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NICARAGUA**



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Archie Griffin

OSU Alumni Association President, two-time Heisman trophy winner, and lifelong buckeye

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everything is possible.”



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Columbus, OH 43212

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Columbus, OH 43203



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Vision & Health

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A Man of Vision

Ophthalmologist Michael Drake, MD becomes the 15th President of The Ohio State University

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The Columbus Dispatch - 01/31/14 5:14 PM - Eamon Queeney

When you are handed the reins to a major university with 64,000 students, 44,000 employees, and an annual budget of over \$5 billion, you need a steady hand and nerves of steel. Who better than someone used to performing delicate eye surgery to keep patients from going blind? Perhaps that is what the Board of Trustees thought when they asked ophthalmologist Michael Drake, MD, to become the 15th president of The Ohio State University.

“Our life history helps shape how we like to do things,” said Michael Drake, MD. “I was trained as a microsurgeon, so I have an attention to detail and precision that is important to me. I learned that there are consequences to being right, as well as consequences when you are incorrect. I was trained to interact with people as human beings and you take them as they are. You work with them to move forward. All of those things are important to me on a daily basis.”

Dr. Drake grew up in Englewood, New Jersey, but fondly remembers many trips to the Midwest to visit his mother’s family in Youngstown, Ohio. He continued to have strong ties to family and the Midwest even after his family moved to Sacramento, California.

“As a child, we made frequent trips to visit aunts, uncles, and cousins in Ohio. As I was growing up, Ohio meant family to me.”

His interest in medicine began with his father, a psychiatrist, who influenced his decision to attend Stanford University and study biomedical sciences and African American studies. He then received his medical doctorate and completed an ophthalmology residency from the University of California, San Francisco (UCSF). Finally, he completed a glaucoma fellowship at Harvard. Throughout his training, he was continually impressed with the impact that higher education played in empowering communities and individuals.

“Our colleges and universities do great things for us. It’s not just a place where you go to school, it’s a place where the arts and sciences live and thrive. In the modern world, a lot of basic research and development science are done on our college campuses. The modern university is an extraordinary enterprise.”

Dr. Drake was asked to join the ophthalmology faculty at UCSF in 1979 and quickly moved up the ranks. He conducted clinical research in glaucoma, most notably the Ocular Hypertension Treatment Study, a landmark clinical trial, as well as directing special research programs in tobacco, breast cancer and HIV/AIDS. He is credited with dozens of papers and a principal authorship of five textbooks.

In 2000, he became director of all of the University of California’s medical schools. Five years later, Dr. Drake was appointed chancellor of the University of California, Irvine, at a time when, according to the Columbus Dispatch, there were “...financial struggles across the school and lawsuits and turmoil in its medical center.” During his nine-year tenure, the Irvine campus rose significantly on many academic fronts and launched new programs in public health, pharmaceutical science and nursing science.

“The reason I went into academics all those years ago was because I enjoyed teaching and working with students so much,” said Drake. “Participating at events with students is one of the real highlights for me. I’m so impressed with our freshman class, in particular. They are one of the most outstanding classes of first-year students in Ohio State’s history. When I think about all they’ve accomplished already, even before the start of their college careers, it fills me with such hope for their ability to take their education and contribute in meaningful ways to the betterment of our society.”

Dr. Drake’s tenacity and passion for excellence has garnered him many awards and distinctions. He is eager to propel Ohio State’s academic hospital into the spotlight. Ohio State’s was recently ranked one place behind the Mayo Clinic in a quality and safety study. Dr. Drake was quick to throw down the gauntlet, stating, “They can hear our footsteps as we come up behind them.”

“Because of my life in academics, I certainly knew about the power and influence of Ohio State across the country and around the world,” said Dr. Drake. “It’s really what drew my wife, Brenda, and me here. Being here, I feel it even more. It is easy to see how much of a difference the university makes to central Ohio, to the state of Ohio and to people nationally. What happens here really matters. I’ve been able to experience and feel that, and it’s been great.”

It is both refreshing and invigorating to have someone in the presidential seat with the credentials of a meticulous caregiver and the heart of a leader. For faculty, students and patients, Dr. Drake’s appointment promises to usher in a time of unprecedented development, excellence and vision.



TOP: Dr. Carla Ford, Dr. Michael Drake, new resident Amenze Osa, Dr. Gloria Fleming, Dr. Carol Laxson, Dr. Thomas Mauger, and Dr. Paul Weber
MIDDLE: Office of the President is located in iconic University Hall
BOTTOM: Drake shows his support by proudly sporting buckeye colors

Antiguo Alumnos & Residentes Corra El Buckeye Espíritu De Dar

(Alumni & Residents Spread the Buckeye Spirit of Philanthropy)

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LEFT TO RIGHT: Drs. John Pajka, Robert Derick, David George, and Julia Reid

Managua, Nicaragua has always been a city with great need, having had more than its fair share of wars, earthquakes, hurricanes, fires, floods, famine, and widespread poverty. In the last couple of years, the city has seen some growth; however, half of the almost 6 million residents still live in poverty. Recently, a team from Ohio traveled to Managua for a week to perform cataract surgery, including OSU alumni Dr. John Pajka, Dr. Robert Derick, Dr. David George, and current resident Dr. Julia Reid.

"I've always wanted to do medical missions," said Dr. Reid, a third year resident, "but I didn't really have the opportunity or time earlier in my training. When Dr. Pajka offered me the chance to participate, I was thrilled."

At the National Center of Ophthalmology (CENAO), local doctors and international volunteers work side-by-side to restore sight for Nicaraguans who have gone blind from cataracts.

"I've been going on mission trips at least once or twice a year for 25 years," said Dr. Pajka. "I've been to Haiti, Uganda, Honduras, El Salvador, Guatemala, a bunch of different places, but Nicaragua is different. With

the national eye hospital, it is a much easier trip. They expedite the process and get us through customs with all of our equipment. They also have residents to help get us set up for surgery."

While CENAO provides the best available care in the entire country, a lack of resources means that Nicaraguan ophthalmologists have to perform extracapsular cataract surgery, an older method with longer recovery times and more side effects.

Because of this, Nicaraguan doctors try to postpone the really difficult cases and monocular patients (patients with only one eye who are more at risk for going blind if something happens during surgery) until there are doctors who can perform phacoemulsification, a more advanced type of cataract surgery. Phaco uses an ultrasonic device that breaks cataracts into tiny, easily removable pieces.

"The three surgeons that I went with are all excellent and routinely perform phaco," said Dr. Reid, "which is critical for these high-risk patients."

The visiting doctors performed over 150 surgeries in three days. In an effort to help as many people as possible,

patients were efficiently examined, then moved to anesthesia and surgery, then to recovery. As soon as one surgery ended, the next patient was brought in.

“It never fails to amaze me how many people are really, really blind from cataracts down there,” said Dr. George. “You can see the huge impact in their lives this simple surgery makes. It is an honor to be able to help them.”

“The very first time you go, you realize why you became a doctor” said Dr. Pajka. “I mean, there is no joy like giving somebody their sight back. It is a privilege to be able to do this.”

The difference between cataract surgery in developing countries and U.S. is that in America, cataract surgery is about improving a patient’s quality of life—helping them renew their driver’s license, see a golf ball better, or see the TV better.

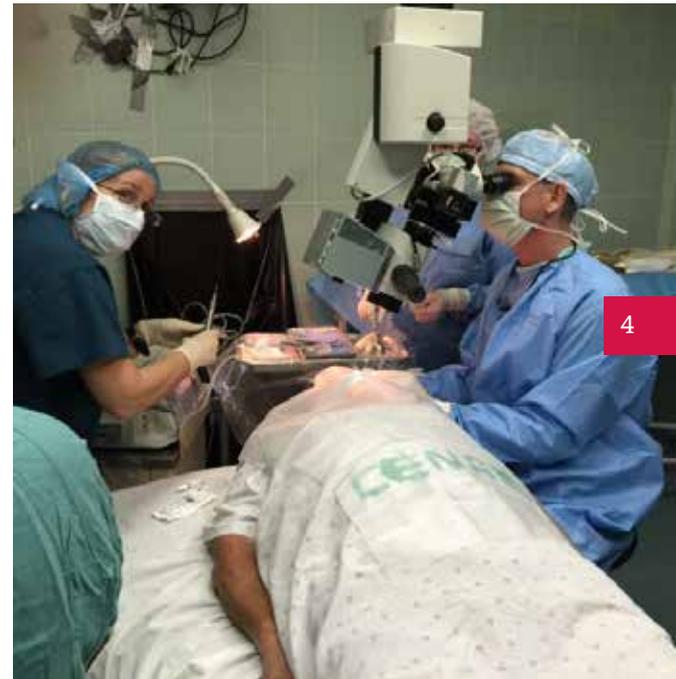
“When you do cataract surgery in the developing world, you’re giving somebody their life back,” said Dr. Pajka. “You take someone who has been blind for 10 years, who has been sitting in a house and have become a burden on their family because they can’t work, they can’t support themselves. Then you do a 10-minute operation and you give them back their life. They can see. They can help contribute to their family.”

Another crucial difference in patients in developing countries is that they develop cataracts at a much younger age than their American counterparts.

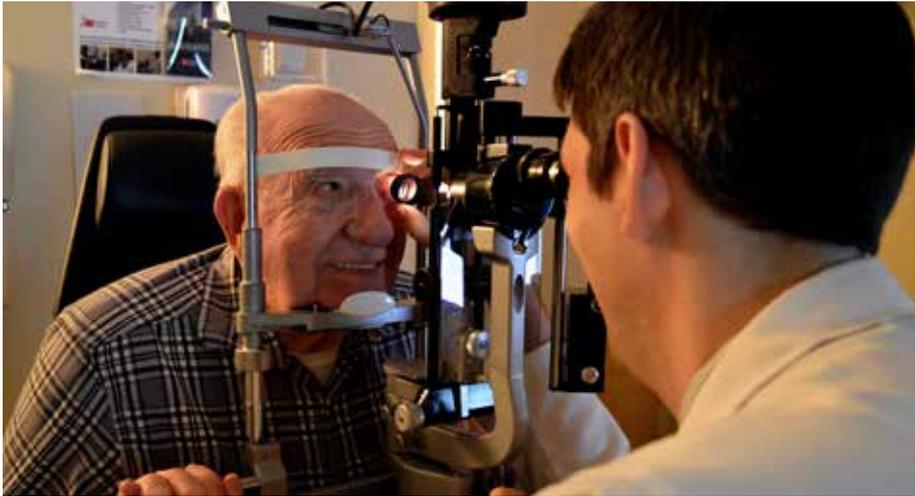
“They are not retired people,” said Dr. Pajka. “They are the heads of their households and when they are taken out of the workforce, it’s not just affecting them, it’s affecting their entire family. The degree of life change with cataract surgery in the developing world is huge compared to what it is here.”

Even with the number of years that Dr. Pajka, Dr. George, and Dr. Derrick have been going, the excitement from the doctors and staff at CENAO seems to have never worn off.

“They were all so happy, from the patients to the doctors to the staff,” said Dr. Reid. “I’ve learned a lot and after this amazing experience, I can’t wait to go again.”



TOP: John Pajka, MD performing cataract surgery **MIDDLE:** Grateful, post-cataract patients **BOTTOM:** Julia Reid, MD administers eyedrops



What Can I Do to Help?

Patient Experience - First Treatment for Dry AMD

An Ohio native, Doward Runyan is an electrical engineer who has spent most of his career in South Africa in charge of manufacturing for a company that makes hydraulic pumps and valves. He returned to the States and settled in Marysville, Ohio in order to spend more time with his children and grandchildren.

When Runyan noticed changes in his vision, he went to an ophthalmologist and was diagnosed with dry age-related macular degeneration (AMD). Dry AMD is a slow wearing away of the light sensitive tissue in the back of the eye, specifically the portion responsible for central vision and fine details. Unlike wet AMD (which is caused by abnormal blood vessel growth), there is no treatment available for patients with dry AMD. It was a difficult time for Runyan, until he heard about a new clinical trial at Ohio State testing the first ever treatment for dry AMD.

“They explained that the clinical trial could be beneficial to those with Macular Degeneration and I’m all for that,” said Runyan. “AMD will probably affect many people that I know and possibly my kids and grandkids. I want to help.”

Runyan was not without concerns, primarily about the drug’s delivery

method, ocular injection. It made him nervous, but then he remembered a friend who was receiving monthly ocular injections and said, “If she can do it, I can do it.” Now, that he’s had one, he states, “it wasn’t bad.” His second concern was whether he would be randomized into the control group (placebo) instead of the medication group. He was hesitant, unsure if he could go without treatment, not wanting to risk having his vision get worse.

“As masked study personnel, we don’t know which group Mr. Runyan is in,” said Study Coordinator, Jill Salerno. “But, I told him that we would be monitoring him and his vision very closely. If it looks like he needs it, rescue medication is always an option. Caring for patients is our first priority.”

Having been to many eye doctors, Runyan was still impressed with the level of care in the study. He noticed that the doctors and technicians were “more attentive, accommodating, and did a lot more tests.”

“Now that I’ve been in one, I’d do a clinical trial again, depending on what it is, of course,” said Runyan. “And, if somebody I knew was considering one, I’d encourage them to try it.”

CLINICAL TRIALS BIGGEST MYTHS

MYTH:
Patients are treated like guinea pigs



FACT:
Participants report being treated with respect and receiving the highest level of care

MYTH:
There are a lot of unknown side effects with research drugs



FACT:
Potential side effects are typically discovered during pre-clinical studies and are listed in the consent form

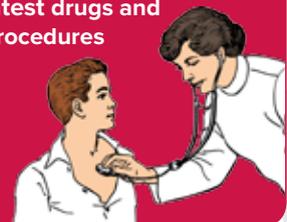
MYTH:
Researchers have to use placebos (sugar pills) so I won’t get treatment



FACT:
Not every study has a placebo group. If they do, patients are carefully monitored and have rescue therapy available

MYTH:
Participating provides no benefit to me

FACT:
Clinical trials give patients access to the latest drugs and procedures



New Alzheimer's Advances

Multidisciplinary Researchers Join Forces

It's amazing to watch the different facets that join together at Ohio State in order to improve the quality of patients' lives. The Ophthalmology Department is excited to announce one such collaboration with the Department of Neurology to study the effects of a new medication for Alzheimer's.

A degenerative condition affecting the nervous system, Alzheimer's disease is caused by plaque that surrounds neurons, hindering a person's memory. A new drug, known simply as MK-8931, has been shown to reduce amyloid B, a peptide that combines to create the plaque. Encouraged by the promising results shown in smaller pilot studies, MK-8931 has now entered one of the final stages of clinical trials before being submitted to the FDA and becoming available to the public.

The study is primary focused on the effects of MK-8931 in the early stages of Alzheimer's. Lead by retina specialist, Matthew Ohr, MD, Ophthalmology's contribution to the study involves a comprehensive examination of the eye to ensure the safety of participants.

"Many drugs have ocular side effects that aren't discovered until after the drug is marketed," said Dr. Ohr. "It is a privilege to participate in a trial that takes a proactive approach to ensuring a patient's ocular health."

As it often happens, one opportunity has led to another and a future collaborative study is already being planned to serve as an extension. The extension study will concentrate on the affects of MK-8931 in more developed stages of Alzheimer's.

These exciting breakthroughs broaden options for people with Alzheimer's, are perfectly matched with the announcement that OSU will be opening a new Brain and Spine Hospital (*pictured below*). An expansion to the Neurological Institute, the facility will be able to accommodate people not just with Alzheimer's disease, but also with a variety of neurologic conditions.

Researchers at Ohio State continue to seek better treatment options with a passion that speaks to the buckeye spirit of excellence and discovery. And, when you bring together two teams of buckeyes, anything is possible.



Columbus Dispatch - 01/28/15 6:14AM - Dispatch file photo



New Research Studies

You may be eligible!

CRVO Macular Edema Study

This NIH study will compare the drugs aflibercept (Eylea®) and bevacizumab (Avastin®) for treatment of macular edema (swelling in the macula) due to central retinal vein occlusion (CRVO). The retina is the light-sensitive tissue in the back of the eye while the center part of the retina, macula, is used to read or see fine detail. Macular edema causes decreased vision.

Wet AMD Study - Age-related Macular Degeneration (AMD) is the leading cause of blindness in people over 50 years of age. It is caused by the breakdown of the central portion of the retina (the light-sensitive tissue in the back of the eye) called the macula. An investigational (not FDA approved), new drug for wet AMD is being studied in combination with other AMD medications.

Dry AMD Study - We are conducting a clinical trial to evaluate a drug called lampalizumab for patients with geographic atrophy (GA), a form of dry age-related macular degeneration (AMD). GA causes progressive damage to the macula, the central region of the retina (inside the eye), which is involved in seeing the fine details associated with reading, driving, and recognizing faces. In this study, participants will get either lampalizumab or placebo injections.

FOR MORE INFORMATION:

Call Andrea Inman, Jill Salerno, or Christopher Petek at 614-293-5287 or email research@osumc.edu.

New Residents



Mona Adeli, MD
BS - University of Akron
MD - Northeast Ohio College of Medicine



Rebecca Chait, MD
BS - Vanderbilt University
MD - The Ohio State University



Alison Early, MD
BS - University of Cincinnati
MD - University of Cincinnati



Hilliary Inger, MD
BS - University of Michigan
MD - Wayne State University



Amenze Osa, MD
BS - The Ohio State University
MD - The Ohio State University



Jay Ramsey, MD
BS - Lipscomb University
MD - The Ohio State University



LEFT TO RIGHT: Drs. Allison Hinko, Julia Reid, Mark Hill, Bradley Allen, Elaine Binkley, and Sarah Hilkert.

Congratulations Graduates

Bradley Allen, MD

Dr. Allen will remain at the OSU Havener Eye Institute to complete a vitreoretinal disease and surgery fellowship.

Elaine Binkley, MD

Dr. Binkley will travel to the University of Iowa in Iowa City, Iowa, to complete a vitreoretinal disease and surgery fellowship.

Mark Hill, MD

Dr. Hill is bound for Lake Tahoe, Nevada, to join a comprehensive private practice.

Sarah Hilkert, MD

Dr. Hilkert will complete a pediatric ophthalmology fellowship at Northwestern University in Evanston, Illinois.

Allison Hinko, MD

Dr. Hinko is joining a private practice in Napa Valley, California, to practice comprehensive ophthalmology.

Julia Reid, MD

Dr. Reid is headed to Children's Hospital of Philadelphia for a pediatric ophthalmology fellowship.



Ophthalmology Resident Inducted into Gold Humanism Society

The Gold Humanism Honor Society recognizes those who have demonstrated exemplary attitudes and behaviors: excellence, integrity, compassion, respect, empathy, and service.

In the first year that residents were nominated to be members, Ophthalmology's Elaine

Binkley, MD was chosen and inducted at a special ceremony on February 26, 2015 at The Blackwell.

Long-time faculty, Paul Weber, MD, was honored at that same ceremony with the Linda C. Stone Award in Mentoring.

AAO Alumni Reception 2014 - Chicago, IL



Last fall, we hosted our annual alumni reception at Fannie May Chocolates during the American Academy of Ophthalmology annual meeting. Alumni from far and wide celebrated the Department's rich tradition and caught up with former classmates.

Top Left: Drs. Max Henry and Paul Craven
Top Right: DeAnne Chambers, and Dr. Elliot Davidoff
Bottom Left: Drs. David George, Carrie Lembach, David Ringel, Richard Lembach, and James Silone

OSU Alumni Reception - AAO Las Vegas The Bellagio • November 14, 2015 • 5:30 pm - 7:30 pm



RSVP to Christina.Stetson@osumc.edu or call 614-293-8760

A FOND FAREWELL

"I first remember Marty as a pudgy, young man just out of the military. I was a resident at the time when he was hired by Dr. Makley as the Department's first neuro-ophthalmologist. He was here a very short time when I took him to Larkins Hall (now the RPAC), even then it was a very nice facility. It changed Marty's life. For the next 40+ years, he went there almost daily and transformed into the svelte, athletic person we remember. Marty never did things halfway. He studied, researched, and perseverated on his pet projects, for example his Susac's Syndrome. He was a great clinician and teacher. He emphasized taking a detailed history, which is almost a lost art. Marty at times was impossible, dogmatic, and always a character. He was energetic, tenacious, and fearless, especially on his bicycle. Marty was brilliant. They don't make them like him anymore. We'll miss you, Marty."

- **Frederick Davidorf, MD**

"Marty Lubow was the epitome of the physician/scientist. He was an 'out of the box' thinker, who came up with many novel concepts. My conversations with him were an intellectual challenge for me. Marty will be sorely missed as an important role model for young physicians—pushing them to challenge the status quo and discover new frontiers in medicine."

- **Frederick Kapetansky, MD**

"Brilliant is a much overused, but appropriate word describing Dr. Lubow. When you were on his service as a resident he demanded thoroughness and attention to detail to both further your knowledge and help the patient. He continued his inquisitive nature to the end, always trying to advance knowledge of important diseases. I will truly miss the intellectual discussions we had several times a week. We have lost a unique and special individual."

- **Paul Weber, MD**

Martin Lubow, MD 1931-2015

By Susan C. Benes, MD



Martin Lubow was born in New York in the same hospital where his wife, Diane, was born 6 months later. After growing up in New York City, he moved to California when he was 16 to be with his brother (who was in the service). After graduating from UCLA, he went to Medical School at the UCSF (located at Berkeley then). He completed an ophthalmology residency at the University of Pennsylvania in Philadelphia. Following residency, he served in the Army as a physician.

Dr. Lubow was honored to be in first "class" of neuro-ophthalmologist fellows taught by Dr. William F. Hoyt at the University of California, San Francisco. At that time, there were only three neuro-ophthalmologists in the USA: Boston's Dr. Cogan, Baltimore's Dr. Walsh, and San Francisco's Dr. Hoyt. These three men are considered the three founding fathers of neuro-ophthalmology.

When the first neuro-ophthalmology fellowship class graduated, they were "dispersed" throughout the USA to teach this new sub-specialty. Marty was recruited to Ohio State University in part because Dr. George Paulson, founding chairman of the OSU Department of Neurology, recognized the advantage of having a neuro-ophthalmologist for OSU.

After 30 years of clinical practice, Dr. Lubow retired, but continued vigorously working with rheumatologists and pathologists around the globe. He studied pseudotumor cerebri (he suggested the use of Diamox in a 1970s paper), eye movement abnormalities (he coined the term WEBINO, or wall-eyed bilateral ophthalmoplegia), Susac syndrome with Dr. Susac himself as well as Dr. Mark Rennenbaum (now at Cleveland Clinic) and dermatopathologist Dr. Cynthia Magro (now in New York).

Recently, Dr. Lubow had been pursuing other vasculitides involving the eye, including Giant Cell Arteritis and Wegener's granulomatous vasculitis with Dr. Brian Younge at the Mayo Clinic and Dr. Cornelia Weyand, Rheumatology Professor at Stanford, and her Vasculitis Research team including pathologist Dr. Berry.

Dr. Lubow and his wife had a daughter, Lauren, and son, Alan. They went to college at Miami University in Oxford, OH. His wife was a great supporter of the arts, especially the visual arts and the Columbus Art Museum where she was a docent. They made Columbus their home and over the years Dr. Lubow taught hundreds of medical students and many residents and took care of innumerable patients.

He passed away surrounded by his family and colleagues on February 12, 2015.



Alumni in Focus - Charles Leone, MD



When Charles Leone arrived in Columbus in 1963 to start his ophthalmology residency, the Department was still housed in the original hospital building, renamed as Starling Loving Hall

The faculty were supportive and encouraging, especially Dr. Richard Keates, who encouraged him to apply for the Heed Fellowship and Dr. Torrence Makley, who suggested he get his Masters' degree while in residency. Writing papers and getting published for his Master's degree, kindled Dr. Leone's lifelong appreciation for academic medicine.



Originally from Erie, PA, Charles Leone attended the University of Virginia and then Temple University College of Medicine. Intent on becoming a urologist, he completed an internship and had begun his training in general surgery, when he realized that he wanted to do something else. He started thinking about ophthalmology and spoke with a friend who knew William Havener, MD, Ophthalmology Chairman at Ohio State.

“My friend told me, ‘If you can go to Ohio State, I really think you’d get a great residency under Bill Havener,’” said Dr. Leone. “That’s what drew me to Ohio State. Unfortunately, this was during the Berlin Crisis, so I was drafted. Instead of leaving for Ohio State after surgical residency, I had to spend a little over a year in the service. So, I had a little less than three years to complete my training, but it was a very pleasant and delightful thirty-three months.”

Dr. Leone recalled one particular event involving Joe Bitonti, an ophthalmologist, who used to host Christmas dinners for the residents at a nice Italian restaurant, “One year, Mr. Bitonti’s son, decided to play a prank and put a few artificial eyes in the bottom of the soup bowls. I think it was Minestrone, so nobody saw anything until we got down toward the bottom. Then, there they were, staring up at you. It startled a few, especially the wives, but it was so funny. We all got a good laugh.”

Despite the low resident salaries about which they used to quip “If we got one dollar less, we would qualify for welfare,” Dr. Leone also remembers the generosity of the faculty and staff.

“They were very altruistic towards us,” said Dr. Leone. “They had us over for dinners and parties. Bill Havener gave us books all the time, so we didn’t have to buy them. So, it never really felt like we were bereft of anything because of how generous they were.”

Deciding to subspecialize in oculoplastics, Dr. Leone completed a six-month fellowship at the University of Alabama Birmingham and a six-month Heed Fellowship at Manhattan Eye & Ear, before moving to San Antonio, TX. The University of Texas Medical School in San Antonio was just getting started and he wanted to participate in academic medicine. At first, he went into private practice with the acting Chief of the Department of Ophthalmology. After five years, he decided to focus completely on oculoplastics, so he opened a solo practice where he remained until 1995.

“Chuck was a special resident for me,” said longtime faculty, Frederick Kapetansky, MD. “He was a thorough physician as well as a skilled surgeon. All of this, plus the personality of a true gentleman. Chuck rose to the top of his subspecialty because of his competence, but was always able to retain his modesty.”

“I’ve been very fortunate,” said Dr. Leone. “My wife and I have been married for fifty-six years. We have four sons and five grandkids, the oldest of which is graduating from medical school this year. I give back because of the fondness and the gratitude I have for the wonderful few years that set me on the path that helped me succeed. I acquired knowledge, as well as the motivation. I’ll always be thankful.”



Back from the Brink

Patient's narrow miss inspires letter

In April 2014, Doug Bruggeman of Centerville, Ohio began to experience severe pain and redness in his eye under his contact lenses. He starting going to his local ophthalmologist, but the condition never improved. Finally, he was referred to Andrew Hendershot, MD at Ohio State for what turned out to be a corneal ulcer caused by a fungal infection.

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Andrew Hendershot, MD

"I think that when a patient has a serious eye problem, such as a severe infection, it is important to be up front and honest with them," said Dr. Hendershot. "This helps get them on board with a potentially intense treatment plan. It also helps to set a realistic goal for the long term outcome so that everyone is on the same page right from the start."

It took almost 3 months with Bruggeman traveling back and forth from Centerville, over an hour each way, but, the real difficulty came when his condition reached a scary crossroads.

"It was one of those 'eye-opening' experiences," said Bruggeman. "My cornea had gotten so thin from the infection that they were afraid that it would rupture and I would lose all vision in that eye. There were a couple of terrifying days where I had to decide if I should have partial corneal transplant or not."

During that week, he traveled to Ohio State almost daily, so Dr. Hendershot could keep monitoring his cornea. After consulting with Dr. Hendershot, Bruggeman ultimately decided not to get the transplant.

"I still have a scar in my eye," said Bruggeman, "but Dr. Hendershot told me I'd have one from the first day that I saw him, it was just a matter of how severe. He never over-promised. I would chuckle to myself because he would say something like, 'I think that there is a decent chance that you will have reasonable vision in that eye.' And, he was right. I have 20/30 with correction, nearly perfect. So, I would strongly recommend Dr. Hendershot to anyone. His patient care and bedside manner were great. I couldn't have been happier."

In a recent letter, Bruggeman expressed his gratitude: "I wanted to thank you for the great care you gave me while I was going through my cornea ulcer. I have not missed the trips to Columbus but feel I am missing a friend after all the times we visited. You were always willing to go the extra step for me and I truly appreciate that."



Oculoplastic Surgery 2015 Signature Event Provides Valuable Insight

The 58th Annual Postgraduate Symposium in Ophthalmology provided attendees with the latest information on a variety of conditions, from orbital lymphangioma to ptosis repair to facial nerve reanimation. The highly anticipated, regional conference featured speakers from across the country, including Drs. Vikram Durairaj, MD, FACS (Austin, TX), Don Kikkawa (San Diego, CA), Jeffrey Nerad (Cincinnati, OH), Stuart Seiff (San Francisco, CA), Allan Wulc (Pennsylvania, PA), and from Columbus Drs. Gayle Gordillo, Boris Karanfilov, and Maya Spaeth.



LEAD PHOTO: Drs. Stuart Seiff, Don Kikkawa, Jill Foster, Jean Kassem, Allan Wulc, Vikram Durairaj, Steven Katz, Kenneth Cahill, Cameron Nabavi, and Jeffrey Nerad



TOP LEFT: Drs. Jerry Kirby and Marilyn Huheey **TOP RIGHT:** Drs. Julie Reid, Sarah Hillkert, Suzanna Billingham, and Marianne McGregor **CENTER:** Drs. Kevin Kegler, Nicholas Rogers, Todd Whitaker, Jeffrey Oehler, and Steven Katz **BOTTOM LEFT:** Drs. Karen Klugo, Jennifer Morrison, Kenneth Beckman, and Conley Call **BOTTOM RIGHT:** Drs. Colleen Cebulla, Gloria Fleming, and Elliot Davidoff



Vision & Health

Five Ways to Protect Your Sight

By Mark Slabaugh, MD

The importance of vision is something that we can all agree upon, but what can you do to protect your vision? Here are a few recommendations for keeping your eyes in good health.

☑ **Eat Healthy**

A healthy diet is a great start in the quest to maintain eye health. We know that there are a number of specific vitamin deficiencies that can contribute to eye disease; for example, Vitamin A deficiency is thought to cause between 250,000 and 500,000 children worldwide to go blind each year. In developed countries however, cases of specific nutrient deficiencies are very rare, so our focus tends to be on optimizing our diet. A diet rich in spinach and other leafy greens, hot peppers, berries and grapes, oats, garlic and onions, red wine, dark chocolate, egg yolks, nuts and seeds, citrus fruits, salmon and avocados can promote a healthy lifestyle which contributes to good eye health.

Thanks to the Age Related Eye Disease Study (AREDS), we now know that there is a role for nutritional supplementation in maintaining eye health for a few specific conditions. For patients with age-related macular degeneration (AMD), a degenerative condition affecting the retina, a specific supplement containing Vitamins A, C, E, zinc, and copper has been shown to slow progression in patients who are at high risk for developing advanced AMD. The exact mechanism for this effect is not well understood but is felt to be related to the antioxidant properties of the supplements. For patients who suffer from chronic dry eye, research has shown that supplements rich in omega-3 fatty acids, such as flaxseed oil and fish oil, seem to improve ocular surface health. The role of other supplements in normal eye health is less clear. Currently we recommend filling the refrigerator with vegetables rather than filling the cabinet with unproven supplements.

☑ **Limit Sun Exposure**

The sun may lift your mood and provide all-important vitamin D, but the ultraviolet rays can be detrimental to your eye health. Overexposure to UVA, UVB, and UVC radiation has been linked to cataracts and AMD, as well as abnormal growths on the eye's surface. While some sunlight is required and everyone appreciates the warmth of the sun following a cold winter, the key is moderation is key. Wear a hat when you are outside, and look for sunglasses that block 100% of ultraviolet radiation.

☑ **Wear Eye Protection**

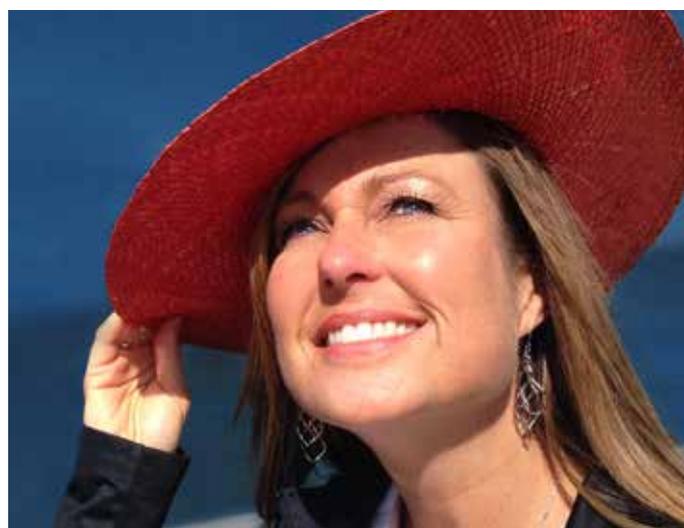
Traumatic eye injuries are a leading cause of vision loss, especially in younger and active individuals. There are an estimated 250,000 open globe injuries (full thickness eye lacerations) that occur annually worldwide. The use of shatter-proof eye protection, especially while playing sports or working with tools, can dramatically decrease your risk of suffering a traumatic eye injury. Just as helmets are incredibly important in protecting your brain, a good pair of safety glasses can save your eyes from an unexpected event.

☑ **Stop Smoking**

While smoking is known to cause many adverse health conditions, it can also affect your eye health. People who smoke double their risk of dry eyes, cataracts (clouding of the natural lens), uveitis (inflammation inside the eye), and diabetic retinopathy (damage to the back of the eye related to diabetes). Smokers triple their risk of developing age-related macular degeneration. It is never too late to quit. Visit smokefree.gov to get started, or see your doctor, who can recommend other methods to help you on your journey to a smoke-free life.

☑ **Exercise**

Many of the conditions that lead to eye disease—diabetes, high blood pressure, high cholesterol—are less likely to occur in people who exercise regularly. This is due in part to improved blood flow (a vital part of eye health) and in part to reduced weight which can trigger these conditions. Recent studies have even shown that exercise can reduce your risk of getting glaucoma. For best results, get your heart rate up for 20 minutes, four times a week.





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