

WHAT YOUR RETINA DOCTOR WANTS FROM YOU

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OVERVIEW

- Desire to learn and improve
- Accuracy in documentation
- Thoughtful history-taking and testing
- Understanding the relevance of systemic health
- Pristine sterile technique
- Team approach to clinic flow
- Kindness and empathy toward patients

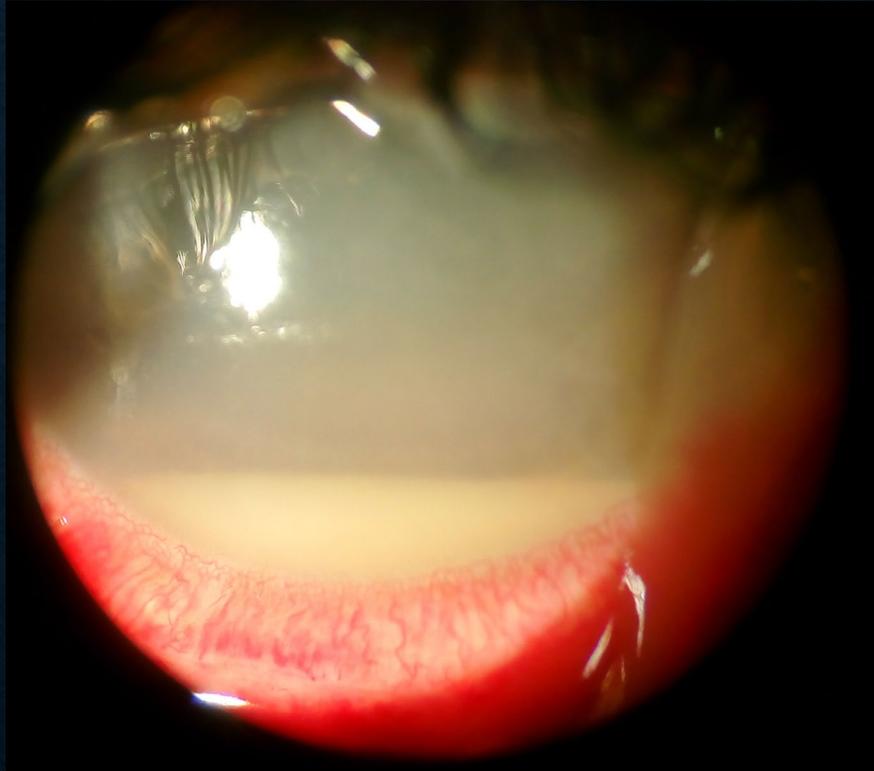
DESIRE TO LEARN AND IMPROVE

- Most important by a landslide – everything else can be taught!
- Make sure your doctor knows that you want to learn
- Pass it on to the people around you

ACCURACY IN DOCUMENTATION

- 76 year-old woman being treated regularly for exudative macular degeneration
- Last assessment and plan: Doing well after her first 3 injections at 4 week intervals for new wet AMD OD. Will extend to 6 weeks for intravitreal avastin. Continue 12 weeks maintenance injections for OS. Both eyes injected today.
- Next visit, this plan carries over as the reason for the visit. Vision is stable at 20/25 OD and 20/100 OS. It's an injection only visit, where both eyes have no fluid or edema on OCT. The right eye is injected as per the plan.

1 WEEK LATER OD LOOKS LIKE THIS



- After intravitreal antibiotics and vitrectomy, vision improved from hand motions to 20/200, where it remained
- Endophthalmitis happens to everyone occasionally, but it turned out that OD and OS were flipped in the note, and she was supposed to have had OS injected

THE IMPORTANCE OF ACCURACY APPLIES TO EVERYTHING

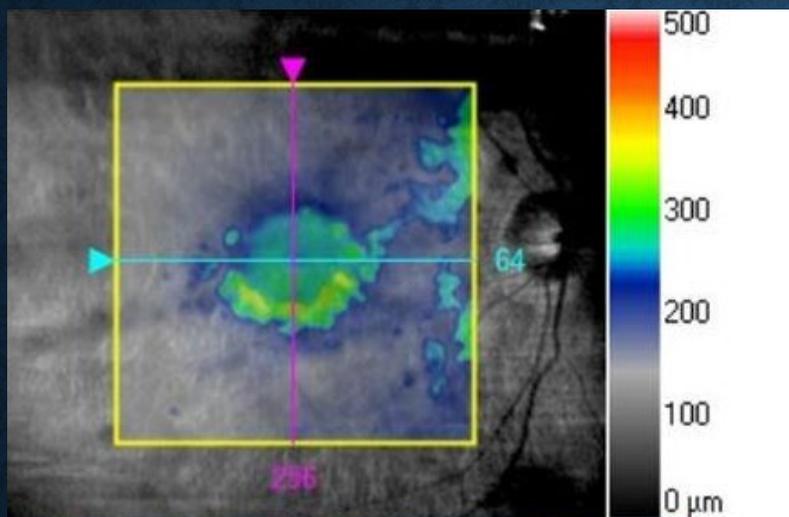
- Accurate vision and IOP measurements guide treatment
- Correct drug, correct laser settings, correct follow-up determine outcomes and future decision-making
- Staff who critically review everything they read and write often catch mistakes and save me. There should be no ego in safety!

THOUGHTFUL HISTORY-TAKING AND TESTING

- Sometimes the screener hears or sees things that the doctor doesn't
- Document everything that could possibly be relevant
- Watch the patient during the exam
- You may clinch the diagnosis, or at least save a lot of time

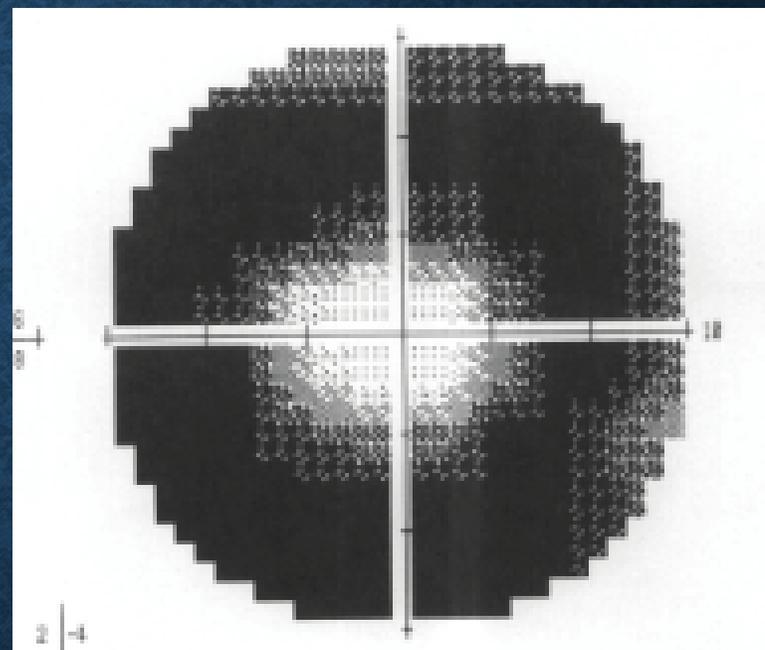
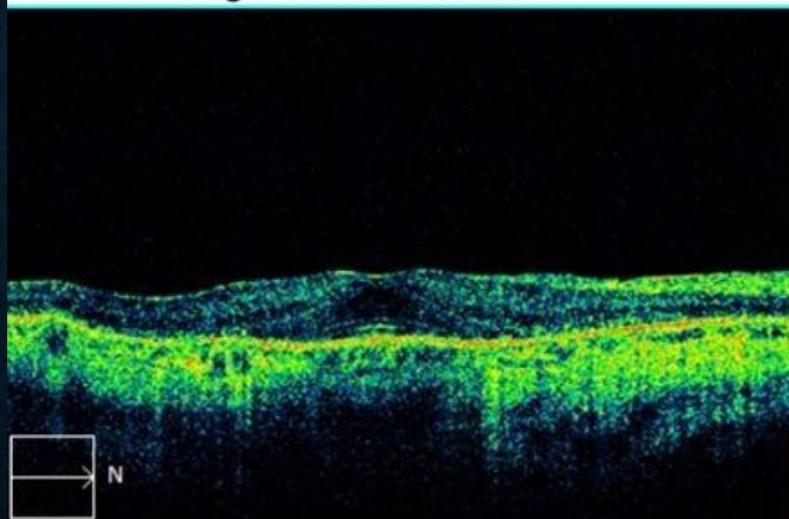
LISTEN TO THE HISTORY

- 66 year-old unhappy with her vision following cataract surgery elsewhere
- Had YAGs and multiple exams, but she's been told that her vision is good and there's nothing more to be done
- Describes a ring around her vision both eyes attributed to negative dysphotopsias
- Can't drive at night
- 20/25 OU with normal IOPs and normal anterior segment
- The tech grabbed me before dilating to ask what testing I wanted because she felt that something was legitimately wrong



Overlay: ILM - RPE Transparency: 50 %

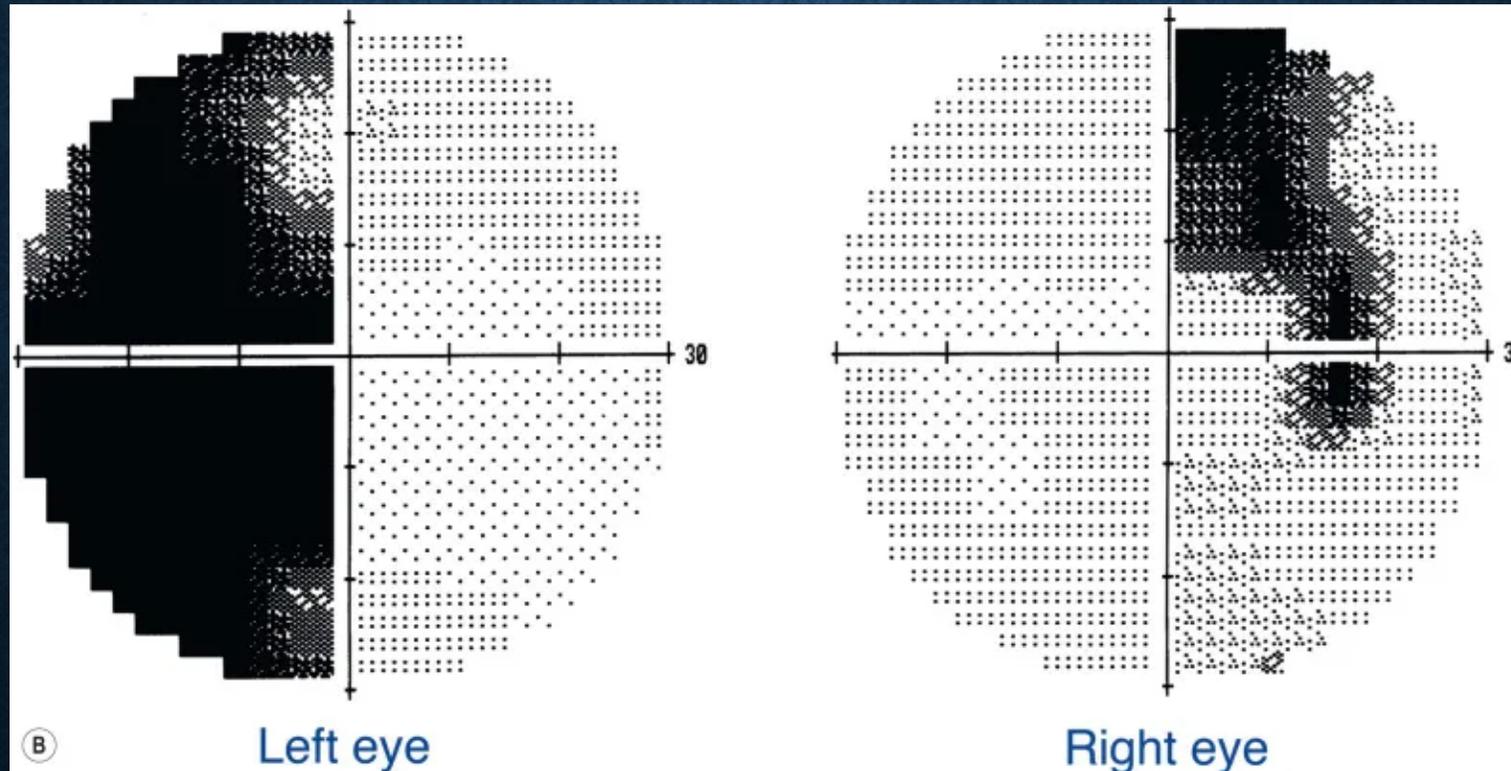
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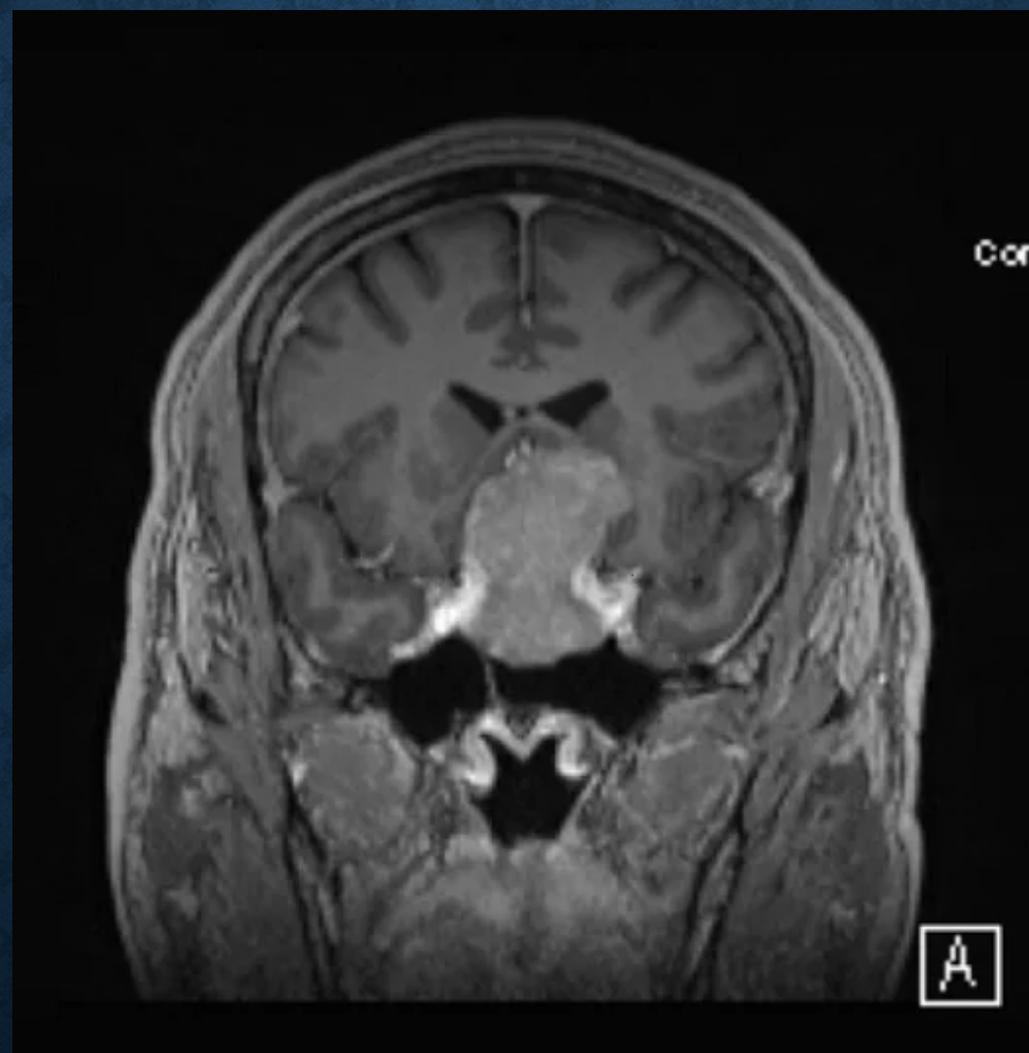


LOOK FOR CLUES DURING THE EXAM

- 72 year-old woman with gradually declining vision left more than right, referred for cataract surgery
- Best corrected 20/40 OD, 20/50 OS with about 2+ nuclear sclerosis and 2+cortical changes in both eyes
- Uneventful cataract surgeries, and patient states that vision is improved
- Best corrected vision 20/25 and 20/40 with normal appearing exam, normal FDT, normal OCT when examined by one of our optometrists at 1 month. Referred back to me for possible retinal issue.

TECHNICIAN NOTED THAT LEFT EYE CONSISTENTLY MISSED THE FIRST FEW LETTERS



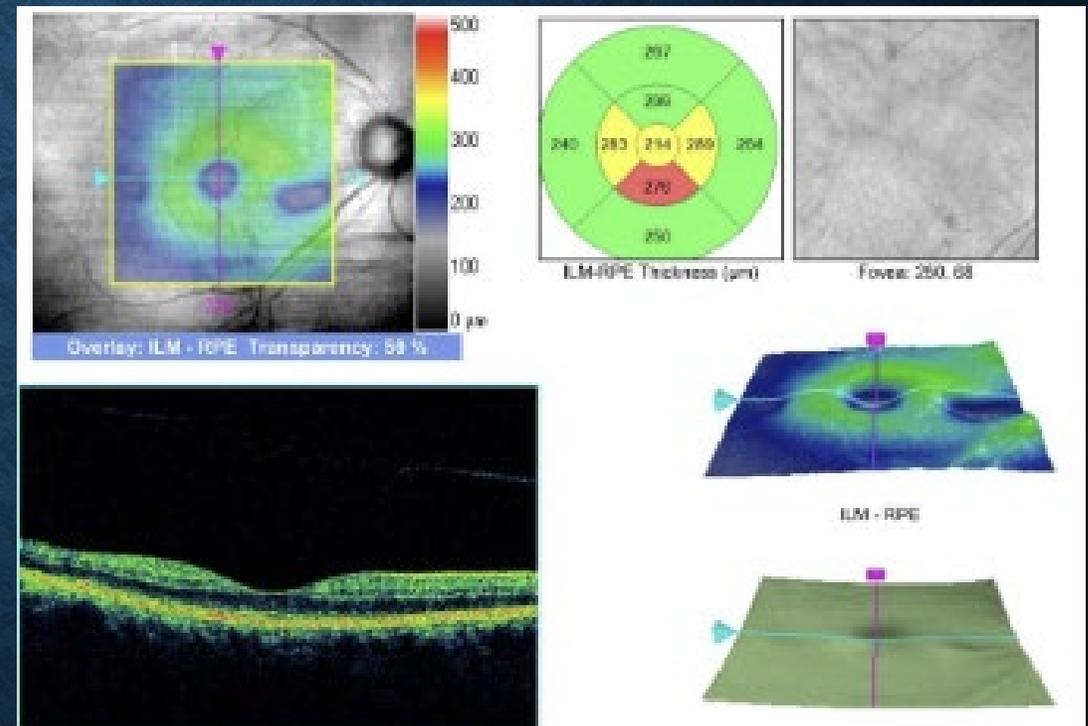


UNDERSTANDING THE RELEVANCE OF SYSTEMIC HEALTH

- Must document all systemic conditions and medications
- Don't forget to ask about drugs administered by injection, infusion, or that are not taken every day (chemo, immunotherapy, immunosuppressives)
- Remember that vascular symptoms are often vague or transient in the earlier stages
- Realize that potential causes of uveitis are vast: infection, autoimmune disease, trauma, malignancy, drugs/toxins
- Pay attention to social risk factors

RETINAL ARTERY OCCLUSION AND STROKE

- 77 yo woman presenting in clinic 2 months after having an acute change in vision with a small blind spot right eye
- Acuity was 20/25
- She didn't call in with the change, but she did have a large stroke with lasting left-sided weakness and a new afib diagnosis a couple weeks later



TRANSIENT ISCHEMIA AND STROKE RISK

- 68 yo M seen by one of my partners 1 day after uneventful cataract surgery, had CF vision and IOP of 30
- The only abnormal finding was dramatic arterial pulsations at the nerve, which resolved after fluid was released from the wound and IOP dropped to 6
- Vision was 20/80 before he left that office and headed to my office

1 HOUR LATER VISION WAS 20/30

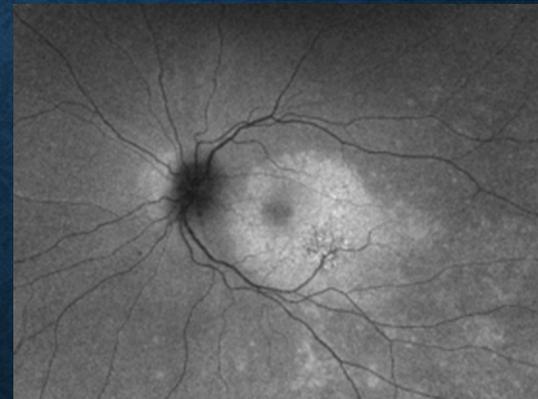
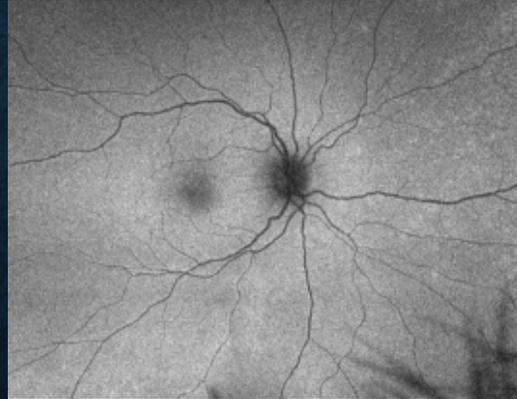
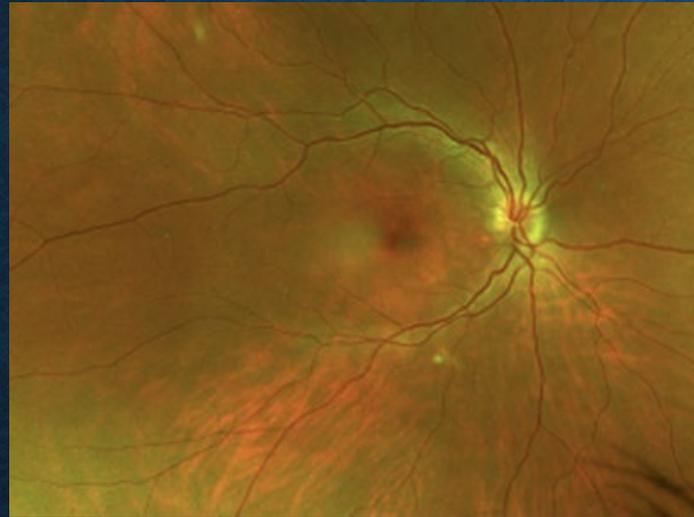


- Slightly decreased filling time, peripheral changes consistent with ocular ischemia
- Carotid doppler showed 100% occlusion of the right internal carotid artery

PAINLESS VISION LOSS IN A HEALTHY YOUNG WOMAN

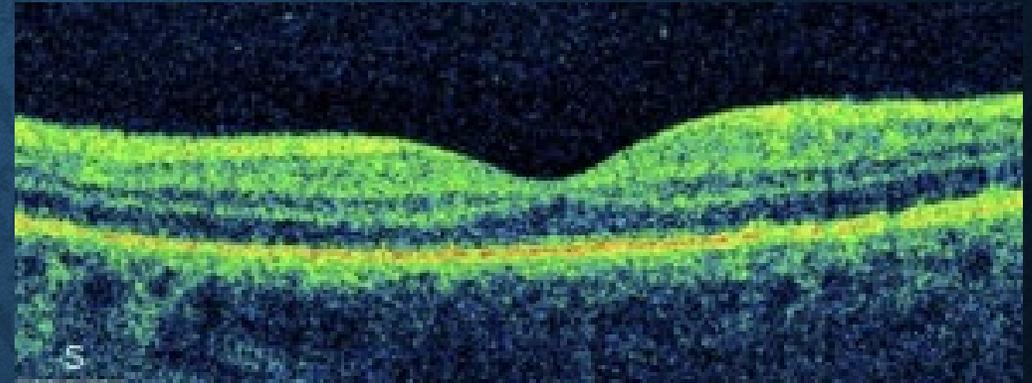
- 36 year-old woman presenting with acute, rapidly progressive painless vision loss left eye
- Referred by her optometrist for 20/200 vision and 3+ optic nerve edema left eye
- 1+ vitreous cells OS
- OD was 20/20 with 1+ nerve edema and 1+ vitreous cells
- Healthy, no medications

PHOTOS AND AUTOFLUORESCENCE

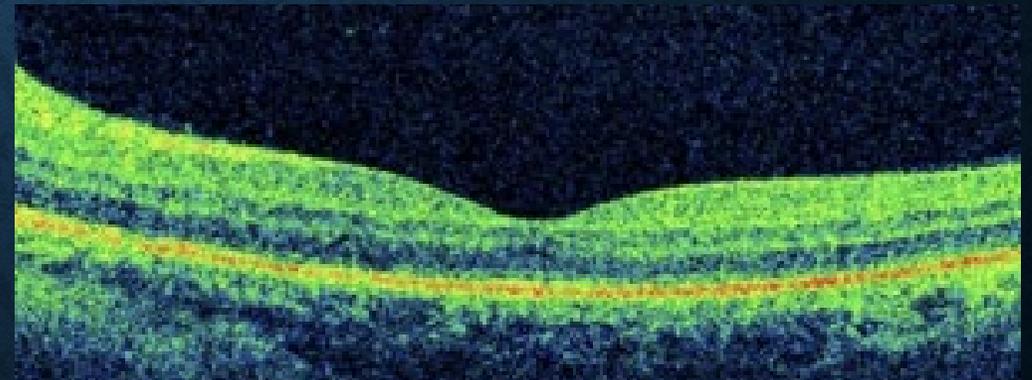


PLAQUOID SYPHILIS RESPONDS TO TREATMENT LIKE NOTHING ELSE

- 1 week later vision was 20/20 OD and 20/25 OS after starting IV penicillin
- Remember that with infectious inflammation, steroid treatment can be blinding



Initial OS



1 week later OS

PRISTINE STERILE TECHNIQUE

- For any given case of endophthalmitis, it is highly unlikely that anyone will ever know the cause, but there are a lot of possibilities:
- Drawing up meds - clean hands, clean vials, clean syringe and needles
- Prepping the patient – betadyne, clean lids, no touching
- During injection – talking, contact with lids, blinking/squeezing
- After injection - clean rinse, post-injection instructions

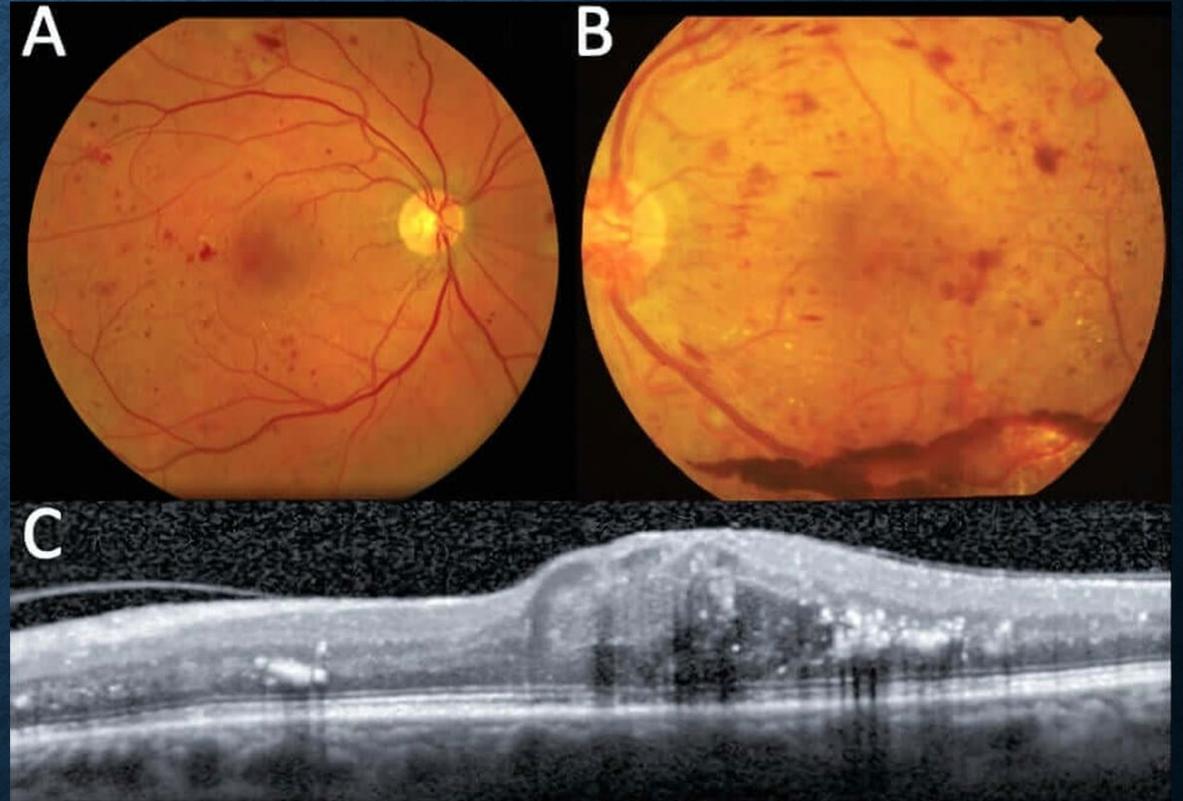
TEAM APPROACH TO CLINIC FLOW

- The types of patients and their distributions on a schedule can vary significantly day to day, leading to bottlenecks at any possible point:
- Screening
- Testing
- Dr. exam/scribing
- Calling for insurance precertifications, coordination of care
- Procedures
- Good staff will jump in where needed, and accept help when needed

**KINDNESS AND EMPATHY TOWARD
PATIENTS**

“JOE”

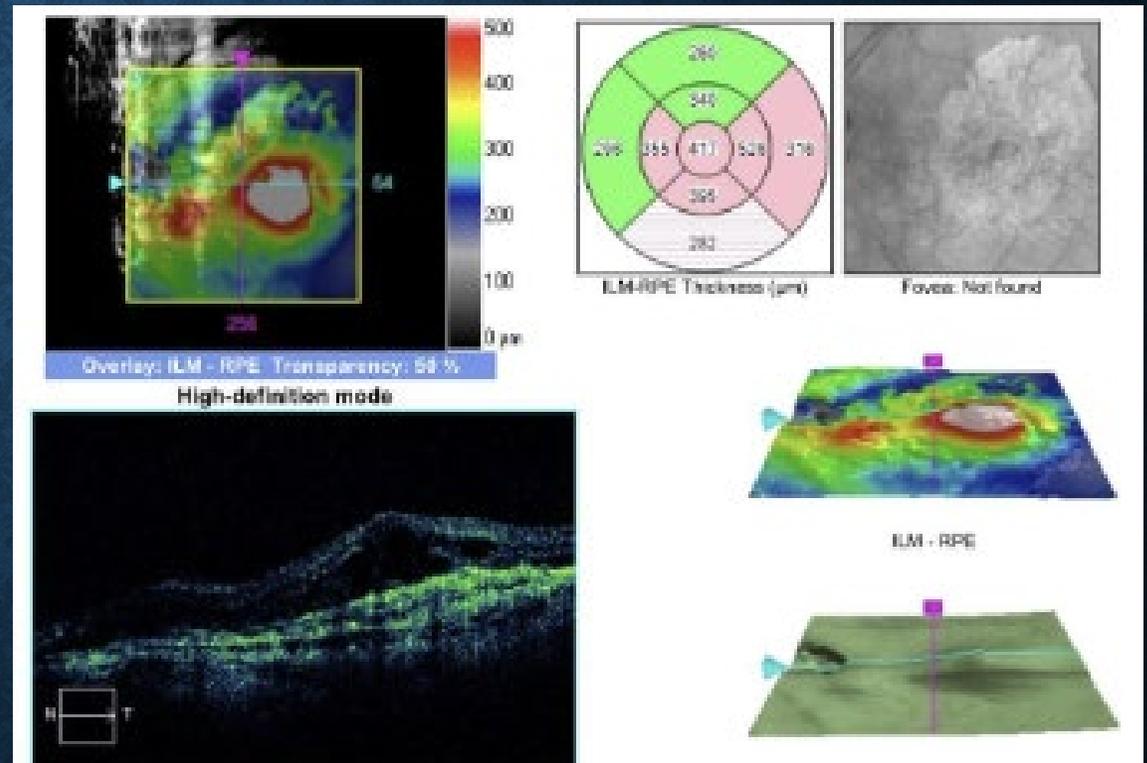
- 50 year old man presenting about 2 years ago with blurred vision both eyes who “just wants glasses”



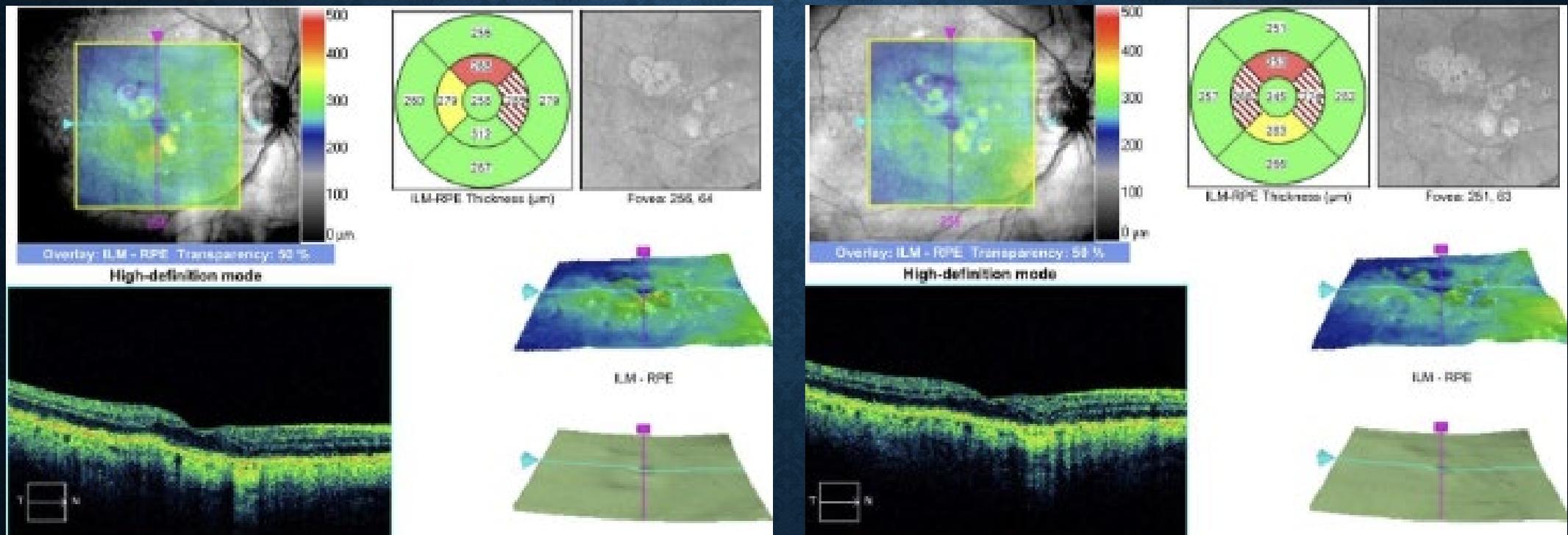
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PROGRESSING AMD

- 82 yo man who initially presented a few years ago with a large subretinal hemorrhage OS of several months duration
- Tried injections, but was hand motions at best, so injections were eventually suspended



OD WAS ALSO EXUDATIVE, AND RESPONDED VERY WELL TO INJECTIONS, BUT...



20/25 6 months ago

20/50 now

THOUGHTS OR QUESTIONS?