Dear Patients, Friends, and Colleagues,

My hope for this newsletter is that it leaves you with some understanding of the tremendous dedication our physicians, researchers, and staff demonstrate daily. They implement cutting edge technologies to diagnose and treat sight threatening disease as they simultaneously pursue innovative research aimed at discovering new technologies.

This edition will introduce you to our new faculty members, who have been recruited from some of the finest eye institutions in the country. In addition, I would like to thank those patients who are featured and were willing to share their private medical experience with us. From them we learn not only how important current state of the art eye care is but also that basic and clinical research hold the true promise for currently incurable eye diseases.

I welcome them to our Eye Institute family and their stories join so many wonderful human stories that the Eye Institute team makes happen each and every day. It is truly a pleasure for me to contribute as a member of this dynamic organization.

Sincerely,
Naresh Mandava, MD, Professor and Chair

Mission:
To be a nationally recognized department of ophthalmology that serves the people of the Rocky Mountain Region by providing exemplary patient care founded on educational leadership, innovative research and high ethical standards.

Dear Patients, Friends, and Colleagues,

I was riding a stationary bike at my local recreation center when I realized the vision in my right eye was suddenly cloudy, as if a piece of relatively light gauze had been put in front of it. It lasted about 30 to 45 minutes, as I recall, and then the vision cleared and was fine for the next month or so but the cloudiness began to recur at varying intervals, sometimes not for months but at other times occurring several times in one day. Even though it always seemed to go away and my vision returned to normal – and there was no pain or other sensation associated with it, I went to my ophthalmologist while I was visiting in the town in New York in which I had lived before moving to Colorado (since there is no ophthalmologist in the area in which I live now), and, on his suggestion, had a number of tests by my internist there, to try to determine the cause. No problem was detected so, since the symptoms were so sporadic, I decided it was something I would have to live with. After a long interval when I had no symptoms, the cloudiness recurred, first briefly, and then a few weeks later, over a period of about 24 hours, my vision became extremely cloudy and I began to have pain over my right eye. I went to bed thinking the problem would go away as usual but when I awoke in the morning, I found I could see nothing out of that eye – just blackness – and although there was no pain when I first awoke, over the next few hours the pain became quite severe.

continued on page 4

“We were able to identify Ms. Clark’s particular eye problem quickly and intervene that same night to help give her the best chance at regaining her vision.”

Malik Y. Kahook, MD
PRESS GANEY SURVEY

In an ongoing effort to improve our service, we utilize the Press Ganey patient satisfaction surveys to determine where we are performing well and where we need to improve. Press Ganey represents over 1.5 million patients and 1,158 hospitals across the nation and provides comprehensive data based on how patients rate the service that they receive in our organizations.

Press Ganey surveys ask patients a variety of questions about the level of service that was provided to them from calling in to schedule their appointments to how well their visit went while they were in our clinic. This data, once compiled is compared to data from other academic medical centers and hospitals across the country.

The most important measurement is whether or not they would recommend our practice to others. Our consistent high score on this question has always confirmed our strong belief that we are providing some of the best eye care in this country and the world. This year I am proud to report that our Press Ganey scores have consistently been in the 80th percentile and well above the 50th percentile scores of our first year on Press Ganey.

Please visit our website www.eyeinstitute.org.

CLINICAL RESEARCH

We are currently enrolling subjects in a number of clinical trials including:

**ThromboGenics MIVI-TRUST**
- This study evaluates the safety and efficacy of intravitreal microplasmin in individuals with focal vitreo-macular adhesions.

**Conjunctival Histology in Patients on Chronic IOP Lowering Medications**
- This study examines the effect of benzalkonium chloride on the conjunctiva.

**Glaucoma Educator**
- This study looks at the effect of a glaucoma educator on adherence to prescribed therapeutic regimens in glaucoma patients.

**Pulmonary Hypertension**
- This study examines the effect of a systemic non-selective endothelin antagonist on intraocular pressure and anterior chamber depth in PHTN patients.

To refer a patient, please contact Mary Preston at 720-848-2035 or mary.preston@ucdenver.edu

Loretta Todaro, Practice Manager, Ophthalmology
My name is Julie McCawley. I am 15 years old and a sophomore in high school. In school, I’m a drama executive and I’m in Chantelles choir. Things I like to do when I’m not in school are sing, dance, hang out with friends and on the weekends I go to church at Grace. I got Stephen-Johnson Syndrome when I was 11 months old. I thank God every day I was too little to remember that.

However, I do remember everything that happened afterwards. I know that SJS has changed my life. I’m blind in my right eye and I have low vision in my left, which changes all the time. I go from seeing fine to not being able to see at all in a matter of minutes. I have photophobia which means that light really hurts my eyes. I wear sunglasses and a hat all the time. I also use eye drops because my eyes get really dry. I have had 12 eye surgeries. I’ve had too many doctors’ appointments for my eyes and ears to remember. I hate the ear appointments, they’re very painful. When I was really little they would have to put me under for the ear appointment. I’ve had a hard time in school. It’s been hard for me to make friends. Kids have always made fun of me but now I have some friends that are more mature and they like me for who I am.

Since my Mom runs the SJS Foundation I have had the opportunity to meet a lot of people that have had SJS. I feel very lucky to have met them because they understand me. I met my first SJS person when I was 18 months old. Her name is Danica and she was 7 years old. I still know her today. When I was four I went to Boston and met Stephanie from New Jersey. She was 3 and we met for the first time in 2002. Since then we have been friends. I saw Stephanie when she came to Denver for some tests. She is a wonderful girl that suffers from tremendous lung damage from SJS. If I never had Stevens Johnson Syndrome I wouldn’t have gone to Boston I wouldn’t have met so many people. I guess there are good things about it too. I’ve learned a lot about it and I have helped hand out SJS Fact Sheets and I also walked in the first SJS 5K walk and attended SJS awareness presentations. One of my best friends is Amit Khatri. He’s the webmaster for the SJS Foundation and he has had SJS since he was 12. He’s awesome! I have a friend named Joe whose uncle passed away from SJS. He and I are email buddies. I can’t say I like SJS because it is not a fun thing. Many people have died from it. I am glad to be here with my family. I know that I almost died and God had a reason for me to be here. I’m a very lucky person. Every night my little sister and I pray for everyone that has had SJS to get better.

My Story—In My Own Words

GERS of Denver was established to help optimize the lives of those living with glaucoma. As a glaucoma support group for patients, family, friends, medical professionals and concerned community members, GERS provides a forum for airing questions, learning more about the disease and resources, as well as sharing concerns. It can serve as a venue for providing mutual assistance in dealing with both the emotional and technical issues encountered. GERS can help through: education, resources and support.

Meetings 2nd Saturday of each month
CONTACT:
Kathy Dyer, Organizer, 303.427.7232
GERSofDenver@yahoo.com
http://gersofdenver.wetpaint.com
CONVERSATION LOCATION:
Rocky Mountain Lions Eye Institute
University of Colorado Denver, Anschutz Medical Campus
Boettcher Auditorium, 3rd Floor, Aurora CO
TIME:
8:45-10:00 AM – registration/conversation

Amniotic membrane is obtained from placentas, and has potent anti-inflammatory and antiscarring effects. Surgically covering the eyes and eyelids with amniotic membrane transplants during the flared-up phase can prevent most of the damage that can occur in this disease. Dr. Gregory has performed this surgery more than anyone in North America.

The goal of the Stevens-Johnson study group is to further refine and study this treatment and ultimately establish it as the standard of care for these patients. Funding is currently being sought to support these efforts.

Based on his own successes treating patients with acute Stevens-Johnson Syndrome, Dr. Darren Gregory has founded an international Stevens-Johnson study group consisting of ocular surface surgeons from around the world. The first meeting of this group convened on November 9, 2008, at the American Academy of Ophthalmology meeting in Atlanta.

Stevens Johnson Syndrome is a rare, potentially fatal disease that most commonly occurs from an adverse reaction to medications. It yields sudden, extensive blistering of the skin and mucous membranes that line the eyes and mouth. The eyes are often left with severe scarring that can yield blindness. They are also horribly dry and painful, with patients suffering extreme light sensitivity on top of their other visual problems.

Amniotic membrane is obtained from placentas, and has potent anti-inflammatory and antiscarring effects. Surgically covering the eyes and eyelids with amniotic membrane transplants during the flared-up phase can prevent most of the damage that can occur in this disease. Dr. Gregory has performed this surgery more than anyone in North America.

The goal of the Stevens-Johnson study group is to further refine and study this treatment and ultimately establish it as the standard of care for these patients. Funding is currently being sought to support these efforts.

Focus on Patients

**Cornea and External Disease**

**Associate Professor**,  
Cornea and External Disease

**Darren Gregory, MD**

**Before and after photos showing the severe inflammation of acute Stevens-Johnson Syndrome and the same eye, quiet and normal 6 months following amniotic membrane grafting.**
Dear Drs. Durairaj and Hink:

We want to express our sincere gratitude to both of you for the outstanding job you have done in helping our precious daughter. We feel indebted to you for the truly remarkable outcome you have achieved.

Approximately four weeks ago we experienced the worst nightmare a parent could endure. In seconds, our family was transformed from having a wonderful family moment on a beautiful sunny day, to a situation whereby we did not know the extent of our child's severe and potentially debilitating injuries. Through our journey of having our child taken out on a stretcher immobilized and being pulled out by a snowmobile and taken to the nearest hospital in Gunnison by ambulance and then on to Children's Hospital in Denver, we encountered many physicians, residents, nurses and other medical professionals. During our week-long stay at Children's Hospital, we met so many doctors, including those from the trauma team, the neurological department, the ear, nose and throat medical practice and ophthalmology field. While many of these professionals were courteous, helpful and concerned, the two of you truly shined and stood out.

From our first meetings with each of you through the surgery and carrying into the outpatient appointments, we have been utterly impressed with your sensitivity, compassion, professionalism, optimism, confidence, and willingness to explain things in detail and answer a myriad of questions. Never once did we feel rushed in this process or that our child was simply an academic case by which residents could learn from. During and following our encounters and conversations with you, we always left feeling as though we had a good understanding as to what was medically involved and what the likely risks and outcomes were. We thank you for your caring and patience throughout this process. These qualities in dealing with us as parents and our child during a time of crisis and trauma meant so much.

Perhaps most importantly, we thank you for your incredible surgical abilities. From the outset, we were continually reminded by so many physicians that our child's fractures were extremely severe and unusual. In fact, one attending physician when reviewing the CAT scan with us kept remarking about what a unique case this was given the severity and magnitude of the fractures. Both of you have obviously gone through incredible training over the years and we have no doubt that all of your experiences and long hours in the operating room and elsewhere paid off when it came to our child's health and well being. We feel so lucky to have had you operating on our child. In looking at our child heal and get better everyday and knowing that she will see and not be disfigured as she grows up is a blessing in which you are responsible.

When you become a parent at the time of your child's birth, you never think to the days ahead where you might encounter a disaster for your child. Looking in the review mirror as you leave the delivery hospital, to see our infant in a car seat and only picture the good times ahead and the monumental and threatening cloud and it will be a day that will forever be clearly etched in our minds. During this crisis and for some time thereafter we doubted whether those events awaited our child into the future but through your combined efforts, we know our child has so much to look forward to. Again, thank you for helping to create a bright future for our child. We truly will never forget your efforts on behalf of our child.

With Warmest Regards,
Your Patient

FOCUS ON OUR PATIENTS/
ELIZABETH CLARK

I was in Colorado at the time, though I called my New York ophthalmologist and was advised to go immediately to the emergency room where the doctor examined my eye and, because the pressure was extremely high, recommended I go immediately to an ophthalmologist in Denver. When I got there, he examined my eye and determined that, in addition to the high pressure, there was so much blood in my eye that he could not see the retina, so he sent me to the Rocky Mountain Lions Eye Institute. This turned out to be a critical step as it was probably the only place in the region that could have treated my condition. I was examined by Dr. Naresh Mandava, Dr. Malik Kahook, and a number of others at the Institute. Because there was no apparent reason for my having developed this problem, they spent a great deal of time both examining my eye and discussing how to treat it. It was ultimately determined that the problem was idiopathic neo-vascular glaucoma and that emergency surgery would be needed. That evening, Dr. Mandava did a vitrectomy to reduce the pressure and Dr. Kahook inserted a tube to provide drainage for the eye. When I was discharged the next day, the headache was gone but I still had essentially no vision in the right eye although I could see light and the shadow of my hand in front of my eye.

There was no way to know, at that point, whether my vision would return or, if so, to what extent. It gradually returned over the following 2 months to the point that it is now as good as it was before the incident occurred. I believe that the expertise of the doctors at Rocky Mountain Lions Eye Institute, their willingness to spend an afternoon examining me and considering the proper treatment, and then to spend from about 8:00 – 11:30 at night operating was the secret to my being able to see again. They were also considerate enough to take the time to call my family after the surgery to report on my condition and to make arrangements for me to stay overnight in the hospital since it was too late for me to get home. I am eternally grateful the Rocky Mountain Lions Eye Institute exists as, without it, I would have lost the sight in my eye.

JOIN THEM – www.cuckfancershirts.com

“Change the way you look at things and the things you look at Change.”

Lynne Versteeg, center, a patient of Dr. Vikram Durairaj, is shown here along with her family vacationing and practicing their motto “say three nice things each day to different people.” Lynne, her family, and friends are supporting the Eye Institute with proceeds from the sale of their shirts.

Focus on Patients/continued from page 1
We would like to welcome Robert W. Enzenauer, MD, MPH who is joining the faculty at the Rocky Mountain Lions Eye Institute. Doctor Enzenauer will serve as chief of the pediatric ophthalmology division at The Children’s Hospital. He comes to us from the University of Tennessee Health Sciences Center, Memphis, Tennessee where he was a Professor in Ophthalmology.

Doctor Enzenauer received his undergraduate degree from the United States Military Academy in West Point and his medical degree from the University of Missouri School of Medicine in Columbia. He is a fellowship-trained pediatric eye surgeon who is board certified in both ophthalmology and pediatrics.

His ophthalmology residency was undertaken at Fitzsimons Army Medical Center, Aurora, Colorado and his pediatric residency at Tripler Army Medical Center in Honolulu, Hawaii. He completed a Fellowship in Pediatric Ophthalmology at the Hospital for Sick Children in Toronto, Canada. In addition, Doctor Enzenauer received his Masters of Public Health, concentrating in epidemiology, from the University of Hawaii School of Public Health in Honolulu.

"I think that it is fair to say I have been trying to get back to Denver ever since I left in 1994 when Fitzsimmons Army Medical Center started to close. When I left active duty, I went to SIU - Springfield to join a small academic Ophthalmology program there. The program closed. I came back in 1996-1998 in private practice, but left to resume my passion for teaching residents. I spent 1998-2005 in Chattanooga (UTCOM-Chattanooga Unit) at the small Ophthalmology residency program then 2005-2009 at UT Memphis at the Department of Ophthalmology. I have stayed active in the Colorado Army National Guard, spending almost a year in Afghanistan in 2002-2003 and three months in Iraq 2003-2004. I am delighted to be back in Colorado and to be Chief of Ophthalmology at The Children’s Hospital."

Robert W. Enzenauer, MD, MPH, MBA

"To make a difference in biomedical research, it is not enough to work hard. Additionally, one must be surrounded by colleagues who can help you turn your ideas into new procedures to diagnose and treat challenging diseases. I was drawn to the Eye Institute at the Anschutz Medical Campus because of the outstanding environment for translating insights gleaned at the laboratory bench into new ways of treating patients in the clinic. As Executive Director of the Eye Institute, Dr. Mandal has assembled an outstanding faculty of skilled clinicians and scientists to work together to bring exciting new technologies to the bedside and clinic. It is an honor to be part of a team that is dedicated to providing the very best in patient care, clinical training, and state of the art research in the visual sciences."

J. Mark Petrash, PhD

"I am thrilled to return to the Department of Ophthalmology at the University of Colorado following my fellowship in Los Angeles. It is a privilege to join a department that has achieved tremendous growth in its faculty, clinical practice, and research enterprise over the last ten years. It is icing on the cake to join a close knit group of colleagues as we work together daily to fight blindness and eye disease. My wife, Leah, and I are very happy to live near our families and to enjoy Denver, one of the finest cities in the United States."

Scott Oliver, MD
SURGICAL SIMULATION

So you’ve just taken your written ophthalmology boards and passed…. your oral boards are scheduled 6 months later. And coming soon, surgical boards? One of the hottest topics among residency program directors is the subject of core competencies, specifically the topic of surgical proficiency. Currently, most programs rely on the traditional apprentice mode of surgical instruction; that is the trainee observes and learns under the instruction of an attending surgeon. This has been the model pretty much from the beginning. At the end of training, attending surgeons subjectively determine if the “apprentice” is competent. This model however, has several weaknesses. As noted, it is highly subjective. Trainees are exposed only to one (or at best two or three) methods of performing surgery. Often times, a wet lab is available for practice and textbooks are also widely available; however at present there is not a standardized method of surgical instruction.

This however, is about to change. In the modern era of computers, surgical simulation is beginning to come to the forefront. Just as pilots have trained for years on flight simulators, surgeons will soon be able to train using a standardized curriculum on a simulator. The simulator will also be able to objectively score the trainee on such parameters as time and other measures of proficiency. Dr. Taravella is currently working with Karl Reining, Allen Curry, and Vic Spitzer on development of a simulator capable of teaching cataract surgery. Unlike other simulators currently on the market, this device will be paired with a mentor to take the trainee step-by-step through surgery and will provide extensive instruction through text, video, and animation. Real time force-feedback (tactile sensation) will also be incorporated. How soon will this device be up and running? Stay tuned.

Mike Taravella, MD

DROOPY EYELIDS

Droopy eyelids might be a sign of boredom or sleepiness. But they could also indicate medical conditions that require surgery to correct. The thought of having the procedures shouldn’t make anyone blink, says Vikram Durairaj, MD, as long as they are performed by an ophthalmologist with special plastic surgery training.

“The function of the eyelids is to protect the eyeball,” says Durairaj, who practices at UCH’s Rocky Mountain Lions Eye Institute and is an associate professor of Ophthalmology and Otolaryngology – Head and Neck Surgery at University of Colorado Denver School of Medicine. “Both cosmetic and functional [necessary] surgery of the eyelids is best performed by an ophthalmologist trained in oculofacial plastic and reconstructive surgery.”

Still, surgery around the eyes – even if purely cosmetic – should not be taken lightly, Durairaj notes. It carries risks of complications, including dry eye syndrome, eyeball exposure, eyelid malpositioning, bleeding, infection and need for additional surgery. The complication rate of eyelid surgery performed by oculoplastic surgeons at the Eye Institute, he adds, is very low.

Surgery to improve the appearance and function of the upper eyelids, called blepharoplasty, requires removal of excess skin and fat through an incision surgeons conceal in an eyelid crease. Surgery on the lower eyelids can often be performed through an incision made only on the inside part of the eyelid. Additionally, oculoplastic surgeons often strengthen eyelid muscles or elevate the eyebrow. Some patients elect the surgery simply to make them look better. Others have the procedure to remove vision-obscuring sagging skin and improve their peripheral vision.

Durairaj estimates he has performed at least 1,500 eyelid procedures during the last two years. Some addressed more serious problems, including skin cancer, burns, eyelid malpositioning, infections, tumors and complications from previous cosmetic surgery.

“We make sure that patients get the appropriate surgery for the appropriate reason.”

Vikram Durairaj, MD

For more information on procedures at the Eye Institute, call 720-848-2020.
ARVO UPDATE

The Association for Research in Vision and Ophthalmology (ARVO) is the largest vision research organization in the world, with members drawn from 73 countries. Many of them converged on the Ft. Lauderdale Convention Center during the first week of May to participate in the annual scientific meeting. Abstracts submitted from the Department of Ophthalmology were presented at numerous sessions in the scientific program. Here is a partial list of presentations by faculty and trainees from our campus.

Antiangiogenic Therapy With Bevacizumab in Retinopathy of Prematurity: Neuro-development Outcomes at a Three Years Follow-up
M.A. Martinez-Castellanos, G. Garcia-Aguirre, J.L. Guerrero-Naranjo, H. Quiroz-Mercado

The Effect of Transcorneal Stimulation in Cases of Central Retinal Artery Occlusion Using a New Waveform
M.J. Lopez, G. Garcia-Aguirre, V. Morales-Canton, D. Robles Camarillo, L. Niño-de-Rivera y Oyarzabal PhD, H. Quiroz-Mercado

Polyphenols and Phytoalexins in Treating Retinal Degenerations

Nile Red-Conjugated Nanoparticles Home to Areas of Choroidal Neovascularization
Y. Qazi, L. Luo, S. Singh, N. Singh, U. Kompella, B.K. Ambati

Intravitreal Inhibition of CNV in an Animal Model: A Comparison of Infliximab
R.J. Courtney, N. Mandava, S. Oliver, H. Quiroz-Mercado, J.L. Olson

Comparison of Concentration and Dosage of Intravitreal Recombinant IL-1 Receptor Antagonist in the Treatment of Choroidal Neovascular Membranes in a Rat Model
C.K. Pan, N. Mandava, S. Oliver, H. Quiroz-Mercado, J.L. Olson

Antiangiogenic Therapy With Bevacizumab in Retinopathy of Prematurity: Refractive Outcomes in a Three Years Follow Up
J. Guerrero-Naranjo, M.A. Martinez-Castellanos, G. Garcia-Aguirre, Quiroz-Mercado

Bevacizumab for Parry-Romberg Syndrome (PRS): Associated Optic Nerve Edema: An Optical Coherence Tomography (OCT) Case Report
A.M. Hendrick, N. Mandava, H. Quiroz-Mercado, S. Oliver, V. Pelak, J. Olson

Peripheral Vessel Leakage and Capillary Non-Perfusion - The Ischemic Index in Central Retinal Vein Occlusion
S.C. Oliver, R.E. Collee, S.D. Schwartz

Vitreo-Retal Dissector (VRD) for Pars Plana Vitrectomy
A. Korotkin, H. Quiroz-Mercado, Mandava, J.L. Olson, S.C. Oliver, G. Garcia, A. Grinblat

The Rate of Posis Following Subtenons Corticosteroid Injection
J.A. Dixon, J.L. Olson, V.D. Durairaj, N. Mandava

Affinity of Various Corticosteroids to Bovine Lens, Trabecular Meshwork, Choroid-RPE, and Sclera
A. Thakur, R. Kadam, U.B. Kompella

A Novel Mutation (I71L) in a A-Crystallin Associated With Age-Related Cataract Results in Defective Chaperone-Like Function Despite Unaltered Structure

Hyperglycemia-Associated-Defects in Aldo-Keto Reductase Transgenic Mice
J.M. Petras, S. Palla, T.M. Harter, T.A. Griest, P.A. Ruzycki, B.G. Reddy

OUR FACULTY continue to be invited speakers around the world; constantly pursuing the best education, research and practices. Here are but a few of their activities on behalf of the Department Ophthalmology this calendar year.

Scott Oliver, MD
- Diabetic Retinopathy for the Non-Ophthalmologist: Invited Grand Rounds Lecture, Division of Endocrinology, Metabolism and Diabetes, University of Colorado Denver.

Richard Davidson, MD
- “Phacoemulsification: Where are we in 2009?” UC Davis Grand Rounds, Sacramento, CA.
- “Choosing an Intraocular Lens in 2009”, UC Davis Grand Rounds, Sacramento, CA.
- “Intraocular Lens Calculations After Phacoemulsification: Where are we in 2009?” Jr. Chairman of the Department Ophthalmology, this year’s Annual Meeting, American Society of Cataract and Refractive Surgery Annual Meeting, Sacramento, CA.

Hugo Quiroz-Mercado, MD
- The spectrum of retinal changes in interstitial pigment. Association of Pediatric Retinal Surgeons Meeting, Duck Key, Florida.
- Guest Faculty Aspen Retinal Detachment Society meeting: “Beyond Antiangiogenic Therapy for AMD” “Posterior Hyaloid Removal for Diabetic Retinopathy” Snowmass Village, Colorado.

Malik Y. Kahook, MD
- Endocyclophotocoagulation. Middle East Africa Congress of Ophthalmology, Manama, Bahrain.
- Anti-VEGF Therapy and Filtration Surgery. Middle East Africa Congress of Ophthalmology: Manama, Bahrain.
- Use of Spectral Optical Coherence Tomography in Glaucoma. University of Bologna OCT Course: Bologna, Italy.
- Use of Spectral Optical Coherence Tomography for Imaging the Anterior Chamber. University of Bologna OCT Course: Bologna, Italy.
- Choosing an IOL in 2009, American Society of Cataract and Refractive Surgery Annual Meeting, Sacramento, CA.
- DSAEK Basics Course, American Society of Cataract and Refractive Surgery Annual Meeting, Sacramento, CA.

Vikram Durairaj, MD
- Clinical Features and Treatment of Orbital Trauma, Oral Maxillofacial Conference, Austin TX
- Endoscopic vs. External Dacryocystorhinostomy. Middle East African Congress of Ophthalmology, Manama, Bahrain.
- Pediatric and Adult Orbital Tumors - Middle East African Council of Ophthalmology, Manama, Bahrain.
- A Day in the Life Of A Pediatric Orbital Surgeon, Baush and Lomb Visiting Surgeon, Baush and Lomb Visiting Surgeon, Detriot.

Darren Gregory, MD
- “What’s new in the management of Pediatric Orbital Tumors” ASCRS Symposium. ASCRS 2009, Sacramento, CA.
- Complex Eyelid Reconstruction
- What’s new in the management of Pediatric Orbital Tumors

Robert W. Enzenauer, MD
- Optics Review, Presented at the 4th Annual UTHSC OKAP Review for Ophthalmology Residents, Hamilton Eye Institute, UT Health Science Center, Memphis, TN.
- Presentation and Panel on Sepsis. Podium presentation at the EBAA Donor Suitability Workshop of the 2009 Educational Conference, Eye Bank Association of America, Reston, VA

Naresh Mandava, MD
- Management of Complex Retinal Detachment, RETINA 2009 Mexico City
- Pharmacotherapy for Age-Related Macular Degeneration, RETINA 2009 Mexico City
Focus ON RESIDENTS

FAREWELL

Ginny Kullman, MD – has matched to a one year fellowship in Cornea, External Disease and Refractive Surgery at the Massachusetts Eye and Ear Infirmary at Harvard University.

Drew Dixon, MD – has matched to a two year Vitreoretinal fellowship at the University of Wisconsin.

Geetha Athappilly, MD – has matched to a one year fellowship in Neuro-Ophthalmology at Bascom Palmer Eye Institute of the University of Miami in Miami, Florida.

Ryan Berger, MD – will join a private comprehensive practice in McMinnville, Oregon.

Chris Ketcherside, MD – is finishing his Cornea fellowship and will be joining the KC Eye Clinic in Overland Park, Kansas.

Arthur Korotkin, MD – is finishing his 2-year fellowship in Vitreoretinal Diseases and Surgery and will be joining the Eye Center of Northern Colorado in Fort Collins, Colorado.

WELCOME

In July 2009, we welcome the following new residents to our program:

Charlie Lanzillo, MD received his medical degree from the Albert Einstein College of Medicine of Yeshiva University in Bronx, New York

Marc Mathias, MD comes to us from the Ohio State University College of Medicine in Columbus, Ohio

Matthew Sniegowski, MD received his medical degree from Wayne State University School of Medicine in Detroit, Michigan

Ksenia Stafeeva, MD comes to us from Drexel University College of Medicine in Philadelphia, Pennsylvania

In July 2009, we will also welcome two new fellows:

Chirag Patel, MD is currently an Ophthalmology resident at Wayne State University in Detroit. Dr. Patel will begin his two-year fellowship in Vitreoretinal Diseases and Surgery, training with Drs. Mandava, Quiroz-Mercado, Olson, and Oliver.

Robert Fish, MD comes to us from the Ophthalmology residency program at the Medical College of Wisconsin in Milwaukee. Dr. Fish will be training with Drs. Taravella and Davidson as our fellow in Cornea, External Disease and Refractive Surgery.

“I am proud of our staff working together to support vision needs beyond our Clinic.”

Naresh Mandava, MD
Executive Director,
Rocky Mountain Lions Eye Institute

VisionWalk
A CURE IS IN SIGHT

JOIN US
September 9, 2009
for the 4th Annual Colorado VisionWalk

2008

“I am proud of our staff working together to support vision needs beyond our Clinic.”

Naresh Mandava, MD
Executive Director,
Rocky Mountain Lions Eye Institute
Focus on Donors

Whatever your connection, the generosity of donors has helped build the stellar reputation that RMLEI enjoys today.

If you are reading this, you probably already have a connection with the Rocky Mountain Lions Eye Institute (RMLEI), perhaps as a patient, friend or relative, or as a physician who has referred a patient or otherwise turned to RMLEI for help with a difficult ophthalmologic issue. Whatever your connection, the generosity of donors has helped build the stellar reputation that RMLEI enjoys today. Although in existence for less than 10 years, RMLEI has already achieved national acclaim and the demand for our services is growing to a point where our facility is already at capacity.

Like any research institution, we depend upon a variety of sources for its support, including governmental and other grants, patient fees and insurance reimbursements. But in order to achieve our goals and meet the growing demand for services, private funds and charitable donations are also needed. Although outright lifetime gifts are an essential part of any charitable giving program, there are other planned giving options that provide future support and which can also provide significant tax and other benefits to both donors and the institution. In that regard, we ask you to consider how important it is to not only consider current gifts but also planned gifts that leave a legacy to RMLEI or other charities that have had an impact on your life.

There are a variety of ways you can make planned gifts to the University of Colorado Foundation in support of RMLEI:

• Designating a bequest to the CU Foundation for RMLEI in a Will or Revocable Living Trust agreement
• Naming the CU Foundation as a beneficiary of a life income arrangement such as a Charitable Remainder Trust or Charitable Gift Annuity.

Life income arrangements provide income to you or a designated beneficiary during your lifetime as well as support for RMLEI after your death.
• Designating CU Foundation as beneficiary of a life insurance policy or retirement plan to support RMLEI.
• Gifting real property to the CU Foundation as an outright gift or to fund a Charitable Remainder Trust.

In future editions of VISIONS, we will discuss these techniques in greater detail. With all planned giving arrangements, you should consult with your own attorney, or financial advisors to determine the most appropriate form of gift for you, given your personal situation as well as tax ramifications.

As a way of recognizing those who help fund our future, planned giving donors are welcomed into the University of Colorado Foundation’s Heritage Society. Membership in this legacy society is a continuing tribute to those who are making it possible for RMLEI to provide outstanding ophthalmologic care to future generations. Additionally, with your permission, sharing your legacy story can inspire others to do the same.

Once you have executed the necessary document to make such a gift, we ask that you notify RMLEI regarding the nature of the plan you have made. For additional information contact: Ginnie Kontnik at RMLEI 720-848-5018 or Marsha Dawe at the CU Foundation 303-813-7925.

Thank You Donors – your generosity helps us to be a nationally recognized department of ophthalmology that serves the people of the Rocky Mountain region by providing exemplary patient care founded on educational leadership, innovation research, and high ethical standards.


Thank you Donors – your generosity helps us to be a nationally recognized department of ophthalmology that serves the people of the Rocky Mountain region by providing exemplary patient care founded on educational leadership, innovation research, and high ethical standards.

Dear Alumni

It is still great to live in Colorado! Hope this finds you in good health. At the 2008 American Academy of Ophthalmology meeting in Atlanta, one of our former residents, Susan Lewallen, MD (1985) received one of the highest awards given by the AAO – the International Blindness Prevention Award – along with her husband, Paul Courtright, MD, largely for their work in Africa.

Many of our alumni have participated in a variety of international ophthalmology activities, both service and teaching. We would like to learn more about the range of CU’s participation in these efforts to alleviate world blindness.

Would you kindly take a few minutes to answer a few questions?

1) Have you participated in international ophthalmology training or service programs?
2) Which countries, which programs?
3) Comments for the department about international outreach?
4) Do you feel that as Alumni of this Department we should have yearly (modest) dues? Yes/No – comments
5) Should the Alumni Association show increased involvement in helping the Department? Yes/No

[Thank you in advance.]
Ken Hovland, MD - President, Alumni Association

Mail your responses in the enclosed envelope OR email: ginnie.kontnik@ucdenver.edu

THE HUMAN TOUCH 2009
Second Site

This photograph was selected for publication in the University of Colorado’s “The Human Touch 2009” a journal of poetry, prose & photographs. The photo shows a full thickness corneal transplant with a running suture. Corneal transplantation is so successful, because the cornea is avascular and thus a privileged site, affording patients a second chance at sight. Michael Erlanger, MD

CONGRATULATIONS

J. Mark Petrash, PhD was elected to be the next President of ARVO. www.ARVO.org

Vikram Durairaj, MD was elected and is serving as Faculty Senate President at the University of Colorado School of Medicine.

Malik Y. Kahook, MD, Jeffrey Olson, MD and Darren Gregory, MD have been promoted from Assistant Professors to Associate Professors effective in July of 2009.

Darren Gregory, MD has been appointed to Residency Program Director in the Department of Ophthalmology effective July 1, 2009

Robert W. Enzenauer, MD is competing for Brigadier General in the Army National Guard. (see the Congressional Record published January 28, 2009)

Mina Pantcheva, MD will join Rocky Mountain Lions Eye Institute this September. She joins Dr. Kahook in our Glaucoma Service. Mina is finishing her fellowship at the University of Pittsburgh.

Jon Braverman, MD was promoted to Clinical Professor of Ophthalmology May 1, 2009
LEADING-EDGE RESEARCH – CORNEA AND REFRACTIVE SURGERY

The cataract, cornea, and refractive surgery (LASIK) service, which includes Drs. Richard Davidson, Darren Gregory, and Michael Taravella, continues to focus on providing exemplary patient care, while supporting resident and medical student education and performing leading-edge research. The past year has brought several noteworthy developments, in the clinic, in clinical instruction and on the podium.

Research

Dr. Gregory continues to be a leading provider and researcher for patients with Stevens-Johnson Syndrome (SJS), a debilitating disease of the skin and mucous membranes that can lead to blindness. RMLEI is in the process of establishing one of the largest national clinical trials ever performed for patients with SJS. This clinical trial involves using a surgical technique that Dr. Gregory has helped to pioneer to help prevent the ocular scarring that can occur in these patients and help preserve vision. Preliminary outcomes are incredibly promising.

Dr. Taravella continues to develop his surgical simulator, which we expect to be an incredible adjunct to resident and medical student education. In addition, he continues to travel the country lecturing and teaching.

Finally, Dr. Davidson is collaborating with a basic science researcher in the Department of Engineering at the University of Colorado Boulder to investigate the crystalline lens’ response to applied forces. This important research will allow us to better understand why humans lose the ability to see up-close as we get older.

Clinical Trials:

A number of exciting clinical trials are about to begin. The first involves testing a new intraocular lens material for patients undergoing cataract surgery. The lens has the potential to notably improve vision in this patient group.

Another study involves collaboration with our colleagues in the Department of Neurology to study patients who have had outbreaks of Herpes Zoster Virus (HZV/shingles) in the past. The trial will study an HZV patient’s response to surgery and other real-life “stressors.”

If you are interested in participating as a patient in any of these clinical trials please contact the Rocky Mountain Lions Eye Institute, 720-848-2035, to see if you are an appropriate candidate.

Clinical Instruction:

The RMLEI cornea team made multiple presentations at the following annual meetings:

• American Academy of Ophthalmology (AAO)
• American Society of Cataract and Refractive Surgery (ASCRS)
• Association for Research in Vision and Ophthalmology (ARVO)

We look forward to another productive year at the Rocky Mountain Lions Eye Institute.

13TH ANNUAL OPHTHALMOLOGY SYMPOSIUM

September 25 & 26, 2009 • Hensel Phelps Research Auditorium • Anschutz Medical Campus
Sponsored by: University of Colorado Denver School of Medicine Office of Continuing Medical Education

FEATURED GUEST SPEAKERS

Robert Weinreb, M.D.
Director,
Hamilton Glaucoma Center
Distinguished Professor,
Chief, Glaucoma Division
Shiley Eye Center
La Jolla, California

Gary W. Abrams, M.D.
Professor and Chairman
Department of Ophthalmology
Wayne State University
School of Medicine Director
Kresge Eye Institute
Detroit, Michigan

Anthony Aldave, M.D.
Associate Professor Director,
Cornea Service
Director, Cornea and Refractive Surgery Fellowship
Jules Stein Eye Institute, UCLA
Los Angeles, California

Rod Foroozan, M.D.
Assistant Professor,
Neuro- Ophthalmology
Baylor College of Medicine
Houston, Texas

John Holts, M.D.
Professor,
Ophthalmic Plastic and Reconstructive Surgery
St. Louis University Eye Institute
St. Louis, Missouri

For more information visit: www.eyeinstitute.org
Vision

Volume 1, Issue 1 is published twice yearly by the Department of Ophthalmology/University of Colorado Denver. We welcome your comments, news and story ideas.

www.eyeinstitute.org

JOIN US FOR THE 13TH ANNUAL OPHTHALMOLOGY SYMPOSIUM

September 25 & 26, 2009

MISSION STATEMENT

"To be a nationally recognized Department of Ophthalmology that serves the people of the Rocky Mountain region by providing exemplary patient care founded on educational leadership, innovative research, and high ethical standards."

FACULTY LISTING

Our full time faculty at the Rocky Mountain Lions Eye Institute is comprised of Ophthalmologists with specialties that serve all your ophthalmic needs – www.eyeinstitute.org

David Ammar, PhD
Assistant Research Professor
Ophthalmology/Physiology & Biophysics

J Bronwyn Bateman, MD
Professor
Pediatric Ophthalmology & Strabismus/Genetics

Jeffrey Bennett, MD, PhD
Associate Professor
Neuro-Ophthalmology

Jon Braverman, MD
Clinical Professor
Comprehensive Ophthalmology

Rebecca Braverman, MD
Assistant Professor
Pediatric Ophthalmology & Strabismus

Robert Bremer, MA, PhD
Instructor
Psychiatry/Ophthalmology

Steven Britt, MD
Associate Professor
Cell and Developmental Biology
Ophthalmology

Brian Buc, OD
Instructor
Pediatrics/Ophthalmology

Richard Davidson, MD
Associate Professor
Cornea/External Disease & Refractive Surgery

Vikram Durairaj, MD
Associate Professor
Ophthalmic Plastic and Reconstrucive Surgery

Philip Ellis, MD
Professor Emeritus
Comprehensive Ophthalmology

Robert Enzenauer, MD
Professor
Pediatric Ophthalmology & Strabismus

Michael Erlanger, MD
Assistant Professor
Cornea/External Disease

Nicholas Faberowski, MD
Assistant Professor
Glaucoma

Darren Gregory, MD
Associate Professor
Cornea/External Disease

Kara Hanson, OD, FAAO
Clinical Instructor
Vision Rehabilitation

William Jackson, MD
Associate Professor Emeritus
Vitreoretinal Diseases

Malik Kahook, MD
Associate Professor
Glaucoma

Robert Keyser, MD
Clinical Professor
Ocular Pathology

Uday Kompella, PhD
Professor
Pharmacy/Ophthalmology

Douglas MacKenzie, MD
Assistant Professor
Glaucoma

Naresh Mandava, MD
Professor and Chair
Vitreoretinal Diseases

Cameile Moore, MMSc, CO, COMT
Instructor
Pediatric Ophthalmology & Strabismus

Scott Oliver, MD
Assistant Professor
Vitreoretinal Diseases

Jeffrey Olson, MD
Associate Professor
Vitreoretinal Diseases

Mina Pantcheva, MD
Assistant Professor
Glaucoma

Victoria Pelak, MD
Associate Professor
Neuro-Ophthalmology

J Mark Petrasch, PhD
Professor and Vice Chair, Research Director of Visual Sciences Research

Hugo Quiroz-Mercado, MD
Professor
Vitreoretinal Diseases

Michael Taravella, MD
Professor
Cornea/External Disease & Refractive Surgery

Vasilis Vasiliou, PhD
Professor
Pharmacy/Ophthalmology

M Roy Wilson, MD, MS
Chancellor, UCD
Professor
Glaucoma