Meet our youngest modern transplant patient

By Mark A. Terry, M.D., director of Cornea Services, Legacy Devers Eye Institute

My father was a pediatrician and, when I was young, I asked him why he chose that specialty. “In most fields of medicine, you improve a patient’s life for, hopefully, a few years,” he said. “In my field, I routinely give them an entire lifetime.”

A few months ago, my father’s words came back to me. An 18-month-old baby was referred from Idaho for treatment of a condition that had caused both corneas to become swollen since shortly after birth. His parents were heartbroken that this beautiful child couldn’t learn to speak because he couldn’t see his parent’s lips move, he cried from the pain of blistered corneas if lights weren’t dimmed, and he’d suck his thumb in a fetal position when approached by strangers.

Young Paxton had already undergone corneal surface surgery at a major university to remove calcium scarring, but his condition didn’t improve. An astute corneal transplant surgeon in Idaho said, “I’m sending you to Legacy Devers Eye Institute to see what they can do with endothelial corneal transplantation.”

I first met Paxton in early July. All I saw in the nearly dark clinic room was a young child who was scared, in pain and functionally bilaterally blind. Our exam the next day under general anesthesia demonstrated massively swollen corneas, with the right eye worse than the left. It was obvious to me that surgery was necessary to replace the inner layer of the cornea (the endothelium) to quickly eliminate the swelling, cure the blisters and help this child see again.

This was new ground, however. The youngest patient in whom we’d ever done selective endothelial transplantation (modern DSAEK transplant surgery) was seven years old. While that case was heralded in a medical journal for its unusual success in such a young patient, there were no reported successful cases of DSAEK in a baby like Paxton.

I discussed this with Paxton’s parents. They knew this type of transplant surgery originated at Devers Eye Institute in my lab 16 years ago, see Paxton, page 4.
What Is an oculoplastic surgeon, anyway?

By Laura Gadzala, M.D.

When people ask me that question, the simple answer is “a physician who completed a residency in ophthalmology, then went on to pursue a fellowship — two years of specialized surgical training.” But there’s so much more:

Oculoplastics is chiefly concerned with the complex and delicate structures surrounding the eye, including the eyelids, lacrimal (tear drainage) system, and the bony orbit, or eye socket. This periocular (around the eye) region contains both the thinnest skin and the thinnest bones in your body, and it can be affected by injuries, infections, cancers, or just the normal wear and tear of aging. This is some of what we do to address these issues:

• We perform surgery to tighten a droopy upper eyelid or eyebrow that interferes with your vision, or a droopy lower eyelid that’s causing tearing or eye irritation.

• If the bones supporting your eye are damaged in an accident, we repair the fractures.

• We remove tumors from the orbit.

• We remove skin cancers of the eyelids and reconstruct the defects left behind when other specialists, like dermatologists, remove cancers from nearby areas.

• Sometimes tearing is caused by blockage of the tear drainage system of the eye, which we can repair surgically.

• Our training also includes Botox and dermal filler injections, both for aesthetics and to treat functional problems such as eyelid spasms.

Another common reason to be referred to an oculoplastic surgeon is if you’ve been diagnosed with thyroid disease; this can affect the eyes in many ways, from changing your appearance to causing vision loss.

Children are frequently seen in the oculoplastics clinic for concerns ranging from evaluation of an injury to addressing a problem they were born with, such as a droopy eyelid or benign tumor.

Oculoplastics is an immensely gratifying field because you meet patients of all ages and interests, and have a significant impact on their ability to participate in the activities they enjoy — whether via a simple tightening procedure to reduce eye dryness or removing a cancer before it can spread.
We depend on sight more than any other of our senses to understand and move through the spaces around us. In a single glance lasting a fraction of a second, our eyes send information to our brain so we know what’s going on outside our body — revealing the size, shape, color and texture of an object, how close it is, and whether it’s standing still or moving.

To work properly, our eyes need to consume fuels such as oxygen and other nutrients supplied by the body’s circulatory system. This system is composed of the heart and blood vessels, including arteries, veins and capillaries.

The heart pumps blood and keeps it flowing through the whole body. Arteries guide blood to where the oxygen and nutrients will be used; veins take blood carrying waste and carbon dioxide to be processed and removed from the body.

The blood vessels within the eye are branches of this circulatory system. Arteries enter the eye from behind, then further branch and distribute blood to all the tissues within the eye. Veins, in turn, remove blood from the eye. As the blood passes through the eye, it releases fuel to meet the eye’s energy needs.

Our body’s energy needs often change, however, including in the eye. Many factors may cause the amount of blood entering the eye to become unexpectedly high or low. How does the eye keep blood flow at exactly the level we need?

The heart gets messages from our body’s regulatory system when to pump more or less blood throughout the entire body. In the eye, there’s an additional system to regulate blood volume, known as the autoregulation system.

This system works like a highway ramp metering control. If there’s traffic congestion, the ramp releases fewer cars onto the highway; if traffic is light, more cars are released. Similarly, the eye’s autoregulation system receives information from local tissue to determine how much fuel (blood) is needed. If too much blood enters the eye, the autoregulatory system senses it and tightens the “valves” around the small arteries so the vessels become narrower and less blood can enter. If there’s a shortage of blood, the system loosens the valve to allow more blood to enter the eye.

If the blood supply and the regulatory system don’t work properly, it may result in either too much or too little blood coming into the eye, and both situations can cause eye disease. Fortunately, today there are tests to determine whether enough blood is flowing within the eyes.

Doctors and researchers are still working, however, to gain a better understanding of how the eye’s blood flow is regulated. With this information, in the future we’ll be able to treat more eye diseases that are linked to abnormal blood flow. Stay tuned.

Sign up to receive a PDF of The Vision via email. Write to Carly Bentley at cmbentle@lhs.org with your request.
and they agreed it was his best chance. We scheduled the surgery at Legacy Good Samaritan Medical Center for a couple of weeks later.

Corneal transplantation is a team effort and it starts with getting good donor tissue. The eye bank, our own Oregon Lions VisionGift, had sent out a nationwide call for this special case. Once the donor tissue was received, Lions VisionGift expertly prepared it for this baby.

Although difficult, the surgery went flawlessly thanks to the entire team at Legacy Good Samaritan’s Ambulatory Procedure Center. But I told Paxton’s parents we wouldn’t be out of the woods for another few weeks until we saw the donor tissue adhere and clear the swelling.

I was wrong — it only took one week until Paxton was able to open his eyes in a lighted room without pain. He smiled when he saw his mother, likely seeing her clearly for the first time.

At this writing, Paxton is two months out from surgery, and the before- and after-surgery pictures (see page 1) say it all.

Dad passed away nearly 20 years ago, but I can’t help but think that he’s smiling and thinking: “Okay, so an eye surgeon can, on occasion, be as important as a pediatrician.”

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**Paxton: Legacy Devers team performs ‘flawlessly’ in surgery**

*continued from page 1*

**Thorny Issues 2015: Keep ophthalmology weird in ‘Portlandia’**

*By Eric Jones, M.D.*

Each year, Legacy Devers Eye Institute hosts Thorny Issues in Ophthalmology, a conference to provide continuing medical education for eye care providers in Oregon and beyond. The name is a nod to our City of Roses and to the tough, controversial topics we address.

Although the topics are serious, we like to pick a fun theme every year. This year’s was “Portlandia!” Taking our cue from the popular TV show, we had fun with Portland’s quirky reputation, setting the tone for the conference by opening with a video spoof in which I portrayed a stereotypical Portland hipster making his way through the city to see his ophthalmologist at Devers. My character is distracted along the way by food carts, tattoo parlors, backyard chickens and, of course, a Timbers game.

Conference attendees were greeted by registrars in Blazers jerseys at tables draped with Timbers scarves, and they later enjoyed local treats from the likes of VooDoo Donuts, Stumptown Coffee and Elephant’s Deli.

A highlight of the weekend was the break-time visit from the Fifty Licks ice cream truck. It was quite a sight: 130 eye doctors lined up across the Legacy Emanuel Medical Center courtyard, waiting to choose a scoop.

Fun and games aside, the heart of this annual conference is the group of speakers from across the country and around the world. The 2015 speakers included:

- Anthony Arnold, M.D., professor and chief of neuro-ophthalmology at the Stein Eye Institute at UCLA, who lectured on new treatments for optic neuritis and ischemic optic neuropathy. He also discussed changing paradigms in neuro-ophthalmology imaging.
- David Garway-Heath, M.D., came from England where he is a professor at the world-renowned Moorfields Eye Hospital, the oldest and largest center for ophthalmic treatment, teaching and research in Europe. Dr. Garway-Heath outlined the results of the U.K. glaucoma treatment study and discussed optimal imaging modalities for the diagnosis of glaucoma.
- Timothy Stout, M.D., Ph.D., MBA, spent most of his career here in Portland; now he hails from Texas, where he was recently named chair of
Loss of vision does not mean loss of freedom

By Karen Rice, O.D.

If you were diagnosed with a sight-threatening eye condition, how would you feel? Fearful of the unknown journey ahead? Grief for your loss of vision and the activities you can no longer do?

We understand, which is why this sense of fear and loss is one of the first things addressed in the Vision Rehabilitation program at Legacy Devers Eye Institute. And patients are reassured to learn that loss of vision doesn’t mean giving up activities or their lifestyle.

Loss of the ability to read is the most common issue we address. Thankfully, with modern technology, there are dozens of ways to overcome this. For starters, smart phones and tablets can be easily adapted for the visually impaired. These devices can also double as a magnifier or other visual aid — you can learn more about them by visiting tinyurl.com/VisionApps.

There also are various magnifiers that help with reading everything from the newspaper to birthday cards to medication labels. Reading machines as small as a pen (really, they look like a pen) to as large a computer monitor can help with a variety of reading challenges.

Many patients enjoy the freedom that portable electronic reading devices provide. Most are the size of a small camera so they can easily be carried from room to room at home, or taken to restaurants and stores for reading menus, price tags and labels.

Loss of driving privileges and the subsequent loss of independence can feel devastating for many people experiencing vision loss. There’s a robust public transportation system in Portland that can be very helpful, and we can provide help navigating this system if it’s unfamiliar or intimidating.

In addition, some people qualify for a bioptic driving license. This involves the use of custom-made telescopic glasses for use when driving. Most states, including Oregon and Washington, have a program that allows for the use of these special glasses. We can help determine if you or a loved one qualifies for this program and get you started on the path toward driving.

Bioptic glasses can serve other purposes, too. Many patients use them for travelling, navigating airports, sightseeing, playing sports, horseback riding, teaching, work meetings and conferences.

If you’re experiencing vision loss, please know that it doesn’t have to mean a loss of freedom. There are always ways to work around visual obstacles. We want every patient to hear this message — and feel more hopeful leaving our clinic than when they arrived.

ophthalmology and director of the Cullen Eye Institute at Baylor College of Medicine. Dr. Stout lectured on the promise of stem cell research and gene therapy for retinal disease.

Each speaker’s half-day session ended with a panel discussion of challenging real-world cases.

Legacy Devers Eye Institute trains ophthalmology residents as well as subspecialty fellows in glaucoma and cornea, and each year we invite one of our alumni back to speak. This year, Mark Greiner, M.D., returned from the University of Iowa, where he’s an assistant professor. He discussed his research on extracellular flux analysis and the corneal endothelium. Dr. Greiner is an excellent example of the many doctors who trained at Devers and go on to become leaders in ophthalmology in their own communities.

Behind the scenes, many people worked to make the meeting a tremendous success. In particular, our heartfelt thanks to Kelsey Oakes who managed all the logistics and made our guests feel right at home here in “Portlandia!”
Timely intervention preserves vision for avid gardener

Elaine Nelson, 75, knew something wasn’t right with her vision. “I’ve had a number of different things that have gone amok with my eyes over the years,” she relates. “About three years ago, I had funny colors appearing; I’d be doing something and see wavy colors, and they would stay for a long time. It was a strange thing that I knew shouldn’t be happening, even with glaucoma. And I didn’t like what my regular eye doctor was telling me.”

Because Nelson’s husband had been involved for years with the Oregon Lions Club and its efforts to raise funds for the Sight & Hearing Foundation, she asked him to look into who was considered the best eye doctor in the region.

“I wanted a good glaucoma specialist to look at my eyes,” she says.

The name that rose to the top of the list was that of Steven L. Mansberger, M.D., MPH, vice-chair and director of Glaucoma Services at Legacy Devers Eye Institute.

After a thorough examination, Dr. Mansberger prescribed two types of eye drops to decrease Nelson’s eye pressure and protect the optic nerve. The drops work by helping the eye’s fluid drain better and decreasing the amount of fluid made by the eye. Nelson also underwent laser treatment to help lower the pressure in her eyes.

“The drops are keeping the pressure pretty much under control,” she says. “I have reduced sight in my right eye, which is my worst eye, but my left eye is still good. Praise God I have what I still have.”

Nelson admits that while she loves to do stitchery and painting, “I can’t see up close enough to do it anymore — finding the hole in the needle is impossible.”

But she keeps color in her life with her garden — a glorious profusion of plantings that earlier this year was featured in a six-page spread in Small Gardens magazine, a national publication.

We spoke to Nelson in July, when she reported her garden had “Tons of lilies in yellow, pink and maroon; tree lilies in lighter pink that are now in full bloom; zinnias that are just coming on; African marigolds that are not quite there yet; and dahlias that are coming on strong.

“We didn’t plan for 19 days of 99-degree weather and it’s taking its toll — the ground is like a rock,” she added. “But I love the gardening. And I just put it in the ground — God decides what grows. I can’t take the credit.”

While she’s modest about the fruits of her gardening labor, she is effusive in her praise for her care team at Devers.

“Everyone is so caring, kind and helpful,” she says. “I can’t tell you how pleased and fortunate we are to have the people we have there.

“And I’m pleased to share my story,” she adds. “Even with vision problems, people can keep on leading productive lives. Except for needlepoint, I don’t feel I’ve had to give up anything to this problem.”
**Publications**


Dr. Mansberger’s paper was selected for an invited commentary in *JAMA*. Only one paper per issue is chosen for this honor: Long-term Comparative Effectiveness of Telemedicine in Providing Diabetic Retinopathy Screening Examinations: A Randomized Clinical Trial.


Jim Rosenbaum was featured in *Rheumatology* News in an article entitled “Acute anterior uveitis? Consider axial spondyloarthritis” by Bruce Jancin, published March, 2015.


(continued)


Steven L. Mansberger, MD, had his editorial accepted “Putting the Metal in Meta-analysis” *American Journal of Ophthalmology*. In print.


Zachary M. Mayko, MS, Mark A. Terry, MD, Paul Phillips, MD, Christopher G. Stoeger, MBA, CEBT, Michael D. Straiko, MD. DSAEK: Increasing the Storage Time from Pre-Cutting of Donors to the Date of Transplantation Does Not Affect Dislocation Rates, Graft Failure Rates, or Endothelial Cell Loss. *International Journal of Eye Banking*. 2015 Accepted.

Christopher S. Sáles, MD, MPH, Mark A. Terry, MD, Peter B. Veldman, MD; Zachary M. Mayko, MS, Michael D. Straiko, MD. The Relationship between Tissue Unscrolling Time and DMEK “Dances” Damage the Endothelium? *Cornea*. 2015 Accepted.


**Honors and awards**

Steven L. Mansberger, M.D., MPH was one of only eight glaucoma specialists selected by the American Board of Ophthalmology to develop questions for the OKAP (resident exam), written board exam, oral board exam and maintenance of certification questions.

Michael Straiko, M.D., received the IIRS1 gold medal for surgical innovation for the work he has done in corneal transplantation; it was awarded during the conference's inauguration in India.

On Sept 18, James T. Rosenbaum, M.D., was honored by the Alcon Research Institute in Boston with one of ten international awards for lifetime achievement in research ($100,000). He also presented a lecture, “Does the microbiome cause uveitis?”

Tammy Martin, Ph.D., along with Dr. Richard Rosenbaum, were honored as teachers when one of Devers’ Partnership for Scientific Inquiry (PSI) high school students took second place in an international essay-writing contest to celebrate DNA Day.

**Invited lectures**

Devers Optic Nerve Head Research Laboratory (ONHRL) presentations at The Lasker/IRRF HHMI Janelia Farm Symposium on Astrocytes and Glaucomatous Neurodegeneration, Washington, DC, 9 March 2015:

- Claude Burgoyne, M.D., gave the keynote lecture: “Beyond Lasker/IRRF and Astrocytes: Concepts for the next five years of glaucoma research”
- Cheri Stowell, Ph.D., presented “Is ocular tissue proteomic change different in mild vs. high IOP non-human primate experimental glaucoma?”

ONHRL presentations at the American Glaucoma Society Annual Meeting, February 2015, San Diego:

- Claude Burgoyne, M.D., presented “Predicting Optic Nerve Head Susceptibility to Glaucoma,” the American Glaucoma Society Clinician Scientist Lecture, as well as:
- The Morphologic Differences between Glaucoma and other Optic Neuropathies, Joint NANOS/AGS symposium entitled “Glaucoma, the Other Optic Neuropathy”

Dr. Burgoyne also presented the following:

- Distinguished Lecture Series at the Cleveland Clinic, Cole Eye Institute: “From Biomechanics to Proteomics — Toward the Mechanisms of Axonal Insult in Glaucoma,” May 21, 2015, Cleveland, Ohio
- He was the meeting co-organizer and speaker on “Our plans for the American Mixed-Ethnicity Normative Data Base” at the Heidelberg Spectralis Japanese Normative Data Base Investigators Meeting, May 10, 2015, Tokyo, Japan
- He was an invited lecturer at the Chinese University of Hong Kong/Hong Kong Eye Hospital and Prince of Wales Hospitals, Departments of Ophthalmology and Vision Sciences, Hong Kong, China. June 10-11, 2015, where he presented “From Biomechanics to Proteomics: Toward the Mechanisms of Axonal Insult in Glaucoma,” “SDOCT Phenotyping Glaucoma,” “Integrating SDOCT Anatomy into the Clinical Examination of the Optic Nerve Head,” and “Concepts for the Next Five Years of Glaucoma Research”
- He attended the World Glaucoma Congress, Hong Kong, China, June 5–9, where he was an invited speaker at the Heidelberg Engineering Symposium, presenting “Fundamentals of Minimum Rim Width Estimation,” a WGC Plenary Session on Translational Glaucoma entitled “Optic Nerve Head Biomechanics,” and he co-moderated the “Rapid-Fire” session
- Dr. Burgoyne was an invited speaker at the Optical Coherence Tomography Angiography Summit, Oregon Health Science University, Portland, Ore., on July 25. His talk was entitled “Optic Nerve Head OCT Phenotyping: Implications for Laminar Angiography”
- Hongli Yang, Ph.D., presented “The Proportion of Individual Eyes Demonstrating Spectral Domain Optical Coherence Tomography Change in Early Experimental Glaucoma and its Eye-Specific Character.”
- Kevin Ivers, Ph.D., addressed “Lamina Cribrosa Position in the Monkey Optic Nerve Transection Model of a Non-glaucomatous Optic Neuropathy.”
James T. Rosenbaum, M.D., presented multiple lectures March 6–26, 2015:
• “Microbiome and Uveitis” at the Oregon Academy of Ophthalmology
• “Nibbling away at Idiopathic Uveitis” at the Busan South Korea Retina Society
• “Microbiome and Uveitis” at Seoul National University’s 26th Annual Ophthalmology Review
• “Problems in Prior Uveitis Outcomes Trials,” ARVO-FDA jointly sponsored uveitis outcomes meeting in Bethesda, Md.

His other invited lectures include:
• A plenary lecture on April 17 at the 119th meeting of the Japanese Ophthalmological Society meeting Sapporo, Japan. The meeting was attended by 6000 ophthalmologists and included two plenary lectures. Each subgroup can nominate only one speaker; Dr. Rosenbaum was nominated by the Immunology section and this was the first time that its nomination had been approved. His lecture was entitled “Does the Microbiome Cause Uveitis?”
• On May 23, he lectured at the 38th Turkish Ophthalmological Society, Istanbul Branch Spring Symposium, giving one talk on “Idiopathic uveitis” and another on “Molecular diagnosis of orbital inflammation”
• On June 7, he lectured to the Arizona United Rheumatology Association in Sedona on “Does the Microbiome Cause Ankylosing Spondylitis?”
• On July 26, Dr. Rosenbaum lectured to the Spondylitis Arthritis Research and Therapy Network annual meeting in Denver on “The Management of Acute Anterior Uveitis”
• He lectured on Sept. 16 in New Haven to the Connecticut Rheumatology Association on “The Eye and Rheumatic Disease”
• He gave two presentations at the IOIS meeting: “Evolving criteria to recognize spondyloarthristis” and “Molecular diagnosis of orbital inflammatory disease”
• During the week of Oct. 5 he gave five lectures to the Brazilian Rheumatology Society in Curitiba, Brazil. The topics included: “Eye disease in Spondyloarthropathy,” “Uveitis, a rheumatologist’s view,” “The eye and rheumatic disease” and “Does the microbiome cause anterior uveitis?”
• On Oct. 17, he lectured in Louisville, Ky., to the Kentuckiana Rheumatology Organization on “The microbiome and rheumatic disease.”

Steven L. Mansberger, M.D., MPH, also has been in demand as a lecturer:
• In March he addressed the U.S. Congress in Washington, DC, for the Association for Eye Vision Research (AEVR) Glaucoma Awareness Week
• Also in March he served as moderator for a paper session at the American Glaucoma Society Annual Meeting in Coronado, CA
• He was invited as a visiting professor to Henry Ford Hospital in Detroit, Mich.
• He was one of six glaucoma specialists invited to help prepare the newest version of the Preferred Practice Patterns for Primary Open Angle Glaucoma, Glaucoma Suspect and Angle Closure Glaucoma
• He gave three lectures at the World Glaucoma Congress in Hong Kong, China, on topics covering visual field reliability, managing the postoperative bleb, and new glaucoma surgeries

Robert Kinast, M.D., was invited as a visiting professor at California Pacific Medical Center where he gave two lectures: “Mitomycin C and the Bleb, a High Performance Liquid Chromatography Study” and “Trabeculectomy Management.”

Dr. Kinast also gave a lecture entitled “Primary Angle Closure” at the Southwestern Washington Optometric Society Meeting in Vancouver on October 8, 2015.

Tammy Martin, Ph.D., was invited to chair the American Uveitis Society annual spring meeting in May 2015.

Dr. Martin also was recently invited and agreed to serve on the ARVO Foundation Awards Committee.

Steve Planck, Ph.D., was invited to the Thyroid Eye Disease Biobank steering committee meeting at the end of April in Durham, N.C.

Michael Straiko, M.D., was in Victoria, Canada, in mid-June, invited by the Canadian Ophthalmological Society to lecture on lamellar keratoplasty and to lead a wet lab teaching DMEK surgery to cornea specialists in Canada.

In addition, Dr. Straiko:
• Was an invited speaker at the Intraocular Implant and Refractive Society, India (IIRSI) on July 4 and 5 in Chennai, India
• Presented a paper at the 2014 AAO Cornea Society Fall Educational Symposium in Chicago (it is now published in Ophthalmology)
Shaban Demirel, O.D., Ph.D., was an invited speaker at the Thorny Issues meeting on Sept. 25 where he gave a presentation entitled “Predicting the Rate of Visual Field Change in Glaucoma: Novel Predictors in the Portland Progression Project.”

Dr. Demirel also:

- Was an invited speaker at the 14th Annual Optometric Glaucoma Society Meeting on Oct. 6 in New Orleans, where he gave a presentation entitled “Legacy of The OHTS: Research Regarding the Rate of Visual Field Change”
- Has been asked to serve as a scientific reviewer for a National Eye Institute review panel in Washington, DC, on Dec. 10, 2015.

Presentations

Robert Kinast, M.D., presented a poster at the AGS: “Concentration Accuracy of Compounded Mitomycin C for Ophthalmic Surgery”

Mark Terry, M.D., presented:

- “Descemet Membrane Endothelial Keratoplasty: Influence of Donor Characteristics on Graft Adherence” at the World Cornea Congress
- “Descemet Membrane Endothelial Keratoplasty: Comparison of Endothelial Cell Loss of Re-Bubble Donor Grafts Versus Grafts Not Re-Bubbled” at the American Society for Cataract and Refractive Surgery Meeting (ASCRS) in San Diego

Christopher Sales, M.D., presented:

- “Refractive Stability One Year After DMEK Triple Procedure” at the ASCRS meeting in San Diego
- “Safety in Learning DMEK: Complications, Endothelial Cell Loss, and Visual Outcomes in a Comparative Case Series of Fellows vs. Attendings” at the ASCRS meeting

Devers Abstracts at the American Glaucoma Society annual meeting, March 2015, Coronado, Calif.

SA Menda, SL Mansberger, GL Barker, SK Gardiner, S Demirel, “Changes in Vision-Related Quality of Life in Patients with Early and Suspected Glaucoma”

RM Kinast, KK Akula, GT Barker, SL Mansberger, SK Gardiner, E Whitson, A DeBarber, “Concentration Accuracy of Compounded Mitomycin C for Ophthalmic Surgery”

Interviews

Robert Kinast, M.D.

- Interviewed as an expert for an EyeNet article entitled “The Growing Role of Patient Satisfaction in Ophthalmology”
- Interviewed as an expert for a Millennial EYE article entitled “In Your Head”

Christopher Sales, M.D.

- Interviewed on Eye World regarding “Safety in Learning DMEK.” The interview can be found at ewreplay.org, then type the title in the Search window in the middle of the page.

Steven L. Mansberger, M.D., MPH

- Interviewed for Topics in Glaucoma, “Who has Glaucoma? Definitions and Diagnosis”
- Invited as an expert for an EyeNet article about clinical assessment of structure and function in glaucoma. The article also highlighted Dr. Burgoyne’s foveal-optic disc aligned algorithm (Fo-BMO) for improving OCT diagnostic precision. EyeNet is the magazine of the American Academy of Ophthalmology.
- Featured on the Glaucoma Today journal club. The video interview discusses adherence with glaucoma medications, and can be accessed by eye-care professionals worldwide.

News articles

James T. Rosenbaum, M.D.’s discussion of hydroxychloroquine retinal toxicity from the Mid-Winter Rheumatology Conference was featured in Rheumatology News in an article by Bruce Jancin.

Studies

The Allergan 092 study, a safety and efficacy study of Bimatoprost SR injectable for the treatment of ocular hypertension or open-angle glaucoma, coordinated by Casie Goldman, just implanted the ninth patient worldwide.

The Cornea Service is starting a new dry-eye study and would be happy to receive referrals from other services or employees with dry eyes.
The Vision

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James T. Rosenbaum, M.D.

Vision rehabilitation
Shari Katz, M.A.
Karen Rice, O.D.

Patient referrals
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