

CASE STUDY – BILATERAL CHOROIDAL DETACHMENT

A 61 year old gentleman presented with the complaint of a dark spot in the bottom of his vision in his amblyopic left eye. He had undergone uncomplicated cataract surgery 6 weeks prior, and vision remained stable after cataract surgery, at 20/100. Visual acuity in the right eye was 20/20. On examination, extensive choroidal detachments extending into the vitreous cavity were seen in both eyes. (Figures 1 and 2) The optic nerves were not inflamed. There was no evidence of inflammatory cells in the anterior chamber or vitreous. There was no mass seen in either eye on exam or on B-scan ultrasonography. There was no ocular hypotony or cataract wound leak. Treatment was initiated with oral prednisone, 60 milligrams daily for 3 weeks. Resolution of the choroidal detachments was seen within 2 weeks in the right eye. The left eye had persistent choroidal detachments. Surgical intervention with four quadrant scleral windows was performed on the left eye. After the initial presentation, the right eye has had relapsing choroidal detachments, which were successfully treated with subtenon steroid injections. The left eye has remained free of further choroidal detachment. (Figure 3 and 4)

DISCUSSION

For any patient with the presenting symptom of lower field loss after ocular surgery, the initial concern is a retinal detachment, but vitreous hemorrhage and choroidal detachment are also in the differential diagnosis. These conditions can often be differentiated using indirect ophthalmolscopy, wide field imaging and sometimes ultrasonography. In this case, the smooth broad dark indention into the vitreous, without tear, differentiates this choroidal detachment from a retinal detachment on examination. It's also important to ensure that the choroidal detachment isn't from some underlying cause or a condition with a similar appearance. These include tumors such choroidal melanoma, lymphoma, or metastasis and inflammatory diseases such as Vogt-Koyanagi-Harada disease, scleritis, and choroiditis. Once these conditions are ruled out by evaluation, it is helpful to determine the cause of the primary choroidal detachment. It can happen in any post-surgical eye, typically due to hypotony and wound leak. We see post operative hypotony most commonly following glaucoma shunting procedures, but other incisional surgeries, such as cataract surgery can less commonly be the cause. Rarely, severe hypertension can cause choroidal detachments. In this case, the patient has uveal effusion syndrome, a rare syndrome of exudative detachments of the choroid, ciliary body and retina without an identifiable cause. The prevailing theory of the disease is that hydrostatic changes from inflammation or anatomical barriers impair posterior segment drainage. This condition usually affects healthy middle aged men, as is the case in this patient. There are no specific risk factors for this disease. First described in 1963, this syndrome is sometimes associated with nanophthalmos eyes and high hypermetropia. Other cases may have normal sized eyes with thickened sclera. Other cases present with normal sized eyes and clinically normal sclera. The disease course may be relapsing and remitting, as in our case. In more chronic cases, a leopard pattern of hyperpigmented retinal pigment epithelium may develop. Macular involvement with exudative retinal detachment may develop. Vision may become permanently damaged from this



Figure 1. Left choroidal detachment



Figure 3. Post treatment left choroidal detachment

TREATMENT

Spontaneous regression of the choroidal detachments may occur over several months in some cases. In cases requiring treatment, there have been mixed results using steroid. In our patient, the left eye failed oral steroid and underwent scleral window surgery in August of 2015. A partial thickness, 7 mm flap in scleral tissue was made in each of the four quadrants. This procedure reduces the scleral resistance to allow fluid evacuation from the suprachoroidal space. The vision remains 20/100, and he has had no



Figure 2. Right choroidal detachment



Figure 4. Post treatment right choroidal detachment

recurrences and required no periocular steroid. This procedure was successful for our patient. His right eye had a rapid response to initial oral steroids in 2015, and consequent relapses have been managed with 3 subsequent periorbital steroid injections; in March of 2017, June of 2018, and October 2018. His vision continues to be 20/20 in this eye.

Both eyes are still at risk for further choroidal detachments and we will continue to monitor him regularly.

Case Submitted by Belinda Shirkey, MD

NEW FRANKFORT OFFICE

chronic disease.

The physicians at Retina Associates of Kentucky are proud to announce we have a new Frankfort office at 315 Leonardwood Drive, Suite 4, conveniently located across from the Walmart. We have many of you to thank for this growth, and are excited to be in official part of the Frankfort community. We continue to hear feedback from patients and doctors alike that it is very convenient to have retina services closer to home. Beginning in January, we will be extending our Frankfort office hours to 6 times a month, to accommodate the increased demand, by adding some Wednesdays to our weekly Friday schedule. You may call our office at 1-800-627-2020 to schedule an appointment in our Frankfort office or at any of our 11 locations.





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THE RETINA TIMES

RETINA ASSOCIATES OF KENTUCKY 2019 FORECAST

We at Retina Associates are looking forward to 2019. We are grateful for all the support from the Kentucky eye care community, and we anticipate continued collaboration and growth in the coming year. We are excited to provide you with a preview of some of the plans and ideas we have for next year, as some of these plans will help us care for your patients in meaningful ways.

Looking first at developments in our branch and satellite offices, we are growing and moving throughout the state!

ASHLAND - Significant growth in our Ashland clinic has made it necessary for us to open our own office in downtown Ashland on Winchester Avenue. Construction is in progress and we anticipate opening the office in the summer of 2019. We are also recruiting a 2nd fulltime doctor for Ashland to provide the best care for our increased patient load. We appreciate you trusting us with your retinal patients and look forward to serving you in 2019!

LEXINGTON – Our main office continues to grow with 2 and 3 doctors in clinic! We have moved some of our Administrative offices for Research and Low Vision Services to Suite 104 in our current building, on the 1st floor.

LOUISVILLE - It has been 5 years since we opened our Louisville office, and we are proud to say we've grown steadily since then. We are now looking forward to having both Drs. Stone and Purkiss in clinic on some days to extend our availability both in the clinic and in the OR. Thanks for your support which allowed this to happen!

DANVILLE – A combination of teamwork and dedication brought state of the art surgery to patients in Danville in 2018. Thanks to our colleagues at Central Kentucky Surgery Center and the support of many of you for helping us realize this goal. We look forward to growing our surgical volume in 2019!

FRANKFORT - Announcing our own, custom designed standalone Frankfort office in October of 2018 was a milestone for Retina Associates. Your trust in our care has already allowed us to extend our visit frequency in Frankfort to 6 days a month beginning in January! In response to our growth, we are exploring performing surgery at Frankfort Regional Medical Center, bringing more advanced retinal care closer to you and your patients.

LONDON – Many of you have asked us to be in clinic on a day other than Wednesday. We are now excited to answer your feedback by changing our day in London to Monday

beginning in January. London is another clinic where we have room to grow - this is our own space and we can closely monitor our patient volume to know when to extend frequency.

PRESTONSBURG – We have grown rapidly in our Prestonsburg clinic and have outgrown our current space. We are happy to announce that we will be relocating our clinic to 23 Willow Drive in Auxier in the 1st quarter. Stay tuned for details. In the meantime, we will continue seeing patients in our current location in the lower level at Highlands Regional Medical Center.

SHELBYVILLE – A BIG thank you to the community of Shelbyville and surrounding areas for your support in our most recent satellite location. We started this satellite a year ago and have extended our frequency from half days to full days. We look forward to continued growth here in 2019!

Beyond the changes we anticipate in our satellites we are continuing to offer new and exciting research protocols and promote education for all eye care providers. We will continue expanding our Education pillar by partnering with University of Pikeville Kentucky College of Optometry as an Externship site. A BIG thank you to Drs. Cliff Caudill and Paul Karpecki for coordinating efforts. In addition, we will continue

our partnership with Indiana University providing optometric CE twice annually. We are also continuing our 20 year tradition of welcoming new ophthalmologists who are selected for our Vitreoretinal Fellowship. Look to the next Retina Times to learn more about the two talented doctors who will be starting with us in July of 2019.

Finally, it's hard to look back at 2018 and not realize that a lot has changed in the eye care community on the business side. Nationwide, there has been a surge of interest in eye care from Private Equity, and this activity is happening in Kentucky, with multiple practices engaging in relationships with a variety of companies. Retina Associates recognizes that change in healthcare is inevitable, and because of this we have done our due diligence on researching private equity. We as a group have decided to remain independent, as we believe this is the best way to guarantee we can provide the very best care for our patients.

We feel fortunate to have grown steadily over the last 40 years, creating a culture where we strive to bring unparalleled care to the Bluegrass with the latest in technology, education and research. We look forward to collaborating with you to serve your retinal patient in 2019!

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VITRECTOMY FOR FLOATERS COMMONLY ASKED QUESTIONS

Q: Who makes a good candidate for Vitrectomy?

A: A good candidate is a patient who complains their vision is often affected from floaters, and that the floaters interfere with their functioning. These patients typically report clouds, gnats, or haze floating into their visual axis when trying to see, and they can move their eyes temporarily to see, but it then comes back moments later. We seldom operate on patients under 50 years old.

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 cataract surgery. We have found that patients who have had multifocal lens implants tend to have more problems with floaters, and tend to have more improvement than those with traditional monofocal lens implants. although both patient populations do well.

Q: How does it improve the patient's quality of life?

A: It allows patients to drive in a wider

less difficulty in reading, both books and computers, making them more likely to read if they enjoy it, and often helping people with their jobs. The benefits are similar to people who have cataract surgery.

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

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

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

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.

O: 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

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 1-2 months afterward.

A: Shield only the first week.

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: In patients who have not yet had cataract surgery, does surgery for floaters speed up the formation of cataracts?

A: Yes. We find that in 2/3 of patients, it hastens 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?

vitreolysis has not been fully studied, and is not as prevalent as vitrectomy, so we hesitate to recommend it. 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 probably only hundreds of laser vitreolysis. 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.

range of lighting conditions, giving them more freedom. It also allows for

· Ashland: Kings Daughters Medical Center (KDMC)

A: No. RAK doesn't treat floaters with laser. We don't feel this is safe. The safety of laser

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



CE Jeptha Creed Shelbyville, Kentucky 3 Credit Hours



Community Event Aspire Fitness-Lexington Sweat4Surgery Surgery on Sunday



Spring KOA Conference Lexington



KAEPS Conference Louisville

MAIN OFFICES

Lexington – 120 N. Eagle Creek Drive, Suite 500, Lexington, KY 40509 Louisville - 6420 Dutchmans Parkway, Suite 70, Louisville, KY 40205 Ashland - 2841 Lexington Avenue,

OUR OTHER LOCATIONS Bardstown Danville Frankfort

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