itself, "I love it," he said.

Here, beauty is in the eye of the molder.

The northern Virginia eye-maker, one of two ocularists in Virginia, molds and then paints false eyes with uncanny realism. Although based in Northern Virginia, he has an extensive practice in southwest Virginia, home to about 800 of his 5,000 patients.



ERIC BRADY / THE ROANOKE TIMES

Michael Hughes holds sampling of the prosthetic eye he makes. Although people in rural areas have a high degree of eye loss through accidents, most people lose eyes as a result of disease. The eye at top would be for a patient who has had a tumor removed.

His shingle says "Artificial Eye Clinic," but to Hughes' patients, he gives them something more. He gives them their own face back.

The American Academy of Ophthalmology estimates that nationwide 17,000 to 18,000 people a year lose an eye. Rural

areas tend to have higher eye-loss rates than urban areas, Hughes said, because of dangerous industrial work and outdoor activity.

By that measure, there's nothing unusual about Southwest Virginia having 800 artificial eye wearers, he said. Overall, however, more eyes are lost to dis-

eases such as cancer, diabetes and glaucoma than to accidents.

One of his clients was struck in the eye by a cue ball hurled at him the night before his wedding. A little boy accidentally poked himself with scissors. A little girl was snapped in the eye by a bungee cord.

Children born without eyes, cancer patients, dog bite victims and suicide-attempt survivors have all leaned back in his chair.



Hughes

And yet he is not a doctor. Hughes, 39, has a fine arts degree and formal training in making prosthetics of the head, which covers eye-making and the sculpture of prosthetic ears, noses and other facial parts.

He has worked at a veterans hospital, practiced privately in Philadelphia and for the past nine years has been self-employed in Vienna with a second office in Charlottesville.

Appreciative patients send not only his fee of

\$1,700 to \$2,500, but gifts such as alcohol and food. "One woman let me have her summer home over the Eastern Shore of Virginia for a week."

Most medical insurance plans and Medicare pay for false eyes, which are considered medical equipment, Hughes said. Medicaid, the state's medical aid program for the poor, by policy purchases eyes for children and minors under 21, but requires adults to show a medical or mental-health need, said Dennis Smith, director of the Department of Medical Assistance Services, which runs Medicaid.

Hughes obtained his large caseload in southwest Virginia, in part, by assuming the practice of New Castle Ocularist Langdon

Henderlite, who retired in 1999 and gave Hughes all his records.

To spare these patients a long drive to see him, Hughes recently scheduled a monthly work day at the Carilion Roanoke Memorial Hospital Rehabilitation Center in Roanoke. The profession is small. The American Society of Ocularists, the national professional group, counts only 225 members.

Hughes said "kooks" occasionally contact his office and request eyes for puppets and pets. He has spotted eyes keychains and suspects some fellow eye-makers produce them as souvenirs.

Hughes is willing to share a light-hearted story or two about his clients, but hates seeing anyone treat false eyes in a casual or comic light.

Some people who need an artificial eye can't afford them, he said. They have been to his office and had to be turned away. For those people to go without while others wear them on key chains, "I think it's kind of in low taste," Hughes said.

He estimates he has made and installed 4,500 false eyes during an 18-year career, many of them for patients deep in anguish. They are crying, depressed and horrified by the double whammy of loss of vision and loss of appearance.

"I just can't imagine my son going to school with one [eye]," said a Roanoke

Valley woman, who spoke on the condition she not be identified to protect her son from ridicule. "If we did not have this and it didn't look so close to being real, I just can't see him as living a normal life."

However, according to Hughes, "some people can shake it."

His patients golf, hunt and drive. Though he won't identify the airline, he said one patient pilots large, commercial passenger airliners out of Washington Dulles International Airport. The pilot's employer knows about her artificial eye, Hughes said.

"It's a disability if you want to make it one," Hughes said.

He might be thinking of patient Paul Buford Jr., 67, of Roanoke, who lost an eye in an air-rifle accident as a boy.

"I'm doing fine. I've had this thing since 13," said Buford, who is retired from banking. "We were playing cops and robbers and I was robbing a bank...I jumped at him," Buford said.

His friend reflexively fired, shattering Buford's right eye. It was 1946. Buford recently got Hughes prosthetic after wearing another Ocularist's work for many years.

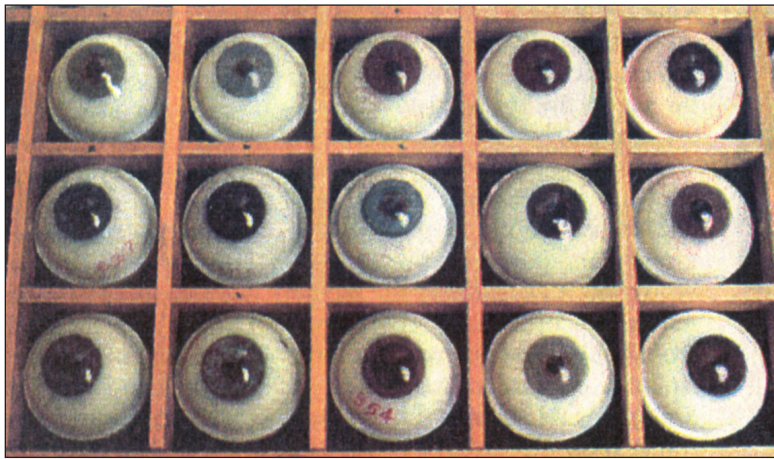
Buford, who lacks depth perception and whose vision side-to-side is a third reduced, said he does not consider himself handicapped.

"I can do everything," he said. "I can catch a base-



ERIC BRADY / THE ROANOKE TIMES

Paul Buford, patient of Michael Hughes, has had a false eye ever since a friend with a BB gun shot out his right eye when he was 13. He said some of his friends don't know he has it.



ERIC BRADY / THE ROANOKE TIMES

Some of Michael Hughes' prosthetic eyes await fitting sessions with patients.

ball, or used to."

The hardest part of wearing a false eye may be dealing with slippage, a rare but awkward occurrence.

One of Hughes' patients, who lost his false eye riding a roller coaster at Paramount's Kings Dominion, returned after he park closed to look for it with attendants. One attendant announced he had found the false eye, but when Hughes' patient went over to retrieve it, he discovered the attendant had found someone else's false eye. Because of the risk of loss, many false-eye wearers have a spare.

'I just can't imagine my son going to school with one [eye]. If we did not have this.... I just can't see him as living a normal life.'

ROANOKE VALLEY MOTHER
WHO REQUESTED ANONYMITY

Located most of his career in or near a big city, Hughes has made eyes for celebrities and well-known personalities. He did one for the late Arizona congressman

Morris Udall. He didn't want to identify any others in case their fans don't know.

Most patients are more like Brandon Clark, the 16-month-old son of a Lee County construction worker.

The child was born with an undeveloped eye. Doctors, who had never seen the condition before, referred parents Gene and Christie Clark to Hughes for help. "I was scared to death until I talked to him about it," Christie Clark said. Hughes fitted Brandon with a blank prosthetic to expand the eye socket and later made the boy an artificial eye. The youngster will get a slightly larger one every six months.

Most people can't tell Brandon wears a prosthetic.

"They say, 'He has pretty eyes,'" Christie Clark said, beaming.

The couple used to drive nearly six hours to see Hughes in Charlottesville. Hughes' Roanoke office hours cut their drive in half. The next door closest Ocularist they could have used was in Nashville.

When a person loses sight from an eye disease or injury, an ophthalmologist usually removes the eye and replaces it with an artificial eyeball, called an implant. The implant sits toward the back of the eye socket to leave room for the cup-shaped false eye to ride in front. When he gets the patient, Hughes fills the eye socket containing the implant with a thick substance like the molding compound dentist used to take impressions of the teeth. He uses the eye-socket impression to make wax model and then a mold for casting the false eye in a hard, virtually unbreakable acrylic.

Before casting, the Ocularist paints the pupil, iris and white on a curved plastic base which will be inserted into the cast before completion.

After additional painting, he cements tiny red threads to the fake eyeball to simulate the blood-vessel pattern in the patient's good eye. The nearly finished artificial eye is sealed with a clear, protective coating and buffed to a wet-looking appearance. Once slipped in place, the prosthesis is held by the eyelids. The wearer's tear ducts bathe the false eye in moisture, and the eyelid still blinks, making the prosthetic self-cleaning.

Because the eye implant can be attached to the eye muscles – and the false eye is sometimes pegged to the implant – the blind eye moves convincingly with the good one.

"I've had wives who never told their husbands,"

Hughes said.

When people can't spot Hughes' handiwork, he knows he has succeeded for the patient.

"The average guy want to blend," Hughes said.

To learn more on the Web about artificial eyes, see Ocularist.org.

This article (also) ran in the following newspapers:

Washington Times
Richmond Times: Dispatch
Fredericksburg Gazette
The Virginia-Pilot