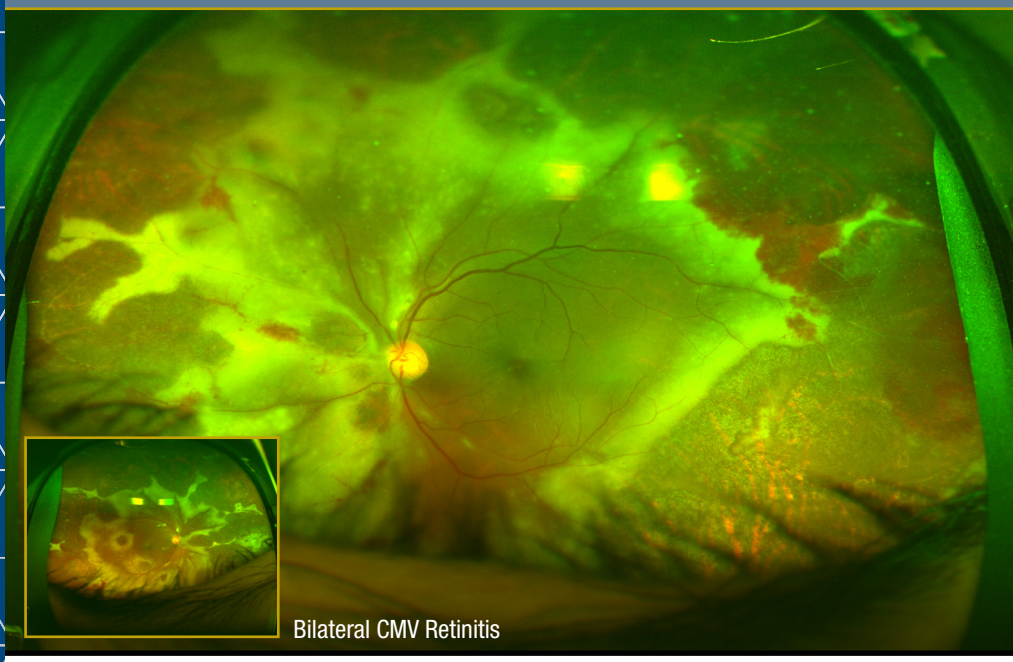
Editor-in-chief: Paul Walia, MD

# the LIGHT PIPE

Summer 2019



Bilateral CMV Retinitis

## IN THIS ISSUE:



THE NEWSLETTER OF

GEORGIA RETINA

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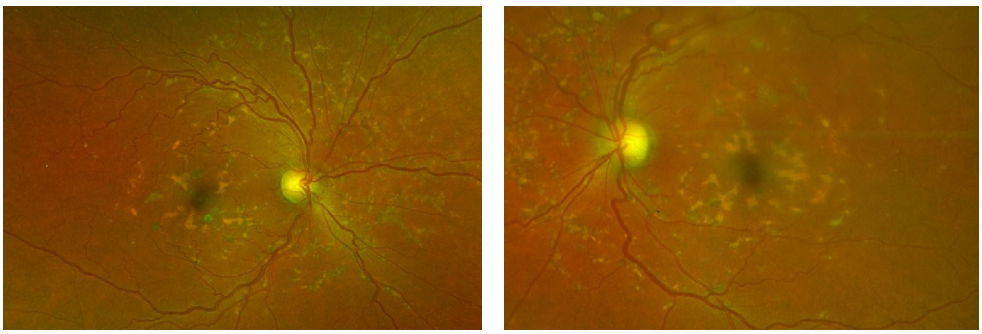
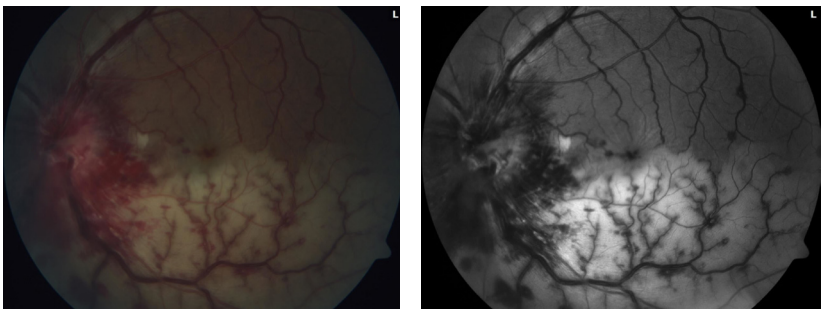
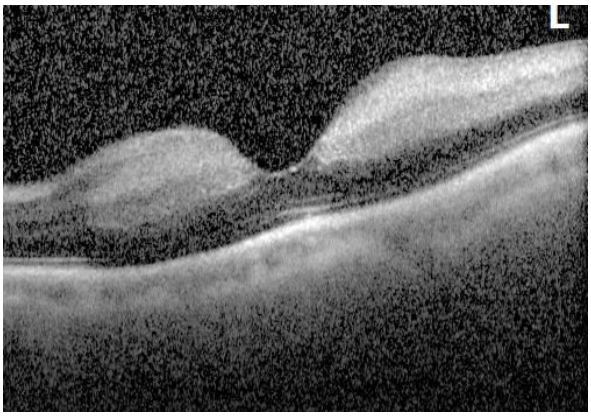
Bilateral pisciform flecks in Stargardts Disease



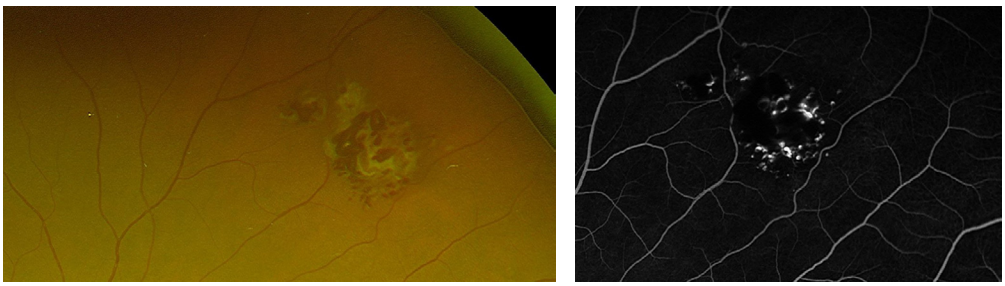
Combined central retinal vein occlusion and branch retinal artery occlusion



OCT of central retinal artery occlusion highlighting middle retinal ischemia



Retinal cavernous hemangioma with 'cluster-of-grapes' appearance and characteristic 'Fluorescein Cap' filling on Angiogram



## Clinical Care Discussion:

# Complications of Cataract Surgery

**Michael Jacobson, MD**

**What is the best management plan when the whole cataract, or part of it, ends up in the posterior segment of the eye? When is the most appropriate time for such patient to have vitreous surgery?**

As retinal specialists, we often get calls from eye surgeons who have this unfortunate development. They are in the midst of surgery, the capsule did not have good integrity, and the cataract has fallen into the back of the eye. The doctor is understandably agitated and may be calling right from the operating room. Some doctors want to ask us to come to the operating room that day and immediately follow their surgery with our surgery. Other doctors feel such a sense of personal responsibility, they want the problem to disappear as soon as possible and request that we operate on the patient the next day. But objectively, what is the correct plan of attack?

This raises some important questions and there are some important clarifications that a retina specialist can share. First of all, this is an undesirable outcome but not that uncommon. It is a known risk of cataract surgery and may happen as frequently as 1 in 300 cases. Every month we operate on several of these cases, so we are quite adept at dealing with this problem.

So how do we handle the issue? We explain to the patient that this is not uncommon and we routinely deal with these issues. We try to assure them of a good outcome. We also remind them since this occurred in one eye, there is a higher chance that it will happen in the other eye. Patients who have had prior vitreous surgery or a history of trauma are more likely to have this occur as well.

**The most important goal is to get the best outcome for the patient.** This often that requires patience on the retina specialist's part because we need to postpone surgery until the pressure is well-controlled and the view through the cornea is clear. Why is that important? It is important for several reasons: If the patient ends up with a negative outcome, there is a much higher chance that there could be medicolegal implications. So we want to maximize the opportunity with our vitreous surgery to minimize the chance of a negative outcome or additional surgeries for this eye. Be aware, it is felt that about 10% to 15% of people who have a ruptured capsule and a dislocated cataract may ultimately develop a tear or detachment. This tear may be present at the time we go in to remove the lens particle or, it may occur as a result of the vitreous procedure or, it may develop months later. Regardless, we do not want to have a hazy cornea prevent us from detecting this problem when we are doing the vitrectomy. We also know these patients remain at a higher risk of chronic macular edema or glaucoma. A complete vitrectomy is necessary to diminish these occurences.

The literature supports our Georgia Retina experience and confirms that these patients do not need surgery right away. In fact, one seminal study showed that even if surgery was postponed up to 30 days after the cataract surgery, the final outcome was not adversely influenced. As noted, the retinal surgeon, after waiting a period of time, gained a better view because the cornea was clearer and this reduced the chance of missing an occult retinal tear or detachment. In those cases where a RT or RD was detected, the retinal doctor was less impaired applying laser or cryotherapy. If the pressure is not well-controlled, the corneal view is poor and the risk of an expulsive hemorrhage increases. One advantage of our larger practice is that almost every day of the week we have a surgeon in an operating room. This allows us to get the patient to the OR as soon as the eye looks well enough from the anterior segment procedure. We never have to delay the surgery until our OR day because every day is an OR day for our practice.

Even though the view may seem crystal clear to you at the completion of your cataract surgery, we often find that there is substantial, almost instantaneous, corneal edema/opacity that occurs during our vitreous procedure if it occurs too soon. Retinal specialists observe this all the time and the cataract surgeons are unlikely to know that. This is another reason we prefer to have some time pass before we intervene surgically. There are other important considerations that warrant careful thought. If it is necessary to remove an intraocular lens implant that fell into the posterior segment and/or a lens needs to be repositioned with or without scleral/iris fixation almost perfect visualization through the cornea is necessary for an optimal outcome.

Anytime you are having surgery go in a direction that you did not anticipate, the best words of advice we can offer are: Slow down, pause and do not let your thinking get rushed. If it is easy enough to place an IOL, do it. If not do not stress about it, we will take care of it. Also, a suture to the cataract incision is recommended in these cases. Remember we will be pressurizing the eye during vitreous surgery and we do not like to have tissue prolapse due to leaking wounds. We do not advocate or support the idea of trying to 'fish" out lenticular pieces. This increases vitreous traction and ultimately the risk of a retinal tear or detachment. Our position would be uniform: do not go into the posterior segment and do not stick needles through the pars plana trying to do some type of heroic levitation act. Those are best left for magicians.

Therefore, the next time you are dealing with a patient in whom the cataract and/or parts of the cataract have fallen back into the posterior pole, do not get overly concerned about it. We generally obtain very good outcomes with these patients and we think it is because we always employ the knowledge outlined above. Yes, it is disappointing because neither you, nor the patient, anticipated this. And yes, additional surgery is necessary. But with good luck and careful technique, our procedure will hopefully be the patient's last one for this eye.

I hope this article provides some level of comfort.

# Practice News

## Georgia Retina is proud to announce two new locations and two new physicians to serve our patients:

**Offices:**
Our Cumming office has been in existence for 10 years now serving patients in Forsyth County and surrounding areas. To better meet patient needs we have expanded this location by relocating, literally right across the parking lot to 990 Sanders Rd (from 960 Sanders). This new office offers larger wait and exam spaces as well as can accommodate multiple retinal specialists. We began seeing patients on May 14th and happy to report both staff and patients are very pleased to with the roomier and more efficient space.

Continuing along the northern arc of the metro area, we will be opening a new office in Gainesville this August. We hope this office we be much more convenient for Hall County and the Lake Lanier area patients and referring doctors. This office, like all Georgia Retina offices, will be fully equipped and capable of delivering all retinal procedures. We'll be located at 1488 Jesse Jewell Parkway, Suite 200. Leading the development effort for this new location will be senior partner Jay Stallman MD.

## Gregory Lee MD will be joining us in August

**Medical School:**
Rutgers Robert Wood Johnson Medical School

**Ophthalmology Residency:**
Tufts University Medical Center

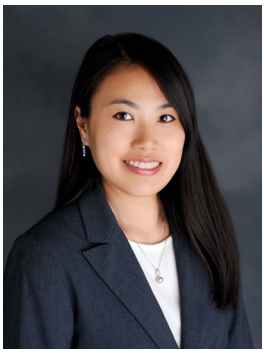
**Surgical Retina Fellowship:**
University of Kentucky/Retina Associates of Kentucky

Dr. Lee was born and raised in New Jersey. After earning a Bachelor of Arts degree in Economics at Princeton University, he began his career in medicine at Rutgers Robert Wood Johnson Medical School in New Brunswick, New Jersey. Dr. Lee took a transitional internship at Steward Carney Hospital in Boston, Massachusetts before completing his ophthalmology residency at New England Eye Center with Tufts University Medical Center. He completed a two-year surgical retina fellowship at the University of Kentucky before working as a Clinical Assistant Professor at New York University Langone Medical Center in the Department of Ophthalmology.

Dr. Lee has participated in numerous medical publications, including book chapters and presentations. He's enjoyed speaking at several international meetings while publishing articles in peer-reviewed literature.

Before joining Georgia Retina, Dr. Lee taught and mentored medical students in the early stages of their careers as a clinical assistant professor at New York University, teaching them how to operate and take care of patients. Outside of medicine, Dr. Lee enjoys team sports, hiking, and running. He also enjoys cooking and finding new restaurants.

## Ella Leung MD will be joining us in October.



**Undergraduate School:**
University of Miami

**Medical School:**
University of Miami Leonard M. Miller School of Medicine

**Ophthalmology Residency:**
New York Eye and Ear Infirmary of Mount Sinai

**Vitreoretinal Surgical Fellowship:**
Bascom Palmer Eye Institute/University of Miami

Dr. Ella H. Leung was born in Hong Kong and grew up in Florida. After earning a bachelor's degree from the University of Miami, she began her career in medicine at the University of Miami Miller School of Medicine, where Dr. Leung was a member of the Alpha Omega Alpha (AOA) Honor Medical Society. Dr. Leung completed her residency at The New York Eye and Ear Infirmary of Mount Sinai and received the Louis J. Girard, M.D. Award for Resident Research. She then completed her Vitreoretinal Surgical Fellowship at the Bascom Palmer Eye Institute in Miami, Florida.

Dr. Leung became a physician to help others and the make a meaningful difference in their lives. She enjoys forming long-lasting relationships with patients and finds it rewarding to help people improve their sight, helping to regain their independence. Dr. Leung participates in numerous professional organizations, such as the American Academy of Ophthalmology, American Society of Retina Surgeons, and the Association for Research in Vision and Ophthalmology.

Dr. Leung volunteers with the medical reserve corps, has participated in medical missions abroad, and enjoys traveling, cooking, and baking outside of work.

# Study Update

Georgia Retina has a long tradition of commitment to and participation in clinical trials in order to provide our patients access to new, state-of-the-art preventative, or therapeutic treatments. We partner with the National Eye Institute, some of the nation's top pharmaceutical companies, and other clinical practices to explore the causes and cures for many retinal conditions.

We take special care to ensure that our study patients experience the best medical care possible. This past year we have been active in 10 clinical trials for wet age-related macular degeneration, geographic atrophy secondary to dry age-related macular degeneration, retinal vein occlusion, diabetic macular edema, and non-proliferative diabetic retinopathy.

We hope that as you consider where to refer your patients for retinal care, you will keep in mind that Georgia Retina not only provides exception care but can also offer your patients the opportunity to enroll in clinical trials thereby offering them new vision saving treatments. If you have any questions about whether your patient might be eligible to participate in one of our ongoing clinical trials, please call any one of our doctors or contact our research coordinator, Leslie Marcus, CRCC (lmarcus@garetina.com).

**Current Recruiting Clinical Trials:**

We are currently participating in trials for

**Wet AMD:** Genentech GR 40844 LUCERNE, Genenetch GR40349 YOSEMITE

**Geographic Atrophy:** Genentech GR40973 Gallego, Appelis APL2-0303 Derby, Gemini Therapeutics GEM-NH-001/002 CLARITY1 and CLARITY2, Gyroscope Therapeutics GTSCOPE

**Diabetic macular edema:** Xlucane, Faricimab

# Spotlight with a Georgia Retina Doctor: Dr. John Miller

Dr. John Miller is a busy man but we were able to track him down for this editions Spotlight feature. Dr. Miller has been with Georgia Retina since 2007 . He practices in our Peachtree City and Douglasville locations. In addition to being a skilled clinician and surgeon, he our guru with billing and coding!

### LightPipe: Why did you choose retina?

**Dr. Miller:** Easy. It's the best job in the world. Well, at least in my opinion.

That's actually an answer I gave to a colleague in training when she was trying to decide whether to do a two year retina fellowship or go straight into general eye practice. Here's why I think so: it combines delicate and challenging surgery with highly advanced diagnostic and surgical equipment, all with the goal of achieving life-changing improvement in patients' lives. Hard to top that.

### Lightpipe: What challenges do you face in practice?

**Dr. Miller:** The most frustrating aspect of being a retina specialist is that some patients have diseases with no treatment. It's particularly challenging to tell a patient that they will never be able to see well again. Informing somebody they can no longer drive or that they will no longer be able to read takes a toll. Although there a many conditions which cause permanent vision loss, advanced dry AMD with central geographic atrophy is one of the most common. However, with challenges come opportunity. Around a decade ago, we had the same difficulties regarding wet AMD. Now, of course, modern therapy has preserved vision in millions of people. We at Georgia Retina are involved in many clinical trials to combat the most challenging retina diseases, hoping to turn challenges into treatments.

### Lightpipe: What is your favorite part about being in Georgia Retina?

**Dr. Miller:** The French term is esprit de corps. All of us in this practice are

driven to give the best possible care. This drive permeates everything we do, all the way from the most seasoned physican to the newest technician. It makes coming to work satisfying. While pursuing a laudable goal is not limited to our practice, I think we do it better than most. I love Georgia Retina.

**Lightpipe: What are your hobbies?**

**Dr. Miller:** Dr. Miller: I enjoy the outdoors, particularly hiking, fishing and bird hunting. Just any old fishing won't do, though. Fishing really only holds my attention if I'm wading a stream or river. Bonus points if a fly rod is involved. I'm not as finicky about hunting. I'm partial to ducks, strange considering I own several pet ducks.  Go figure.

**Lightpipe: Where have you traveled recently?**

**Dr. Miller:** My most recent trip was to hike a few sections of the Appalachian Trail. One of my aspirations is to hike the length of it. That's on hold for now, though. I keep tripping on retinas.

## Thank you for reading our Summer 2019 Light Pipe Newsletter!

If you have time, please take a moment to answer a few questions about this year's publication.

By doing so, you're helping Georgia Retina become an even better practice.

**Click here to begin: https://forms.gle/CTexfJCiwxawcsKE6**


**Our Physicians:**

Michael S. Jacobson, M.D. | Scott I. Lampert, M.D. | Jay B. Stallman, M.D. | Mark J. Rivellese, M.D. | Sean S. Koh, M.D. | Atul Sharma, M.D. Robert A. Stoltz, M.D., Ph. D. | John J. Miller, M.D. | Stephanie L. Vanderveldt, M.D. | Hyung Cho, M.D. | S. Krishna Mukkamala, M.D. David S. Chin Yee, M.D. | Harpreet "Paul" S. Walia, M.D. | Yogin Patel M.D.

***Cartersville***
*100 Market Pl Boulevard*
*Suite 304*
*Cartersville, GA 30121*
*Phone: 470-274-2030*

***Douglasville***
*6095 Professional Pkwy*
*Suite B-202*
*Douglasville, GA 30134*
*Phone: 678-303-0136*

***Macon***
*6055 Lakeside Commons Dr*
*Suite 310*
*Macon, GA 31210*
*Phone: 478-238-9733*

***Peachtree City***
*403 Westpark Ct*
*Suite 110*
*Peachtree City, GA 30269*
*Phone: 770-486-5349*

***Conyers***
*2395 Wall St*
*#280*
*Conyers , GA 30013*
*Phone: 678-374-7050*

***Gainesville***
*1488 Jesse Jewell Pkwy*
*Suite 200*
*Gainesville, GA 30501*
*Phone: 678-317-0326*

***Marietta***
*833 Campbell Hill St*
*Suite 300*
*Marietta, GA 30060*
*Phone: 770-218-1888*

***Stockbridge***
*175 Country Club Dr*
*Bldg. 300, Suite D*
*Stockbridge, GA 30281*
*Phone: 770-907-9400*

***Cumming***
*990 Sanders Rd*
*Suite 100*
*Cumming, GA 30041*
*Phone: 678-679-4830*

***Gwinnett (Lawrenceville)***
*575 Professional Dr*
*Suite 330*
*Lawrenceville, GA 30046*
*Phone: 678-405-0922*

***Northside (Atlanta)***
*1100 Johnson Ferry Rd NE*
*Building 2, Suite 593*
*Sandy Springs, GA 30342*
*Phone: 404-255-9096*

***Tucker***
*1462 Montreal Rd W*
*Suite 412*
*Tucker, GA 30084*
*Phone: 404-299-5209*


# Participating Insurance Plans:

Aetna U.S. Healthcare
BCBS of Georgia
Beech Street
Blue Choice
CCN PPO
Choice Care Network
Cigna
Coventry Healthcare
Evolutions Healthcare System
First Health
Great-West
Humana
Medicaid
- -Peach State Medicaid
- -Wellcare Medicaid
- -Amerigroup Medicaid

Medical Resource Network Medicare
Medicare Railroad
Multiplan PPO
National Preferred Provider Network
Novanet
Private HealthCare Systems
Southcare PPO
TriCare PPO, HMO
State Health
United Healthcare
USA Managed Care Organization
WellCare Medicare HMO

*Other plans are pending; please call to check specific participation.*

**(678) 826-4620**