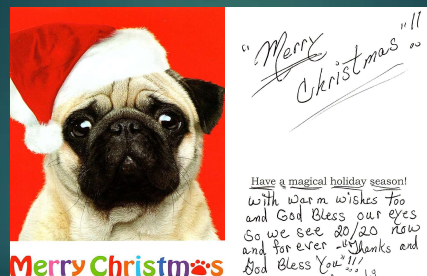


Returned a couple months later

- ▶ Seeing 20/80 OS with +6.00 readers over +3.00 readers
- ▶ "Never saw so good"
- ▶ Removed cataract from right eye, happy and no need for secondary IOL in left eye



Christmas card

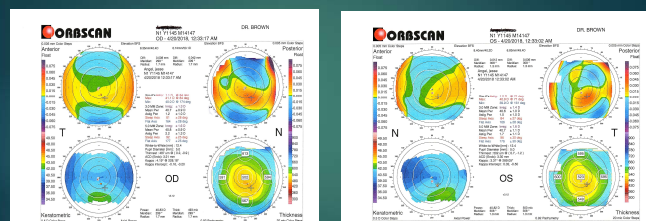


"Great LASIK Candidate" Not a great result...

- ▶ 20 yo man, stable refraction, healthy eyes
- ▶ OD -5.25-.75x180=20/20
- ▶ OS -5.75 sph=20/20
- ▶ Pach 513/537
- ▶ Normal exam/Orbscan

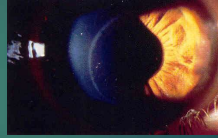


Preop Orbscans

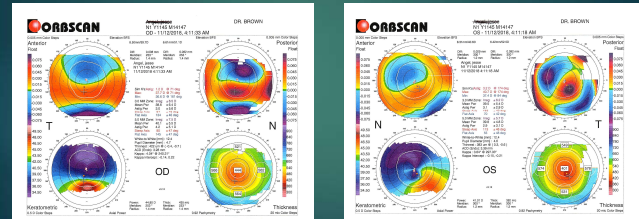


Postop Course

- ▶ PO Month 1 20/15 OUI
- ▶ PO Month 3 mild cylinder
- ▶ PO Month 6 20/40 OD and 20/100 OS
- ▶ OD +1.25-1.00x90=20/25
- ▶ OS +1.00-2.25x110=20/30

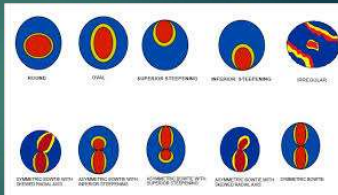


Topography 6 months postop Ectasia!



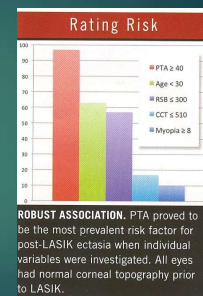
Ectasia Risk Factors

- ▶ Abnormal topography (inferior steepening)
- ▶ Thin cornea (<500 nm)
- ▶ Young age (<21 yo)
- ▶ High myopia (>-6D)
- ▶ Family history
- ▶ Residual bed thin (<300)



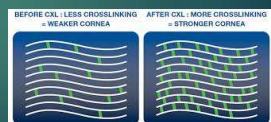
Percentage Tissue Altered (PTA)

- ▶ New index to assess risk of ectasia
- ▶ $PTA = (AbDepth + FT) / Pach$
- ▶ $PTA > 40\%$ increases risk of ectasia
- ▶ 97% of ectasia patients had $PTA > 40\%$
- ▶ More important than age <30, RSB >300, CCT <500, or myopia >-8D
- ▶ PTA ectasia patient 37%/38%



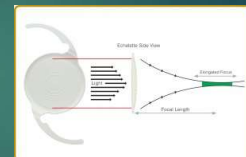
Cross-linking

- ▶ Riboflavin soaked cornea treated with UV light
- ▶ Creates collagen cross-linking that strengthens cornea
- ▶ Useful for keratoconus and post-LASIK ectasia
- ▶ Expensive, insurance coverage spotty



Honestly, I thought it was routine...

- ▶ 74 yo farmer with cataracts
- ▶ 20/40- OD 20/50- OS
- ▶ 2+NS/2+ cortical OU
- ▶ Mild ERM OD
- ▶ Routine surgery 2 weeks apart w/Symphony depth of focus IOLs

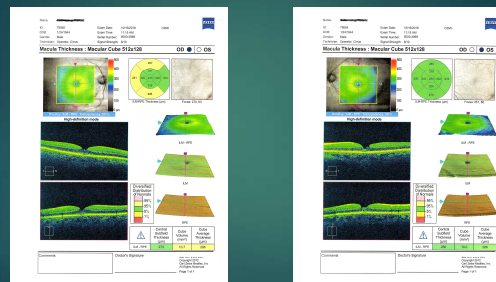


Patient very unhappy postop

- ▶ POMonth 1 sent back
- ▶ 20/50 uncorrected OU, minimal refraction
- ▶ SLE normal, macula looked a little abnormal, suspected CME
- ▶ YAG capsulotomy OU for mild capsule fibrosis



Lamellar macular thinning



To Cleveland Clinic for 2nd opinion

- ▶ Underwent vitrectomy OU for "small" full-thickness macular holes
- ▶ Last visit vision 20/30 and 20/40 without correction, patient happier
- ▶ Lessons learned: preop OCT on all premium IOLs, don't hesitate to delay 2nd eye



Double trouble

- ▶ 83 yo man with routine cataracts
- ▶ Uncomplicated surgery with monofocal IOLs 2 weeks apart
- ▶ Plan to return to comanaging OD for glasses until...

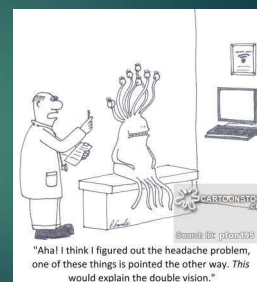
Vertical diplopia after 2nd eye!

- ▶ 5 days postop has vertical diplopia
- ▶ 20 prism diopter left hypotropia/8 pd XT
- ▶ No ptosis, pupils normal
- ▶ No systemic risk factors
- ▶ What to do next?



Unusual presentation...

- ▶ MRI brain/orbits was normal
- ▶ Suggested patching left eye for driving, try scotch tape over glasses
- ▶ Return in 1 month, keep my fingers crossed...



Follow-up 1 month later

- ▶ Thought scotch tape wasn't cute enough
- ▶ Tried driving to office without glasses, no diplopia!
- ▶ Cover testing showed eyes back to ortho, full motility, saved by nature



Diplopia after cataract surgery

Monocular

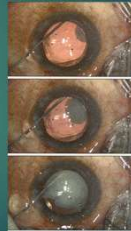
- ▶ Corneal edema
- ▶ Astigmatism
- ▶ Capsule fibrosis
- ▶ Tilted/dislocated IOL
- ▶ Epithelial dystrophy

Binocular

- ▶ Retro/peribulbar block
- ▶ Anisometropia
- ▶ Mature cataract w/sensory XT/ET

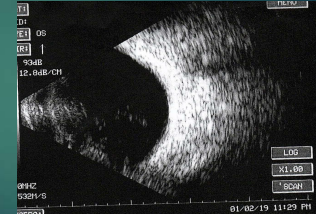
"My first eye wasn't like this"

- ▶ 72 yo noted blurred vision 6 days postop 2nd eye
- ▶ 20/30 OD 20/200 OS
- ▶ 2+ edema/1+ cell OS w/vitritis, no pain/redness
- ▶ Started Pred Forte q1 hr
- ▶ Recheck in 2 days



Infection or inflammation?

- ▶ Saw Dr. Bernstein, did AC tap/culture, injected Vancomycin
- ▶ 1 week later 20/80, less edema, still a lot of vitreous debris
- ▶ Culture grew staph



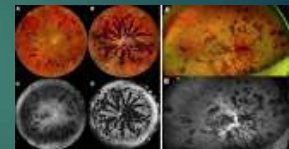
Staph endophthalmitis

- ▶ Sub-tenon's Kenalog injection given for vitreous debris
- ▶ 2 horseshoe tears, treated with laser
- ▶ 20/50 last visit, improving floaters, no vitrectomy needed yet



Hemorrhagic occlusive retinal vasculitis

- ▶ Rare autoimmune reaction to vancomycin
- ▶ Presents day 3 to 2 weeks postop
- ▶ Poor visual prognosis, many NLP
- ▶ Led to FDA warning against using vancomycin, most surgeons switched to moxifloxacin



Pharmacy Disaster

- ▶ Up to 58 routine cataract surgeries developed loss of central vision
- ▶ Problem with formula used by compounding pharmacy
- ▶ Loss of ellipsoid layer in retina on OCT
- ▶ Multiple lawsuits



If it ain't broke don't fix it

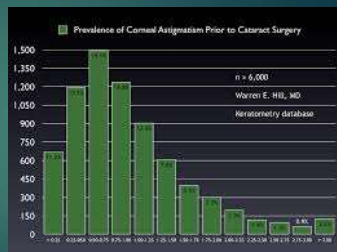
- ▶ Buderer pharmacy been my compounding pharmacy for 20 years
- ▶ Great results with moxifloxacin triamcinolone dexamethasone
- ▶ Benefit of lower infection rate, patient convenience, patient cost outweighs risk for me

Buderer Drug has a USP 797 Risk Level 3 sterile compounding laboratory.



Toric that didn't add up...

- ▶ 61 yo with vision 20/60 OD and 20/70 OS
- ▶ OS -0.25-3.50x98=20/40
- ▶ SLE 3+NS/3+PSC cataract
- ▶ Elected toric IOL, great candidate!

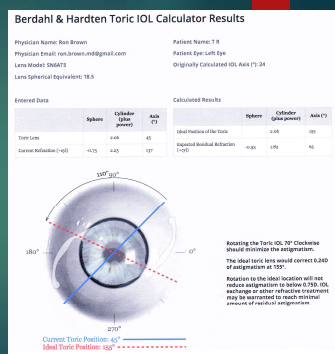


Thought I'd see a little better?

- ▶ POWeek 2 UCVA 20/100
- ▶ OD +1.75-2.50x 47=20/20
- ▶ Toric IOL at axis 45 degrees, told just need to rotate IOL to fix



- ▶ Astigmatismfix.com calculates ideal axis to minimize cylinder
- ▶ Showed with rotation to axis 155 expected cylinder still 1.83D !
- ▶ Numbers just didn't add up...



<p>ZEISS</p> <p>ZEISS</p>		<p>ZEISS</p> <p>ZEISS</p>	
<p>OD</p> <p>OS</p>		<p>OD</p> <p>OS</p>	
<p>Axis Length Values</p> <p>Axis Length Values</p>		<p>Axis Length Values</p> <p>Axis Length Values</p>	
<p>Corneal Curvature Values</p> <p>Corneal Curvature Values</p>		<p>Corneal Curvature Values</p> <p>Corneal Curvature Values</p>	
<p>Anterior Chamber Depth Values</p> <p>Anterior Chamber Depth Values</p>		<p>Anterior Chamber Depth Values</p> <p>Anterior Chamber Depth Values</p>	
<p>Results</p> <p>Results</p>		<p>Results</p> <p>Results</p>	

Great result!

- ▶ IOL rotated to axis 162
- ▶ Postop UCVA 20/30
- ▶ +0.50-0.50x51
- ▶ Very happy!

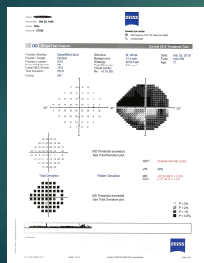


The nerve of that nerve...

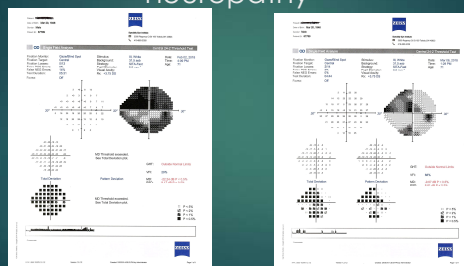
- ▶ 71 yo man, had CE OS 7 years ago
- ▶ OD 20/50-, OS 20/25
- ▶ Routine CE/IOL OD, returned 4 weeks later noting blurred vision/spots superior field OD
- ▶ 20/60 vision with optic nerve head inferior edema



Non-arteritic ischemic optic neuropathy

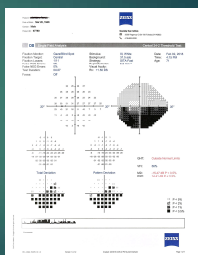


Non-arteritic ischemic optic neuropathy



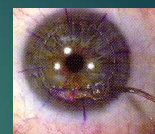
Previous optic neuropathy in left eye made me believable!

- ▶ NAION treatment: none
- ▶ Check sed rate to r/o temporal arteritis
- ▶ Small C/D ratio typical
- ▶ Involvement of fellow eye common



From Routine to Rare

- ▶ 61 yo woman had LASIK in 2000, late regression OD, not wearing glasses
- ▶ OD 20/70 UCVA, refraction -2.00-.75x134 gave 20/20
- ▶ OS 20/20 UCVA
- ▶ PRK enhancement OD, routine, BCL fell out day 4, epithelial stippling



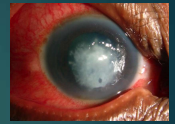
Presents 3 weeks later...

- ▶ Vision 20/100 OD with white spot in pupil for a week, started on Besivance Q1 hour for corneal ulcer
- ▶ Day 3 epithelial defect increased from 1.4 to 2.5mm
- ▶ Culture: coag neg. staph



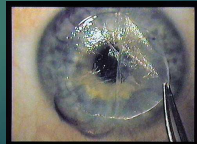
Fungal ulcer!

- ▶ To U of M after 9 days intense antibiotic therapy
- ▶ Culture grew *Aspergillus fumigatus*
- ▶ Exposure to horses in Reno, waterskiing
- ▶ Rx w/voriconazole
- ▶ 3 months later 20/60 w/2mm stromal haze/50% thinning, no epi defect



Why PRK enhancement?

- ▶ Higher risk of infection
- ▶ Higher risk of haze
- ▶ Slower visual recovery
- ▶ More discomfort
- ▶ Lower risk of epithelial ingrowth



Had to pass on this one...

- ▶ 59 yo man with h/o LASIK many years ago, told he had cataracts
- ▶ Vision 20/70 OD and 20/200 OS
- ▶ Did not do slit-lamp or fundus exam, decided to have patient see another surgeon
- ▶ But why?

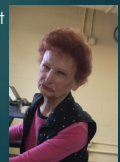


Tough patients I've done: I'll tackle almost anything...

- ▶ 250 pound dwarf
- ▶ 537 pound man
- ▶ Severe scoliosis
- ▶ Advanced Parkinson's with severe head tremors
- ▶ Lawyer so sensitive told she'd need general anesthesia
- ▶ Neck fusion, told needed to find left-handed surgeon
- ▶ Advanced MS, tilted wheel chair back and sat on the floor

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- ▶ Neck fusion, told needed to find left-handed surgeon
- ▶ Advanced MS, tilted wheel chair back and sat on the floor
- ▶ My mother-in-law



 IN THE COURT OF COMMON PLEAS OF LUCAS COUNTY, OHIO

Plaintiff,	:	Case No. CD2000-01241
	:	(Hon. CHARLES DONEGHY)
vs.	:	ANSWER OF DEFENDANT WITH
Ronald N. Brown, Jr., M.D.,	:	JURY DEMAND ENDORSED
	:	HERLON
Defendant,	:	James F. Nooney (00000715)
	:	EASTMAN & SMITH LTD.
	:	One SeaGate, 24 th Floor
	:	P. O. Box 10022
	:	Toledo, Ohio 43699-0022
	:	Telephone: (419) 241-6000
	:	Fax: (419) 245-1777
	:	Attorneys for Defendant

Now comes defendant Ronald N. Brown, Jr., M.D. and for his Answer to the Complaint of plaintiff:

