THE RETINA TIMES

FELLOWSHIP PROGRAM

Retina Associates of Kentucky proudly spotlights our Fellowship Training Program for future Vitreo-Retinal surgeons. Our physicians feel fortunate that they received outstanding training when they started their careers, and are devoted to giving back to the field by training the next generation of retinal specialists.

Recognized as one of the top training sites in the nation, each year we interview and recruit some of the finest residents from all over the country to be in our Program. Our fellows are already well trained general eye surgeons when they enter our fellowship, and they have elected to spend an additional two years of training in our field instead of going into practice.

We are proud to have these bright young physicians accompany our doctors in our clinic and during surgical cases. By teaching and organizing discussion around patients, our doctors are able to offer the most thorough care to even the most challenging eye diseases. Our fellows also help us coordinate our emergency care, so if you call after hours or on the weekend you may talk with them initially.

We encourage you to learn more about each of our fellows listed below:



2020-2022 Shivani Reddy, MD

Shivani Reddy, MD graduated in 2012 from the University of Louisville through a selective 7 year combined B.A./M.D. program. She also completed her ophthalmology residency at the University of Louisville, after which she received Medical Retina fellowship training at Harvard Medical School, Mass. Eye & Ear. During this time, she was given the 'Dedication to Service' award for her commitment to global health. She was practicing as a medical retina/comprehensive ophthalmologist in Atlanta before moving to Lexington for her fellowship. Outside of medicine, Dr. Reddy enjoys traveling, cooking, art and spending time with friends and family.



2021-2023 Hayley James, MD

Hayley James, MD graduated in 2008 with a Bachelor of Science degree in Biology from Washington and Lee University. She received her Doctor of Medicine degree from Eastern Virginia Medical School in 2017. Dr. James did a preliminary year in internal medicine at Eastern Virginia Medical School, where she received the Outstanding Intern Award. She completed her ophthalmology residency at Washington University School of Medicine in St. Louis, during which time she received the Distinguished Service Award, given annually to a second-year resident. Outside of medicine, Dr. James enjoys hiking, basketball, cooking, traveling, and spending time with friends and family.



2021-2023 Eric Weldy, MD

Eric Weldy, MD graduated in 2013 with a Bachelor of Science degree in Biochemistry from Lee University. He completed his Medical Degree at the University of Tennessee in 2017. Dr. Weldy then did a preliminary year in internal medicate at Presbyterian St Luke's Hospital in Denver, Colorado, and completed his Ophthalmology Residency in 2021 at the University of Colorado. Outside of medicine, Dr. Weldy enjoys hiking, skiing, volunteering as a Spanish interpreter and spending time with friends and family.



Vitrectomy for Vitreous Opacities or "Floaters"



Figure 3 - Caption Text Goes Here

A 57-year-old moderately myopic (-3.50 sph OU) female artist presented with complaints of visually disabling bilateral floaters for 18 months. The patient had undergone cataract surgery with multifocal intraocular lenses two years prior to presentation. She reported that the floaters were affecting her ability to paint and do her artwork, and were a constant distraction, including while driving. Uncorrected visual acuity was 20/25 OU with an unremarkable anterior segment examination. Funduscopic examination was remarkable for bilateral posterior vitreous detachments with 4+ vitreous condensations in both eyes. (See images depicting appearance of floaters and a patient's perspective of the opacities). The right eye had a patch of lattice degeneration without holes at the 4:00 position. The floaters were easily visualized on examination and fundus photography, and OCT confirmed lack of a posterior hyaloidal interface on either macula.

Options of continued observation versus bilateral vitrectomy surgery were discussed with the patient. Given the chronicity and severity of the symptoms - despite the relatively good visual acuity on an eye chart - the patient elected to proceed with surgery. Laser retinopexy was performed in the office on the area of lattice OD and 25gauge vitrectomy was scheduled for the left eye approximately two weeks later, and the right eye two weeks after that. This allowed for a proper laser adhesion (which generally takes two weeks) to form prior to the surgery OD and for an interval check of the first surgical eye one week in between the surgeries.

References

Ret Vit. 2020:21(6.1).

RETINA ASSOCIATES OF KENTUCKY

EDUCATION, EXPERIENCE, COMPASSION,

MAIN OFFICES

- Lexington 120 N. Eagle Creek Drive, Suite 500 Lexington, KY 40509
- Louisville 6420 Dutchmans Parkway, Suite 70 Louisville, KY 40205 Ashland 1700 Winchester Avenue Ashland, KY 41101

OUR OTHER LOCATIONS

Kentucky Bardstown Danville Frankfort Lexington - West London Paintsville Richmond Somerset

Indiana Jeffersonville

OUR PHYSICIANS

William J. Wood, MD, Founder (Retired) Rick D. Isernhagen, MD Thomas W. Stone, MD John W. Kitchens, MD Todd J. Purkiss, MD, PhD Belinda L. Shirkey, MD Blake A. Isernhagen, MD Jack L. Hollins, MD Miguel A. Busquets, MD, FACS Aaron M. Ricca, MD

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Example of patient's visual perspective with symptomatic floaters. This demonstrates the potential visual disability that results in loss of enjoyment and difficulty with activities of daily living.

Uncomplicated vitrectomy surgery under local anesthetic was performed in both eyes as scheduled. Intraoperative scleral depression at the conclusion of each case revealed no retinal breaks or detachments, and a good laser adhesion in the treated area of lattice. Visual acuity at post-op day one was 20/20 for each eye with immediate resolution of the floater symptoms. The patient immediately resumed her artwork with reportedly improved satisfaction and no longer felt distracted while driving. Visual acuity as well as all other objective and subjective parameters remained excellent at the one- week, one-month, three-month and six-month follow-up visits.

Pathophysiology of Floaters

The phenomenon of floaters, also known as myodesopsia (Gr.), is the result of the breakdown of laminin and fibronectin, which are adhesive, noncollagenous glycoproteins found in the vitreous. Although the vitreous is generally transparent, abnormal clumping of the vitreous resulting from the breakdown of these substances can result in varying degrees of shadowing and symptomatic specks in a person's vision. This process is often, but not always, associated with a posterior vitreous detachment (PVD) and can be more common in patients suffering from high myopia, myopic degeneration and other conditions prone to vitreous degeneration such as Wagner's or Jansen's disease.

Diagnostics and Preoperative Management

A careful, depressed funduscopic examination is essential for these patients, not only to identify the floaters but to assess peripheral pathology. Although symptoms should be the driving factor in determining the need for intervention for floaters, the ability for the surgeon to clearly visualize the vitreous condensations and correlate their severity with the symptomatology is imperative. This will also help rule out other possible causes of a patient's visual difficulties.

Fundus photography can be helpful in identifying vitreous opacities that may be otherwise difficult to assess via

standard ocular examinations, such as in cases when a patient is particularly photosensitive. Ultrasonography may also be useful under these circumstances. Also, dynamic OCT can help to capture floater images by having the patient fixate on a target and then gaze in all four cardinal directions. A movie is then generated that allows for visualization of the floaters.

If peripheral rhegmatogenous pathology is identified through the preoperative assessment, this should generally be pre-treated with laser retinopexy or - less commonly cryopexy. Areas of lattice degeneration, atrophic holes or frank retinal tears should all be treated before vitrectomy, and vitrectomy should be postponed for at least two weeks to allow for a proper protective adhesion to form. Duration of symptoms before considering vitrectomy should be at least six months, as floaters may often break down over time.

Current State of Vitrectomy for Floaters

Current vitreoretinal surgical technology has greatly increased the safety, efficiency and outcomes for this procedure. Prior to microincision vitrectomy surgery or MIVS, high incidences of retinal tears and detachments were reported with vitrectomy for floaters. Today, with the advent of high-speed cutters and 25 or 27-gauge sutureless incisions, these rates are well below 1% and equivalent to rates quoted for routine cataract surgery. Newly introduced instrumentation, such as 20,000 cut-per-minute cutters, continue to reduce surgical time below the current 10-15-minute range and improve visual results in these patients. Success rates for resolution of floaters currently range from 91-99% in the literature, and resolution of symptoms is immediate. Although post-vitrectomy cataract progression is a consideration in this patient population if phakic, rates of progression to visually significant cataract vary from 19% -67% with average time to progression reported between 1.5 – 5 years.

Although YAG vitreolysis has been reported as an option for visually

1. Lin Z, Zhang R, Lian Q et al. Surgical outcomes of 27 gauge pars plana vitrectomy for symptomatic vitreous floaters. J Ophthalmol. 2017. 2. Tan HS, Mura M, Lesnik ST et al. Safety of vitrectomy for floaters. Am J Ophthalmol. 2011; 995-8. 3. Wa C, Yee K, Huang L et al. Long-term safety of vitretomy for floaters. Inv Ophth Vis Sci. 2013:54; 2142. 4. Souza CE, Lima LH, Nascimento H et al. Objective assessment of YAG laser vitreolysis in patients with symptomatic vitreous floaters. Int J

significant vitreous opacities, this procedure is rapidly falling out of favor due to the fact that it is relatively tedious and time-consuming. Additionally, the postoperative results do not compare favorably to those of vitrectomy, with only a 56% rate of total resolution, 37% rate of partial resolution and 5% rate of worsening symptoms. Furthermore, a large subgroup of the patients reporting improvement do not notice the improvement immediately, but rather do so over time.

EDUCATION. EXPERIENCE.

Vitrectomy for floaters is a safe and extremely effective procedure for patients with visually significant vitreous opacities. Proper patient selection and a thorough preoperative assessment are essential to ensuring optimal outcomes. Under the correct circumstances, postoperative floater patients are some of the happiest in an eye clinic.

Submitted by Miguel Busquets, MD, FACS



Miguel Busquets, MD, FACS

Training:

Undergraduate BS:

Harvard University Cambridge, MA; BA, Magna Cum Laude, Biological Anthropology

Medical School MD:

Duke University School of Medicine Durham, North Carolina

Internship:

Carilion Health System Roanoke Memorial Hospital Roanoke, Virginia Transitional Residency/Medical Surgical Internship

Residency:

Washington University School of Medicine Department of Ophthalmology St. Louis, Missouri

Fellowship:

Barnes Retina Institute Washington University School of Medicine St. Louis, Missouri

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AARON M. RICCA, MD JOINS OUR TEAM OF RETINA SPECIALISTS!

Aaron M. Ricca, MD received his undergraduate degree in mechanical engineering from the University of Arkansas College of Engineering where he finished with high distinction. He then graduated from the University of Arkansas for Medical Sciences College of Medicine in 2015, where he was ranked first in his class. Dr. Ricca completed his internship and ophthalmology residency at the University of Iowa Hospitals and Clinics where he was the recipient of the Stacy L. Thompson



Resident Leadership Award, served on the Residency Selection Committee, and participated in the Macula Society sponsored Advocacy Ambassador forum. Dr. Ricca performed his Vitreoretinal Surgical Fellowship at the University of Iowa Hospitals and Clinics where he gave local and national educational presentations, received the P.J. Leinfelter Research Award, and was on staff at the U.S. Department of Veterans Affairs Healthcare System where he taught trainees in the clinic and the operating room. Dr. Ricca is committed to improving the lives of all those around him by providing the best possible care, both clinically and surgically. Outside of the office he enjoys hunting, fly fishing and spending time with his wife and two children. The physicians at Retina Associates are excited to welcome Dr. Ricca to our team of providers.

Improving Clinical Outcomes for AMD Patients



Avg. co-pay: \$15.03/month or \$0 w/ secondary insurance

ForeseeHÎME^{*}

1. Ho AC, et al. Ophthalmic Surg Lasers Imaging Retina. 2020;51:633-639

Contact Jim Tsantles for more information: jim.tsantles@notalvision.com

NEW OFFICE LOCATION LOUISVILLE

EXPECTED OPENING AUGUST 2021



RESEARCH

If you are interested in information regarding past clinical trials or participation criteria in our current clinical trials, please contact our research department: Diana Holcomb - Clinical Research Manager PH (859) 264-2905 | dholcomb@retinaky.com

WHAT'S HAPPENING



Retina Associates Welcomes Dr. Aaron Ricca





IOA Summer JUL Seminar 14 Bloomington



KOA Summer Conference Louisville Galt House



Opening Day in our New Louisville

Vitrectomy?

A: The best patient for vitrectomy is one who reports that their vision is operate on patients under 50 years old.

cataract surgery.

quality of life?

who have cataract surgery.

We have had a lot of questions about COVID vaccines and injections for retinal disease. We are unaware of any to undergo retinal treatment before, during or after your COVID vaccine. As part of your health history, we ask that number of shots (1 or 2 depending on vaccination/s.

Even if you have been vaccinated, if you are symptomatic, we ask that you reschedule your appointment until you are symptom-free and have a negative **COVID test.**

We continue to practice our COVID precautions for all patients and staff during your visit, including mask wearing and social distancing.

• Per the CDC Guidelines Healthcare facility mask mandates have not **changed.** We ask that patients wear a protective mask (surgical or cloth) to their appointment and likewise all RAK physicians and staff will have masks on and other protective gear, as necessary. Protective masks should be worn properly covering nose and mouth to help minimize exposure.

• We ask patients to arrive 15 minutes before their appointment time to help us follow social distancing guidelines. If patients arrive earlier than 15 minutes,

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VITRECTOMY FOR FLOATERS COMMONLY ASKED QUESTIONS

Q: Who makes a good candidate for

affected from moving haze or clumps that interfere with their functioning. These patients typically report clouds, gnats, or fogginess floating into their visual axis. They can often move their eyes temporarily to see, but the haze then comes back moments later.We see this more often in patients with multifocal lens implants. We seldom

A: The risk/benefit ratio is better for people who have already had cataract surgery, since they are no longer at risk for cataract progression. They also are familiar with outpatient eye surgery, and the surgery for floaters is similar to

Q: How does it improve the patient's

A: It offers patients a better quality of vision in all situations, particularly when they are moving their eyes to see. Many patients tell us they are able to drive in a wider range of lighting conditions, giving them more freedom. It also allows them to read both books and computers more easily, making them more likely to read if they enjoy it, and often helping people with their jobs. The benefits are similar to people

Q: Are there new techniques that have proven less risk?

A: Yes, we are using a smaller gauge instruments, such as 25 or 27 gauge. Most cases don't need sutures.

Q: Do you have to replace the vitreous with somethina?

A: The normal vitreous is mainly saline with a cobweb structure within it. We remove the disabling cobweb clumps and floaters, and the body replaces it with its natural saline within hours.

Q: What type of anesthesia is used for this procedure?

A: Local anesthetic

Q: Where does RAK operate?

A: Procedures are done in an outpatient surgery center

- Louisville: DuPont Surgery Center, or Norton Pavilion downtown
- Lexington: Lexington Surgery Center (Harrodsburg Rd) or St. Joseph East
- Danville: Ephraim McDowell Central Kentucky Surgery Center
- Ashland: Kings Daughters Medical Center (KDMC)

Q: What can patients expect postoperatively?

A: Surgery day zero, post-op visit in our office day zero or day one, then

follow-up visit 1-2 weeks afterward, then sometimes 1-2 months afterward. A: Shield only the first night.

A: Drops or ointment for a week.

A: No face down positioning

A: Patients may have some surface irritation during the first 72 hours. Many folks have their vision back in that eye within 24-48 hours.

Q: What are the post-operative restrictions?

A: No heavy bending or lifting for 1-2 weeks.

Q: Are patients risk for cataract surgery greater after having this procedure?

A: Yes. We find that in 2/3 of patients, the vitrectomy speeds up cataract formation. So if they would normally have cataract surgery in 5-10 years, it may be more like 3-5 years.

Q: Does Medical Insurance cover the cost?

A: Yes. Insurance considers this a disabling condition, and pays for the procedure.

Q: Does RAK use laser for treatment?

A: RAK doesn't treat floaters with laser (called laser vitreolysis), as we don't believe the safety of laser vitreolysis has been fully studied. Also, the YAG laser was not designed originally to be



used for the vitreous, whereas the vitrectomy machine is specifically designed for surgery on the vitreous. Tens of thousands of vitrectomies are performed annually, compared to only hundreds of laser vitreolysis cases. In further comparison, vitrectomy permanently and thoroughly removes not only focal floaters, but also large clouds of opaque vitreous which often are the core element of the patients' complaints. The cloud reduces contrast and cause symptoms. The laser may be effective at reducing the size of large individual floaters, but is not effective in the more common cloud of floaters that bother most people. It also does not offer the opportunity for permanent removal with no recurrence.

If you're considering a patient for this procedure, you may call our office to schedule an evaluation at 1-800-627-2020. Or if you have further questions, feel free to email our doctors, Info@RetinaKY.com.

CORONAVIRUS (COVID-19) PRECAUTIONS FOR SAFEGUARDING OUR PATIENTS

whether there is any interaction between interaction or interference between these two treatments. You may safely continue you update us on your vaccination status: whether or not you are fully vaccinated/ the manufacturer), and the date of your

PLEASE SEE DETAILS BELOW:

they will be asked to wait in their car until closer to the appointment.

• A Retina Associates representative will greet patients with a risk survey regarding COVID-19. Patients will be asked to reschedule an appointment if they or a household member have been diagnosed with COVID-19, have a fever, or have had any other COVID-19 symptoms. If you have traveled internationally or on a cruise we may require a recent COVID-19 negative test, and/or quarantine based on vaccination status.

• During this time, we have restricted entry to patients only. If patients require assistance, they should call our office (800) 627-2020 prior to their appointment to discuss their needs.

• As we resume care for our established patients, there will be increased demand for appointments. As we follow the social distancing guidelines we have fewer patient appointment openings. During this time, we are unable to guarantee patient appointments with a specific doctor in our office. We may change the time, date, location or doctor to accommodate appointments during this time.

• Patients will receive an email or text message with a link to pre-register in the comfort of their own home, using their own device through our self check-in process (Phreesia).

• If patients are on a treatment plan, we ask that they keep their appointment. as many of our patients need this treatment to preserve vision. We have



and will continue following state and CDC Guidelines for their safety.

We appreciate your patience during the Coronavirus (COVID-19) situation, our hold times may be longer than normal and appointment modifications are inevitable.

To save a call to our office during heavy call volume, you may access the PATIENT PORTAL for the following services:

- Medication refill requests
- Questions for your physician
- Scheduling an appointment or you may email any non-urgent requests to Scheduling@RetinaKY.com and an RAK Representative will respond.

We will continue our communication on our Facebook page and Website as new information becomes available. We are always here if you need us, (800) 627-2020. Thank you for trusting us with your retinal care! We look forward to warmer brighter days with you and hope you and your families stay well!

COMING SOON!



850 Hail Knob Road Somerset, KY 42503 July 2021

NEW OFFICE LOCATION SOMERSET