

OPHTHALMIC ANESTHESIA SOCIETY

HIGH QUALITY ANESTHESIA CARE THROUGH TRAINING & EDUCATION

[Home](#) | [Contact Us](#)

- [Home](#)
- [Membership Info](#)
- [OAS Annual Meeting](#)
- [President's Letter](#)
- [Board of Directors](#)
- [Related Links](#)
- [2007 Program Archive](#)
- [Classified Ads](#)
- [Sponsors](#)
- [Our History](#)
- [Contact Us](#)

OASIS Newsletter

- [Presidents Message](#)
- [What OAS Members Wear to Work](#)



OASIS

OPHTHALMIC ANESTHESIA SOCIETY IN-SIGHT • FALL 2007 NEWSLETTER • Page 1
| 2 | 3

PRESIDENT'S MESSAGE

Gary D. Cass MD

Tampa Eye and Specialty Surgery Center
4302 N. Gomez Ave
Tampa FL 33607

- [Career Opportunities](#)
- [The Eye Meets the Ear](#)
- [Diplopia Study](#)
- [Enlarging Bilateral Hemangiomas](#)
- [21st Annual Meeting](#)
- [Member Spotlight](#)
- [MEEI Meeting Details](#)
- [OASIS Archives](#)

I am encouraged by the enthusiasm of the OAS membership! After speaking to many of you in Chicago and reading the evaluations of the recent meeting, I appreciate greatly the guidance in preparing for the September 2008 meeting. I plan to follow your suggestions!

An ambitious curriculum is envisioned. Lectures on internal medicine updates for both anesthesia providers and ophthalmologists are planned. Topics may include an ACLS/PALS update, a talk on pacemakers and defibrillators, and management of various perioperative medical issues such as management of the diabetic and management of anticoagulation therapy. Talks on ophthalmology for anesthesia providers are also intended. In addition to general ophthalmologic concerns, sub-specialty topics such as oculoplastics, retinal and pediatric ophthalmology topics may be discussed. Anesthesiology for the ophthalmologist is another section that will be presented, possibly discussing topics such as airway management, sedation, NPO status, and some newer pharmacology. A section on the business of ophthalmic anesthesia will also be presented discussing topics such as the high-volume practice, accreditation, regulatory and reimbursement issues. Finally, clinical case discussions and “how to” workshops on peri- and retrobulbar blocks, sub-Tenon’s technique, and topical anesthesia are also planned.



I want to thank all those who attended our 21st Annual Scientific Meeting for all their suggestions. This is your meeting and your organization. I hope you continue to give us feedback. Please continue to participate in our newsletter OASIS. I also want to encourage you to let your colleagues know about our organization and urge them to join.

See you in Chicago!

Gary D. Cass MD

What OAS Members Wear to Work

Attendees at this year's Annual Meeting in Chicago were asked to complete an informal survey. You may find the results interesting. We asked:

How are you typically attired when leaving from home for work?

	Never	Sometimes	Often	Always
Scrubs	23	1	2	4
Very casual (Jeans & Sport shirt)	11	6	5	6
Casual (slacks & sport shirt)	5	10	10	9

Formal (Dress shirt & tie)

16

8

3

3

Employment Opportunities

Certified Registered Nurse Anesthetist, Flying Eye Hospital ORBIS International

Nearly 37 million people worldwide are blind, and 28 million of them do not need to be. As a nonprofit organization, ORBIS International strives to eliminate avoidable blindness and restore sight in the developing world, where 90% of the world's blind live. ORBIS is a founding member of Vision 2020, a global initiative led by the World Health Organization and the International Agency for the Prevention of Blindness, which aims to end avoidable blindness by the year 2020.

An exciting opportunity exists to join the ORBIS team as Certified Registered Nurse Anesthetist (CRNA) on its unique Flying Eye Hospital, a DC-10 wide-body aircraft converted into an innovative teaching facility and ophthalmic surgical center. The ORBIS Flying Eye Hospital and its international medical team have conducted treatment and training programs in more than 70 countries since 1982. Many of the world's leading surgeons donate their time to perform surgery and teach aboard the aircraft, in programs specifically designed to suit the needs of host countries.

ORBIS International is looking for a Certified Registered Nurse Anesthetist to be responsible for administering anesthesia to patients and teaching anesthesia practices and protocols to other health care professionals who participate in the Flying Eye Hospital programs. For this opportunity, we are seeking an experienced CRNA (minimum 4 years) who is a graduate from an accredited school of nursing and has a current RN license and Nurse Anesthetist certification. The ability to interact with people of diverse cultural backgrounds and to work effectively in a team-driven environment is a must. The candidate must have a willingness and ability to travel internationally up to 75% of the time, and excellent communications skills.

For further information, visit our website at www.orbis.org. To apply, forward your resume to CRNA@ORBIS.org.

© Ophthalmic Anesthesia Society. All rights reserved.

Web site designed by [Walker Internet Services](#)

OPHTHALMIC ANESTHESIA SOCIETY

HIGH QUALITY ANESTHESIA CARE THROUGH TRAINING & EDUCATION

Home | Contact Us

- Home
- Membership Info
- OAS Annual Meeting
- President's Letter
- Board of Directors
- Related Links
- 2007 Program Archive
- Classified Ads
- Sponsors
- Our History
- Contact Us

OASIS Newsletter

- Presidents Message
- What OAS Members Wear to Work



OASIS

OPHTHALMIC ANESTHESIA SOCIETY IN-SIGHT • FALL 2007 NEWSLETTER • Page 1

| 2 | 3

OAS and Audio-Digest: The Eye Meets the Ear

OAS is proud of the long relationship we have with Audio-Digest Foundation, "The gold standard of audio CME and CE." Since 2001, Audio-Digest has offered a number of Annual Meeting lectures in cassette, CD, or most recently MP3 formats.

Two of our colleagues' presentations at the 20th Annual Meeting are combined onto one disc, #4180 AN4920: Marc Feldman's "Ophthalmic Anesthesia for the Cardiac Patient" and Howard Palte's "Obstructive Sleep Apnea: Ophthalmic Perspectives." Elie Chidiac's excellent 2005 discussion, "Succinylcholine and the Open Eye" is found on #3830 AN4817. That lecture had its origin in an incisive commentary published in *Anesthesiology* (100:1035-1037,2004) and was later expounded upon for *Ophthalmology Clinics of North America* (19(2):279-85,2006). Apropos for the diverse membership of our organization, two talks from our 19th Annual Meeting are featured in both the Anesthesia and Ophthalmology versions of Audio-Digest: Bobbi Jean Sweitzer's "Preparing Patients for Anesthesia and Ophthalmic Surgery" and Leonid Skorin's "Treatment for Blind and Seeing Painful Eyes" (#3568 AN4703

• [Career Opportunities](#)

• [The Eye Meets the Ear](#)

• [Diplopia Study](#)

• [Enlarging Bilateral](#)

[Hemangiomas](#)

• [21st Annual Meeting](#)

• [Member Spotlight](#)

• [MEEI Meeting Details](#)

• [OASIS Archives](#)

& OP4303).

Earlier still, lectures by Ronald Wender ("Fast-tracking in Outpatient Anesthesia"), Marlene Moster ("Blitz Snesthesia for Trabeculectomy"), Cynthiae Morgenweck ("Ethical Issues in Informed Consent"), William Rand ("Rand-Stein Analgesia Protocol"), and Steven Gayer ("Regional Anesthesia for Open Globe Injuries") were featured.

Since our 2001 Annual Meeting, OAS has been the grateful recipient of three \$5000 grants from Audio-Digest (2001, 2004, 2007). You may have noticed that the Audio-Digest representative was taping our recent meeting; no tapes have been produced as of this date, but keep watch on their web site if you are interested.

Diplopia Study

During our recent Annual Meeting in Chicago, Dr. David Guyton, an ophthalmologist who specializes in strabismus surgery and is Director of the Krieger Children's Eye Center at Johns Hopkins, presented "Postoperative Diplopia after Retrobulbar Block." Dr. Guyton emphasized the potential toxic effects of bupivacaine on the small extra-ocular muscles. His lecture was followed by a lively discussion of the incidence of diplopia noted by OAS members who routinely perform those blocks. While there was general acknowledgement of the complication, there was also an apparent lack of agreement on the rate of incidence; most in the audience believing the incidence much lower than that postulated by Dr. Guyton.

Later, OAS Member Dan Simonson CRNA, discussed the issue with Dr. Guyton, including the need for a study to analyze the incidence among those OAS members who perform large numbers of retrobulbar blocks on a diverse population. Dr. Guyton agreed the study would be worthwhile, and Mr. Simonson broached the subject with OAS President, Dr. Gary Cass. Dr. Cass confirmed the study had merit, and further discussed the issue with Dr. Ric Rivers who offered that Wilmer Eye Institute at Johns Hopkins could assist with various administrative details of the study.

After returning to Spokane, Mr. Simonson did a brief review of the literature using PUBMED. He found a number of studies, the most impressive and statistically significant done outside the United States, presumably under different conditions than those at an ASC in the US. Mr. Simonson reported findings with the OAS Scientific Advisory Board and with Dr. Guyton, and submitted a study proposal. The proposal was posted on the Ophthalmic Anesthesia listserv, eliciting encouragement as well as thoughtful critiques.

Dr. Marc Feldman pointed out that the number of patients required to accurately demonstrate statistical differences made for a daunting task, and the lack of controlled conditions administering the survey instrument at various institutions could make analysis difficult. He pointed out that his facility, the Cole Eye Institute, was performing a similar study and he alluded to difficulties creating a valid study.

Mr. Simonson countered that the study could be useful in many ways, even if conclusions lacked statistical rigor. Variations in techniques among subject institutions and the incidence of diplopia, even if its causation remained unclear, would still be useful in evaluating studies such as those at Cleveland Clinic.

Now Mr. Simonson is in the process of creating study documents and obtaining local Institutional Review Board approval to begin his own pilot version. The OAS Board has moved in support of the study, and Dr. Cass wrote a cover letter. Mr. Simonson will begin the study at the Spokane Eye Surgery Center and use that experience, along with advice and input from Dr. Guyton and OAS members, to refine the process and documents before requesting the assistance of OAS member volunteers.

Please contact Mr. Simonson if you are interested in becoming a study participant or learning more details; email is preferred.

Dan Simonson CRNA MHPA
The Spokane Eye Surgery Center
208 W. Fifth Ave.
Spokane, WA 99204
P. 509 456-8150 F. 509 455-9887 C. 509 981-6274
Email: [Dan Simonson](mailto:Dan.Simonson@spokaneeyesurgery.com)

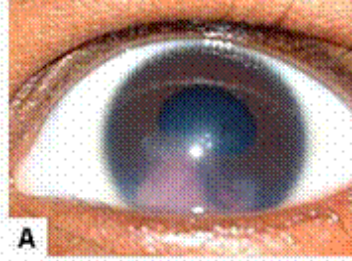
A Case of Enlarging Bilateral Hemangiomas

Jacqueline Tutiven MD
Vania Fernandez MD
Department of Anesthesiology
Bascom Palmer Eye Institute
University of Miami Miller School of Medicine
Miami, FL

The ambulatory setting can often be a challenge for the anesthesiologist. The accelerated nature of this environment along with the assumption by many surgeons, ancillary staff, patients and their families that surgery at an outpatient center is always a benign process can make the identification of important implications difficult. Attempting action to correct these problems preoperatively, which often involves delaying the surgery, is likely to be met with resistance.

This is a case of a 2-month old female who was referred to our institution for urgent ophthalmic surgery due to enlarging bilateral ocular lesions that threatened her vision. Preoperative exam revealed signs and symptoms of decompensated congestive heart failure (CHF) in a baby with no previous history of cardiac dysfunction. We chose to delay the case and transport the patient to a tertiary care hospital for optimization and cardiac consultation prior to vision-saving surgery. Timely identification, appropriate work-up and preoperative treatments are paramount in assuring a good outcome for patients with a life-threatening condition undergoing any type of surgery in an urgent setting.

Figure A



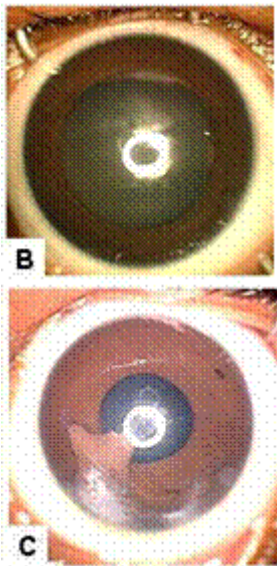
The picture demonstrates the progressive ocular lesion, later diagnosed as a hemangioma that was compromising vision bilaterally.

Infantile hemangiomas (IH) “strawberry” hemangiomas are rapidly proliferating tumors that present in the first few months of life in as many as 10% of children. They are often confused with vascular malformation. Whereas vascular malformations are relatively static, these lesions are characterized by rapid proliferation with subsequent self-resolution. They proliferate most rapidly between 3 and 6 months of age and generally reach maximal size by 12 months of age, at which time slow involution begins.

Diffuse Neonatal Hemangiomatosis (DNH) is a rare form of IH in which these endothelial cell tumors involve at least three organ systems. The hemangiomas are most commonly found in the skin, pulmonary system, gastrointestinal tract and central nervous system. These lesions can either be asymptomatic or they can lead to devastating and even life-threatening complications, depending on their location.

The Ophthalmic surgeon accepted the transfer of this patient to our institution from a neighboring hospital, for urgent EUA, laser therapy and surgery. Pre-operative assessment revealed an infant with tachypnea, tachycardia, and diaphoresis. Upon further questioning and examination, it was evident that the patient may not be able to undergo general anesthesia without further compromising cardiac status. A formal pediatric cardiac consultation was obtained and found high output cardiac failure with a 2-D echocardiograph demonstrating abnormal diastolic pressures, all chambers dilated and functional pulmonary stenosis. The patient subsequently received treatment and optimization of cardiac status and proceeded with ophthalmic surgical treatment under general anesthesia.

Figure B & C



Resolution of the hemangioma seen after several treatments.

In addition to cutaneous lesions, DNH can present with hepatomegaly, anemia and high output cardiac failure. In our case, the initial presentation was less obvious. In fact, of the 67 previously reported cases in the literature, this is the first of its kind. When the diagnosis of enlarging bilateral hyphema was made, this patient was immediately referred to our eye hospital. Thus, the surgery was considered urgent, if not emergent in nature. Typically, we examine and treat over 30 ophthalmology cases on our designated pediatric operating days. Most of our patients have Retinoblastoma, ROP, Peter's Anomaly or Coats disease; which requires serial examinations. Thus, preoperative evaluation of these patients must be thorough, yet efficient. In a teaching institution, residents are focusing on assessing and preparing patients to undergo anesthesia for same day surgery in a timely manner. They learn to become acutely tuned to signs and symptoms that raise flags in the middle of a busy peri-operative environment. Prompt recognition of indicators of decompensated CHF was key to preventing further myocardial depression due to exposure to anesthetic agents on an already stressed cardiovascular system. In this case, taking time to properly diagnose and optimize the patient's status resulted in a good outcome, not only for the patient's general health, but also for her vision.

As anesthesiologists, we are called to be the patient advocates. Ophthalmologists who operate almost exclusively in ambulatory surgical centers rely on us to minimize risk for all concerned (patients, surgeons, anesthesia staff, the facility). The pace at an ambulatory care center is rapid, but recognition of important patient issues; taking time to assess, discuss, and plan are vital for our mission. A plan of care that, in this case, included a transfer to a tertiary care facility, can far outweigh the benefits (and potential harm) of immediate surgical treatment.

Web site designed by [Walker Internet Services](#)

OPHTHALMIC ANESTHESIA SOCIETY

HIGH QUALITY ANESTHESIA CARE THROUGH TRAINING & EDUCATION

[Home](#) | [Contact Us](#)

- [Home](#)
- [Membership Info](#)
- [OAS Annual Meeting](#)
- [President's Letter](#)
- [Board of Directors](#)
- [Related Links](#)
- [2007 Program Archive](#)
- [Classified Ads](#)
- [Sponsors](#)
- [Our History](#)
- [Contact Us](#)

OASIS Newsletter

- [Presidents Message](#)
- [What OAS Members Wear to Work](#)



OASIS

OPHTHALMIC ANESTHESIA SOCIETY IN-SIGHT • FALL 2007 NEWSLETTER • Page 1
| 2 | 3

The 21st Annual Scientific Meeting of the Ophthalmic Anesthesia Society

The 2007 national meeting of the Ophthalmic Anesthesia Society was held at The Conrad Chicago Hotel in Chicago September 28-30. The event was jointly sponsored by the Cleveland Clinic Foundation Center for Continuing Education and OAS. Co-chairs Scott Greenbaum and Gary Cass arranged a bullpen-full of speakers and activities and even managed to have the Cubs make the playoffs while the OAS was in town!

Following a warm introduction from current OAS president, Scott Greenbaum, the first session began with discussion of the team concept for successful ophthalmic surgery centers. Don Hirschman reviewed a number of important factors, including wrong-side errors, record-keeping that facilitates flow, and perioperative anticoagulation. He stressed the need to balance the timing of patient

- [Career Opportunities](#)
- [The Eye Meets the Ear](#)
- [Diplopia Study](#)
- [Enlarging Bilateral Hemangiomas](#)
- [21st Annual Meeting](#)
- [Member Spotlight](#)
- [MEEI Meeting Details](#)
- [OASIS Archives](#)

arrivals with the facility's desire to keep the OR's running nonstop. Patient satisfaction improves with short wait times, but centers save money and increase revenue by increasing throughput and keeping the OR's in continuous use.

I presented the following lecture, introducing the concept of using portable bedside ultrasound with needle-based ophthalmic regional anesthesia. A hearty discussion followed.

Next up, Dr. Mary Keyes, a pediatric-anesthesiologist from UCLA's Jules Stein Institute, detailed novel methods for sedating ophthalmic surgery patients. This included an interesting technique using pump delivery of a narcotic-propofol-lidocaine cocktail. Their preferred narcotics in that mixture are alfentanil or remifentanil. Dexmedetomidine and benzodiazepines were discussed (and debated during Q&A.). She stressed that the ideal formula for sedation of eye patients is elusive, as many variables need to be considered.

After the break, Dr. Howard Amiel, an Ophthalmologist at Brown University's Medical School elucidated the audience regarding the use of high-viscosity local anesthetics for topical anesthesia. He reviewed the literature on anesthetic drops, gels, and intracameral injection anesthesia. He compared and contrasted lidocaine gel versus tetravisc solution, noting that the former is less expensive, but the latter has preservatives and is easier to dispense. A vigorous discussion ensued after the talk, including reference to a recent paper that found increased incidence of endophthalmitis after topical anesthesia. Various etiologies were postulated including the potential barrier-effect of gels to antiseptics and the notion that infection may be more likely if the eye is not patched after surgery, as is frequently the case when cataract surgery is accomplished via topical anesthesia.

Next at bat, David Markoff, our newly-elected Vice President. His mission: Determining the ideal volume of local anesthetic for sub-Tenon's anesthesia. A review of the literature revealed that as little as one half cc to as much as 11 ccs of local has been used to attain good operative conditions. Dr. Markoff noted an increase of light sensitivity, eyelid squeezing, and diminished akinesia with lower volumes, while more generous dosing instigated chemosis, globe tension and may be associated with rare CRAO. He concluded with prudent advice- use the minimum volume of anesthetic needed to achieve the best result for the particular patient.

David gave a second, fascinating discussion describing medical missions he has conducted to developing-world countries. He presented photographs from La Paz and other areas to a rapt audience.

Friday concluded with Mayo Clinic's Dr. Rick Bendel. He tackled the problematic Intraoperative Floppy Iris Syndrome, increasingly encountered with men who have been prescribed alpha-1a-receptor antagonists such as Tamulosin for management of BPH (nearly one in three men over 50 years of age). Various strategies, including preoperative atropine, intracameral epinephrine, viscoadaptive viscoelastics and pupil expanders were considered. He advocated use of atropine preoperatively. After further Q&A, we adjourned to a delightful reception.

The meeting resumed on Saturday, with a lecture by Dr. John Ng, an Oculoplastic Surgeon from Casey Eye Institute in Portland Oregon. He examined the literature on the use of indwelling catheters after orbital surgery; most commonly enucleation. Ophthalmologists seem to prefer intraoperative placement, while others perform indirect percutaneous placement. Complications

range in severity and frequency: Inadequate pain control and infections as well as migration of the catheter out (minor problem) or in through the superior orbital fissure (major problem).

Chandra Kumar, good friend of OAS and Founder of our sister organization, BOAS and organizer of the World Congress of Ophthalmic Anesthesia, then took the floor with the intriguing question, "Are ultra-short sub-Tenon's cannulae safer?" He stressed that complications of this modality of anesthesia are usually due to inadequate technique. Use of excessive force with long, rigid cannulae can result in perforation of the globe or other injuries. A spirited Q&A ensued on the relative merits and safety of topical, intracameral, needle-based and cannula-based ophthalmic anesthetic techniques. The cordial consensus opinion was that all techniques have application depending on the situation.

After the break, we reconvened to hear Dr. David Guyton from Johns Hopkins Wilmer Eye Institute outline in detail the pathogenesis of restrictive muscle disorders after local anesthetic. Marc Feldman took the opportunity to demonstrate his keen mathematical skills.

Two talks on hyaluronidase followed. Scott Greenbaum looked at his experience with the recombinant Hylenex-brand agent and paralytic anesthesia, while our second international guest, Dr. George Martin Hall provided a comprehensive dissection of the still-evolving literature. To this point five of our speakers had dissertated on the action and risks/benefits of ophthalmic anesthesia with/without hyaluronidase. Such an important drug, who knew its proper name is hyaluronoglucosaminidase?

After lunch (Chicago's famed deep-dish pizza stuffed with onions, peppers, mushrooms), I found myself in need of more light-hearted fare (and an H-2 Blocker). My needs were met by a short video presentation, entitled "Our Work" by Drs. Rylov and Idov. This was a high-speed movie of a typical day in their Russian eye surgery center. We appreciated and were honored by their presence at our national meeting.

Dr. Pierre Pang also came from considerable distance. He practices at the Pacific Eye Surgery Center in Honolulu Hawaii. He subjected the database on intracameral injection to rigorous interrogation and quoted from two papers that found the addition of intracameral lidocaine to topical anesthesia did not significantly reduce intraoperative pain or photophobia.

Saturday concluded with a series of interactive workshops that provided opportunity for new members to learn ophthalmic block techniques and long-term members to refresh their skills. Once again we had the honor of hearing Gary Fanning's discourse on needle-based ophthalmic anesthesia with emphasis on using knowledge of orbital anatomy as a basis for determining optimal placement of needles. Gary Cass' sessions on complications also generated a good deal of positive buzz. Scott Greenbaum, Chandra Kumar, and I conducted a sub-tenon's web lab using cadaveric porcine eyes.

Sunday began with a good cup of hot coffee and the annual meeting of the membership, hosted by incoming president Gary Cass. I wish I could comment, but the caffeine did not take effect until Daniel Moss CRNA began his talk on obstructive sleep apnea in the ambulatory surgical center. This is an increasingly important issue as obesity becomes more prevalent. Howard Palte's lecture on the subject at OAS a few years ago is available from AudioDigest.

Dr. David Friedman, also from Johns Hopkins, has a significant body of work on patient preference in local anesthetic technique for eye surgery that he shared with us. One of his studies uncovered that, when given a choice of multiple anesthesia management strategies, over 70% preferred block to topical anesthesia.

The penultimate lecture was given by UC Davis' Dr. Vahid Feiz who revealed the results of a retrospective multicenter case study of the incidence of post cataract surgery endophthalmitis with use of 4th generation fluoroquinolones. No statistically significant decrement of endophthalmitis was noted when these antibiotics were used with uneventful cataract surgery. Povidone-Iodine is still the only scientifically proven agent that decreases the incidence of this dreaded complication.

Last at bat, Marc Feldman concluded our meeting with a discussion of cases derived from a typical, hectic day in his OR suite. This was a hysterical way to conclude a successful meeting. Kudos to Scott and Gary and all who participated.

Next year, the twenty-second annual national meeting of the Ophthalmic Anesthesia Society will be held once again at the Conrad Hotel on Rush Street on the Magnificent Mile just off of Michigan Avenue. Hope to see all of you there!!

Steven D. Gayer MD MBA

Member Spotlight

**Associated Eye Surgery Center
Wichita, Kansas
Don R. Hirschman CRNA MHA ND**



Don Hirschman became a Charter Member of the Ophthalmic Anesthesia Society when it was first organized in 1986. Don has had three terms of service on the OAS Scientific Advisory Board and has been OAS Secretary and Treasurer during those terms. In addition, he has made presentations at five Annual Meetings, including our recent meeting this September.

Hirschman also serves on the Board of Directors of the Kansas Association of Nurse Anesthetists, and has served on the Board of the California Association of Nurse Anesthetists. He has also been a member of and spoken at the annual meetings of AAASC (SOBS) and OOSS and is a frequent presenter at the Royal Hawaiian Eye Meeting.

After earning a Bachelor's in history, Don went to nursing school in California, followed by an anesthesia program at the University of Pennsylvania. His MHA thesis was "A Management Guide and Strategic Plan for the Eye Surgery Center."

He then noticed a lack of consistency in anticoagulation therapy protocols for cataract surgery patients. A literature review revealed small studies on anticoagulation therapy—all recommending continuation. Only the McMahan 1988 study was larger. Don and OAS Member, Lesa Morby, presented a plan to Rush University for a prospective study collecting data from six ASCs to determine any statistical difference in patients with continued therapy *vs.* those with anticoagulants halted pre-surgery. The study of <2200 patients showed no difference. Rush University accepted the study, and awarded a Doctorate in Nursing to Don and Lesa. The study was published in *Nursing Forum* (Jan 2006) and has been presented to several meetings, including family practice, nurse practitioner and anesthesia groups. Don is thankful to his colleagues in OAS for their assistance in data collection and notes that without OAS this study would not have been completed.

Don is Administrator of the Associated Eye Surgery Center in Wichita, Kansas. The center's two Medical Directors are Bruce Ochsner MD and David Kingrey MD. The Associated Eye Surgery Center was built in 1984 to resemble neighboring Victorian homes. The facility has two operating rooms and it is licensed by the State of Kansas and certified by the Accreditation Association for Ambulatory Health Care. The building features beautiful stained glass windows and in every way feels like a comfortable home; patients and staff all enjoy being there! Doctors and staff also participate in charitable medical missions outside the United States, including Panama and India. Don has participated with Surgical Eye Expeditions (SEE) on trips to Mexico, Malaysia, and Romania. He has also traveled to Bolivia with the Flying Eye Hospital, and states these trips can make a big difference for the patients who receive care.

Don states that meeting OAS Founder, Dr. Robert Hustead, in 1985 changed his practice. Since that time, Don has incorporated Dr. Hustead's "painless" technique into his own patient care. Don is a familiar face at the OAS annual meetings: he has attended every one. The Annual Meeting attracts Don because he says they are a great source of technical and clinical information as well as providing a much-needed opportunity for networking and camaraderie. Don reflects on the old advertisement, "I got my job through the New York Times", and says "I got my job through OAS and Bob Hustead."

Don finds the greatest challenge to his practice now is to become more efficient while increasing his case load and still keep each patient's care individualized. The Associated Eye Surgery Center practice includes cataract extraction with IOL implantation, ophthalmic plastic surgery, and refractive surgery. Two nurse anesthetists have provided all anesthesia services since the 1997

retirement of Dr. Husted and his wife, Joy, a CRNA.

Don had been living in California for many years when Dr. Husted contacted him and invited him to come to Kansas to take over the practice. At the outset, it did not seem like an attractive relocation, but Don says now "Kansas is a wonderful place to live—but I wouldn't want to vacation here." Don and his wife, Jana, have a home on fifteen acres that include a fishing pond, abundant wildlife, chickens, two cats, and Maestro (a border collie) who keeps everything under control. All that, and less than fifteen minutes to work with no traffic!

At the conclusion of the OAS Annual Meeting on Sunday afternoon, you may see Don click his heels together three times: he's on his way home.

MEEI Meeting Details

The Anesthesia Department of the Massachusetts Eye & Ear Infirmary (MEEI) is sponsoring its 3rd biannual conference titled; Introduction to Regional Anesthesia for Ophthalmic Surgery. The conference will be held on Saturday June 14, 2008 at MEEI in Boston, MA. The conference is geared towards anesthesiologists and CRNAs who want to learn, or increase their knowledge of block technique(s), and tips for reducing risks of complications.

The morning sessions will include lectures on orbital anatomy, peribulbar and retrobulbar block technique, alternative and supplementary block techniques, and complications of blocks. The afternoon sessions will include hands on practice using peribulbar and intraconal blocks on human cadavers, and a separate lab practicing sub-Tenon's blocks on animal eyes led by Dr. Steve Gayer.

The cost of the conference is \$250 for anesthesiologists and \$200 for CRNAs. For more information or to register, please click on the link for the MEEI conference on this (web based) issue of OASIS, go to <http://www.meel.harvard.edu/edu/anesthconf.php>, or call 617 573 3378. Please register early as seating is limited.

© Ophthalmic Anesthesia Society. All rights reserved.

Web site designed by [Walker Internet Services](#)