

OPHTHALMIC ANESTHESIA SOCIETY

HIGH QUALITY ANESTHESIA CARE THROUGH TRAINING & EDUCATION

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President's Message

David D. Markoff MD FACS
 Mountain Eye Associates
 Clyde, NC



It was wonderful to see everyone in Chicago, and I felt we had one of the best programs since I have been coming to the OAS Annual Meeting. Gary Cass deserves all the credit for that, having selected an excellent faculty and designed a great curriculum. I am honored to be chosen to serve as president of OAS for the coming year.

Please mark your calendars for the 23rd Annual Meeting meeting. It will again be held at the perfectly located Conrad Hotel in Chicago, September 11-13, 2009.

I would like to thank all of you who completed the survey on topics for next year's meeting. We had over 60 responses, and your suggestions will be taken very seriously in planning next year's meeting. We will strive to maintain the impeccable mix of ophthalmic anesthesia topics (and Jeopardy!) which have become the standard of the OAS meeting.

Watch your email for coming surveys. If there is sufficient interest, I would love to see us get together at the International Museum of Surgical Sciences in Chicago for a reception next year. We will also be asking members' opinion about various options for building the finances of our organization.

I have come to greatly appreciate the warmth, collegiality, and professionalism of the OAS membership. Very few meetings allow us to exchange information and techniques across specialty boundaries as does the OAS. We, and especially our patients, are the beneficiaries.

Start lining up your associates and some new members and I will see you all next September.

David D. Markoff MD FACS
 Mountain Eye Associates
 Clyde, NC

New Editors Announced

Announcing: New Editors of OASIS:

- Gwendolyn L. Boyd MD
- Myra Aultman CRNA
- Birmingham AL



Bangladesh: Your Skills Needed!

http://news.bbc.co.uk/2/hi/programmes/from_our_own_correspondent/7257347.stm

Dear OAS Colleagues:

This could be our next mission trip! I don't think many of us would mistake this vessel for a cruise ship! It still looks better than the conditions I worked in with Surgical Eye Expeditions in British Guyana or with Pat Roberts and his mission to India!

But have a look and consider your own volunteer mission.

Lesla Morby CRNA ND
Wichita, KS

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Destination Africa: ORBIS in Tanzania An Anesthesiologist's Experience

Submitted by: Cheryl K. Gooden, MD, FAAP
Assistant Professor of Anesthesiology & Pediatrics
Mount Sinai Medical Center, New York, NY

As a first time volunteer faculty (VF) with ORBIS, I journeyed from New York City to Zurich, Switzerland (layover) and then with a brief stop in Nairobi, Kenya for re-fueling and then on to my final destination of Dar ES Salaam (Dar), Tanzania. As my plane landed I could see the ORBIS plane parked off in the distance. On arrival to the airport, I was met by two ORBIS staff members. The next several days I would spend participating in the ORBIS Flying Eye Hospital Program. This was only the second time that the ORBIS plane had come to Tanzania. However, for numerous years ORBIS has collaborated with the ophthalmology department at Muhimbili National Hospital (government - run).

An opportunity arose for some sightseeing as there would be a public holiday on July 7th (Industrial Day) and screening of patients would not occur on this day. The next day, less than 24 hours after my arrival in Tanzania a group of us, both ORBIS staff members and VFs left Dar on a four hour drive to Mikumi National Reserve. We made a few stops along the way and this afforded us with the chance to learn about the culture and meet Tanzanians in the small towns. We finally arrived in Mikumi and began our safari adventure. An amazing number of animals and species of birds were observed. The next morning we had an opportunity to do more viewing at Mikumi. We returned to Dar in the afternoon.

The following morning ORBIS staff members and VFs had an orientation meeting. After the meeting, we left for a day of screening patients at Muhimbili National Hospital. As part of the anesthesia team, the ORBIS staff anesthesiologist and I evaluated a number of children and adults. The patients were either ASA I or II. During our pre-anesthesia evaluations we encountered patients with various eye diseases and in addition, there were many with co-existing disease such as hypertension, diabetes, and chronic anemia. There were also patients who had been previously treated for tuberculosis and malaria.

In the evening, ORBIS staff members and VFs met to discuss the issues of screening day and to receive the surgical schedule for the next couple of days. The operations would occur either on the Flying Eye Hospital or at a local hospital. The next few days would be devoted to patient care for children and adults, lectures, and training for local ophthalmologists and anesthesiologists. During the latter part of the week, ORBIS hosted its second VISION 2020 Workshop in East Africa. Participants of this workshop came from eight East African nations where discussions included eye care issues as well as plans and strategies for the prevention of blindness.

The time that I spent with ORBIS in Tanzania was both an amazing medical and cultural experience and also quite rewarding. Over the years, I had read about the global reach of ORBIS to save sight and for education. Through these goals people are empowered. This is truly a great idea.

<http://www.ORBIS.org>

Course Review: MEEI Introduction to Regional Anesthesia for Ophthalmic Surgery

Joseph Bayes MD
Gabriele Roden MD

This past June The Massachusetts Eye & Ear Infirmary held its third biannual Introduction to Regional Anesthesia for Ophthalmic Surgery conference. Morning speakers included Dr. Tony Sordillo on Orbital Anatomy, Dr. Gabriele Roden on Peri- and Retrobulbar Block Technique, Dr. Joseph Bayes on Alternative and Supplementary Blocks, and Dr. Matthew Gardiner on Complications of Eye Blocks.



Drs. Shannon Zhang and Gaby Troll



Dr. Steve Gayer

A human cadaver workshop was held in the afternoon and techniques in performing eye blocks were taught. The cadaver heads provided good teaching models to help participants appreciate the globe/orbital relationship and three-dimensional landmarks for correct needle placement. Cadaver models also allowed practice of the difference in approach to left vs. right eye blocks. The cadaver heads were also useful teaching tools to answer questions asked of faculty members. Dr. Steve Gayer was kind enough to come all the way from Florida to give a wonderful workshop on sub-Tenon's block using animal eyes; he received very positive feedback.

The conference had 23 attendees, (18 anesthesiologists, 4 CRNAs and 1 RN) mostly from New York and New England but some from the southern US.

Drs. Bayes and Roden developed the conference about five years ago, having received a number of inquiries about teaching eye blocks. They realized opportunities for instruction in these techniques are limited outside of teaching institutions.

The course was named Introduction to Regional Anesthesia for Ophthalmic Surgery; the one-day course was designed to provide a very basic orientation to orbital anatomy and describe a safe approach to peribulbar and retrobulbar block technique. It has always been clear that participation in the course does not provide license to utilize techniques without proper supervision. The course serves as a platform to acquaint students with the complexity of orbital anatomy and a basic safe approach to performing blocks.



Dr. Tony Sordillo

Students are advised they may need a learning curve of several dozen blocks under supervision to feel comfortable with and to safely perform these blocks. Students are encouraged to follow up the course with regular attendance at OAS annual meetings and other educational venues so they may further increase knowledge and experience with eye blocks.

Evaluations for the various speakers and presenters were consistently 4-5 on a 5 scale; there were no accidental needle sticks, and none of the "patients" moved or complained about the lack of sedation.

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Editor's Notes

Steven Gayer MD MBA

Earlier this summer, the manufacturer of sugammadex sodium announced that the Food and Drug Administration had issued a "not-approvable" letter for the agent. Sugammadex was designed to reverse the effects of rocuronium bromide and vecuronium bromide, muscle relaxants commonly used during procedures that require rapid endotracheal intubation, such as in the "open-globe, full-stomach" scenario. The drug is an oligosaccharide chelating agent that rapidly reverses the effects of aminosteroid neuromuscular blocking agents, particularly rocuronium. Typically, greater than 90% recovery of train-of-four responses was achievable in less than two minutes time. We had been hopeful that use of sugammadex would usher in a new paradigm for the "open-globe, full-stomach, potentially difficult airway" conundrum: Rapid sequence induction with high-dose rocuronium to achieve swift onset of excellent intubating conditions, followed by quick termination of neuromuscular blocking effect by sugammadex if one cannot intubate or cannot ventilate. The agent has received approval overseas.

Perhaps large-scale, uneventful clinical usage of sugammadex will convince the FDA to alter its judgment regarding this potentially useful medication.

Member Spotlight

The Davis Duehr Dean Eye Clinic
 Eye Specialists & Optical Center
 Refractive & Cosmetic Surgery
 Madison, Wisconsin



The Davis Duehr Dean Eye Clinic, located at 1025 Regent Street, Madison, Wisconsin, had its beginning in 1914 with the partnership of Dr. Corydon Greenwood Dwight and Frederick Allison

(F.A.) Davis. After completing medical school in Chicago, Dr. Dwight practiced ophthalmology for several years in the small town of Darlington, Wisconsin. Being a specialist, especially in such a tiny town was a rarity at that time. Dr. Dwight soon left for further postgraduate training in New York City, London and Vienna, Austria. Upon his return to the states in 1902, he joined the faculty of the Chicago Eye, Ear, Nose and Throat College in Chicago and eventually moved his practice to Madison in 1910. He opened up a clinic in what had been a large private home one block away from the state capitol building.

F.A. Davis, born in Texas, completed his medical degree at the University of Pennsylvania in 1909 and went on to study ophthalmology and otolaryngology at the New York Eye and Ear Infirmary. Davis also traveled to Europe to extend his education before rejoining the New York Eye and Ear Infirmary as a house surgeon. After joining Dr. Dwight in 1914, Dr. Davis went on in 1920 to become head of the new ophthalmology specialty at the University of Wisconsin Medical School. He also was named professor of otolaryngology. Over the course of his career, Davis published 20 research papers on hereditary eye defects, ocular tumors, extraocular muscle surgery and improved techniques of cataract surgery.

In the 1920s, the expanding clinic and eye surgery center added two more physicians and moved several times, finally settling into two adjoining houses within a block of the original clinic. One of the buildings was believed to have been part of the Underground Railroad in the 19th century. The clinic remained at that site for the next four decades until moving to its present location on Regent Street in 1968.

Dr. Peter Duehr joined the clinic in 1932 after working with F.A. Davis in his residency training. Dr. Duehr came from a humble background in northern Wisconsin and was described as a kind, quiet, gracious man whose surgical skills earned him the nickname "feather fingers". Like his partners, Duehr also alternated his practice at the clinic with work at the university. In 1949, the clinic was renamed as The Davis and Duehr Eye Clinic, reflecting their specialty.

Four ophthalmologists joined the clinic in the 1950s, including F.A. Davis' two sons, Jeff and Matthew. Dr. John Berger was the only corneal transplant surgeon in the region in 1952 and Matthew Davis added his expertise in the use of the new indirect ophthalmoscope and eventually did most of the retina work. Jeff Davis did all of the plastic surgery and orbital surgery as well as cataract surgery with his father and Dr. Duehr. All the partners continued to run the UW eye clinic as well as the private practice at Davis Duehr Clinic. Dr. Duehr took over F.A. Davis' position as head of the Division of Ophthalmology in 1954.

In the 1960s, more physicians were added, including Dr. Claire Hutson (retina), Dr. Rodney Sturm (neuro-ophthalmology), Dr. Richard Dortzbach (oculoplastic surgery) and Dr. Frank Myers (retina). In 1971, the clinic was renamed Davis Duehr Eye Associates, S.C. Dr. F.A. Davis, who passed away in 1970, was remembered for his many contributions to the field of ophthalmology over nearly seventy years. His son Matthew Davis also loved to teach and resigned from Davis Duehr to become the first chairman of the University of Wisconsin Department of Ophthalmology that same year.

Through the 1970s, more subspecialists were added, including Dr. Burton Kushner (pediatric ophthalmology), Dr. Frederick Brightbill (corneal transplant) and others in glaucoma and neuro-ophthalmology. As the clinic's practice grew, surgery scheduling at the local Madison hospitals became more difficult and the decision was made to add on an 8,000-square-foot surgical facility to the clinic, which was completed in 1986. It was the first free-standing surgery center in the region with four operating rooms, a preop area, recovery areas and a video room for viewing operations. More than 2,500 patients were treated there in the first year of operation. The ophthalmologists were able to greatly increase their efficiency by having the surgery center on the third floor of Davis Duehr, just steps away from their offices. Dedicated anesthesia staff performed the orbital blocks in the preop area allowing the faster cataract surgeons to work in two operating rooms in their morning or afternoon block times. This is the model we use today as well.

The Davis Duehr clinic remained an independent corporation until 1995 when it joined the Dean Medical Center and was renamed the Davis Duehr Dean Clinic. The Ophthalmologists continue to have an affiliation with the University of Wisconsin, sharing call with their retina specialists and training oculoplastic surgery fellows. All physicians working at Davis Duehr Dean Clinic, including the anesthesiologists are Dean physicians and hold staff privileges at St. Mary's Hospital, several blocks away.

Today, Davis Duehr Surgery Center has approximately 4300 surgery cases per year, including approximately 2500 cataract procedures. Our nursing staff admits patients for YAG laser as well. We have two extremely busy retina surgeons (Dr. Mitch Wolf and Dr. Steve Sramek) who do on average 2 to 3 cases every afternoon and send us a number of their patients to block for panretinal photocoagulation. There are three pediatric ophthalmologists (Drs. Neil Lucchese, Monsoor Movaghar and Sarah Groessl) who between them do 4 to 5 cases per week. Davis Duehr has two glaucoma/ataract specialists (Drs. Judith Fitzgerald and John Geanon) and one cornea/ataract specialist (Dr. Chris Croasdale) who now performs more DSAEKs than PKPs. Our busy oculoplastic surgeon (Dr. John Rose) does 5 to 10 cases at the end of the week under mostly IV sedation/MAC, orbital block (enucleation or evisceration cases) and occasionally general anesthesia. Dr. Fanning has taught us his DCR block for unilateral external DCR cases allowing us to avoid general anesthesia in these often 80 to 90 year olds. Last, but certainly not least we have several cataract surgeons (Drs. John Vukich, Don Beresky, Steve Boorstein, Peter McCanna and Christina Delaney). Our higher volume cataract surgeons perform 8 to 13 cases in a four hour block. Surgery is done five days a week with no evening or weekend emergency cases. Occasionally cases extend into the early evening as we do provide coverage for eye trauma cases arriving later in the day.

At least 90% of our cataract and retina patients receive IV sedation and orbital block in the preop area, performed by our two anesthesiologists, and then monitored anesthesia care in the OR with our two full-time CRNAs, Beth Steimer and Michelle Safron. A small number of cataracts are done under topical anesthetics with MAC. We employ general anesthesia for pediatric patients and those adults undergoing bilateral strabismus or DCR surgery and the occasional laparoscopic tubal ligation procedure by our Dean gynecologists. Up until 2008, we also provided IV sedation or general anesthesia for a group of podiatrists and a reconstructive plastic surgeon who now do their cases at a different facility.



John Byrne (our man in charge of supplies)



John Geanon MD & Mitra Sinha RN (John is a cataract and glaucoma surgeon)



Steve Sramek, MD PhD, retinal surgeon



Joan McGrath MD & Neal Janquart MD (sorry they moved)



Heidi Bingham RN & Jane Renkes RN



Linda Roth & Dana Welling, Preop & PACU nurses



Melissa Judd, OR Tech (or may be an RN, not sure)



Michelle Safron, CRNA



Levi Garrett RN (Levi is an OR nurse)



Nancy Schuman, Receptionist



Sandy Jordan, RN (Supervisor) & Alison Ouattara, OR Tech



Mitra Sinha & Patty Strain, RNs in the OR

All of our patients receive a history and physical by their physician prior to the day of surgery. We have our own medical records and H & P staff assistants (Becky and Lynn) to track the paperwork down to make sure the information is available prior to surgery. The anesthesiologists review the charts several days ahead of time and a dedicated pre-op call RN (Heidi) calls the patient within 1 to 3 days of surgery to go over their history and medication instructions. Our referral base extends into northern Illinois ("over the border") and to areas 1 to 2 ½ hours away. Most of these patients have physicians outside of our Dean Epic record system and the pre-op phone calls can glean pertinent information for us.

Patients are first greeted at our reception desk by our excellent frontline staff, Kathy and Nancy. They are asked to arrive 1 to 1 ½ hours before their surgical time and are kept NPO after midnight except for clear liquids 3 to 4 hours before their arrival. Patients remain in their own clothes unless they are having general anesthesia, in which case they are put into a gown. Our staff of 5 to 6 pre and post-op RNs admit the patients onto a cart in our six bed preop area and start an IV with a saline lock. Sedated orbital blocks are performed in the pre-op area under monitoring and the patients are taken into the OR after allowing time to be more awake and cooperative. They are assisted to a recliner chair in the OR after surgery and taken to post-op where they receive a snack, drink and instructions. General anesthetic patients recover in a separate first stage recovery unit for an average of 1 ½ hours.

The OR staff includes 4 techs and 5 circulating RNs as well as our nurse manager Sandy Jordan, who helps out circulating when necessary. We have two additional support staff (Linda B. and John) who keep the instruments clean and the OR stocked. OR 1 is dedicated as the vitrectomy room, but is used in the morning for cataract cases on our busy Monday, Tuesday and Wednesdays when the majority of those cases are done. At most, we can have 3 surgeons working at the same time, with one surgeon using 2 ORs and the others staying in just one OR

Dr. McGrath has been practicing anesthesia at Davis Duehr since 1996 and has been an OAS member since the late 1990s. A native of Wisconsin, she completed medical school at the University of Wisconsin in 1987 and residency at the University of Iowa Hospitals and Clinics in 1991. After a fellowship in Obstetrical Anesthesia, she stayed on clinical staff at the University of Iowa Hospital until coming to Davis Duehr in 1996. At that time, Dr. Mark Hoenecke and Dr. Sheila Carlson were the staff anesthesiologists at Davis Duehr, both having worked at the surgery center prior to its merge with the Dean group. Dr. Hoenecke and Dr. Carlson are both long-time OAS members with Dr. Carlson serving as president in the past. Dr. Laurie Noll had also been an anesthesia partner and OAS member, but retired due to disability around 1994 and sadly passed away a few years ago. She was a great colleague and friend to many at Davis Duehr.

Dr. Hoenecke and Dr. Carlson left Davis Duehr at the end of 2007 and took positions at a nearby ambulatory surgery center. We wished them good luck and thanks for all their years of hard work at Davis Duehr and dedication to the specialty of ophthalmic anesthesia.

Dr. Gary Fanning had recently retired from Hauser-Ross Eye Institute and graciously stepped in as our locum tenens in January 2008. He was desperately recruited at the OAS meeting in 2007 for a three month job that turned into eight months as we went through the process of hiring a new anesthesiologist. Gary and his wife Arline lived in Madison at their home away from home, an extended stay hotel, and made trips back and forth to their new home in the Twin Cities to see family. Still dreaming of being on the golf course, Dr. Fanning stayed on for several weeks in August 2008 to help train Dr. Neal Janquart, our newest anesthesiologist, in performing orbital blocks. The surgeons, nursing staff and patients all loved Dr. Fanning for his skill both in performing painless orbital blocks and in treating all those around him with kindness and humor.

Dr. Janquart is originally from Milwaukee, completed his anesthesia residency at the University of Wisconsin in 2004, and went on to private practice in Cincinnati for four years. His family is enjoying being back in the lovely Madison area with its many lakes and recreational opportunities. He joined OAS recently and is planning on attending his first OAS meeting this fall.

This past August, Neal and Joan had the benefit of seeing Gary's vast array of orbital anatomy slideshows on his laptop in the lounge at Davis Duehr. He also shared his human skull specimen for some 3D imaging of the orbit. Dr. Janquart proved to be an apt student and is up to speed now at Davis Duehr, keeping up nicely with our faster surgeons.

OAS continues to be a valuable resource and support group for our anesthesia group at Davis and Duehr. This year our 2 CRNAs are joining up to attend the OAS meeting for their first time. We strive to update our education in ophthalmic anesthesia provided by the OAS to maintain our skills and provide safe care of our patients.

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