

OPHTHALMIC ANESTHESIA SOCIETY

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President's Message

Scott Greenbaum MD
Forest Hills NY

My bags are not yet fully unpacked and my ears are only recently defrosted. Nevertheless, it's time to begin planning next year's OAS meeting. As we begin our third decade as a society, I feel we are poised for growth in membership and in relevance.



At our recent 20th Annual Meeting, Anthony Rubin assured us that sub-Tenon's is now firmly ensconced as the most popular form of anesthesia for ophthalmic procedures in the UK. And for the first time the use of topical anesthesia has begun to plateau, if not somewhat wane, in the new world. With the promise of advances such as recombinant hyaluronidase on the horizon, the practice of our merged specialty of ophthalmic anesthesia will likely continue to evolve, becoming safer and more effective over the next decade. This evolution may be guided in large part by members, leaders, and invited speakers at our annual meeting. Just recently I was interviewed by Ophthalmic Management for an article concerning new techniques in ophthalmic anesthesia.

As we plan the 2007 meeting program, I urge you to voice your opinion about the topics and speakers you would like to have on the agenda. It is not too soon to contact us. The wish list of top speakers has already been shortened by one: Dr. David Guyton, the Krieger Professor of Pediatric Ophthalmology and Director of the Krieger Children's Eye Center at the Wilmer Eye Institute, has kindly accepted our invitation to speak on anesthetic related diplopia. Dr. Gary Cass and I are also reevaluating our current

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workshop rotation, so let us know how you think it should be improved or left alone. Please email me at TheCannula@aol.com or Gary at GCassMD@aol.com.

Last, please support our organization throughout the year by sharing interesting cases, questions, and ideas in our newsletter through our new Editor and your host of Jeopardy!, Steve Gayer. Steve's great fund of knowledge and his enthusiasm have truly been a shot in the arm for our organization, so let's make his job easier by tapping away at our keyboards.

Well, that's all from me for now. October is not only OAS month: our three girls celebrate birthdays as the leaves turn, so I'm now being kicked off the computer by Melissa and the girls so that they can get to the really important work of tallying their guest lists.

The 20th Annual Scientific Meeting of the Ophthalmic Anesthesia Society

This year's OAS meeting was held at the Westin Michigan Avenue Hotel in Chicago, October 13-15. The event was jointly sponsored by the Cleveland Clinic Foundation Center for Continuing Education and OAS. To celebrate the occasion of the 20th anniversary of our organization, program co-chairs Ric Rivers and Scott Greenbaum presented a full score of activities that included didactic lectures, interactive workshops, and case discussions.

The etymology of the word, "score" stems from the ancient practice of counting large numbers of sheep in lots of twenty and keeping tally by cutting or "scoring" a notch into a stick for each group. In this tradition, this year's annual scientific meeting represented a true landmark—a full score—for our organization.



After welcome remarks from current OAS president, Dr. Richard Rivers, the first session began with two lectures by Dr. William Culbertson, Professor of Ophthalmology and Director of the Bascom Palmer Eye Institute Laser Vision Center at the University of Miami. The initial presentation described recent innovations and trends in anterior segment eye surgery including descemets stripping endothelial keratoplasty, laser-assisted intracorneal incisions for penetrating keratoplasty procedures, and an overview of the wide variety of new IOLs available for implantation. In his second talk, Dr. Culbertson described the indications, physiology, and technique of ophthalmic topical anesthesia; tracing back the historical roots of this methodology to the use of conjunctival cocaine by Koller and others. Of interest, he noted that the trend towards increased use of topical anesthesia for cataract surgery has ebbed with a resurgence of use of aknetic blocks in recent years, quoting an article by Walter Bethke in the March 2006 issue of Review of Ophthalmology (see http://www.revophth.com/index.asp?page=1_907.htm).

Additionally, he presented a discussion and video presentation of the use of ophthalmic cryoanesthesia for those rare patients for whom other anesthesia approaches may not be suitable.



Dr. Culbertston and Dr. Rivers

Our next lecture was presented by the first of three international guest speakers, Dr. Ezzat Aziz, Professor of Anaesthesia from Cairo University in Egypt. He reviewed the multiple anesthesia options for patients undergoing strabismus surgery. Of interest, he noted that topical anesthesia with sedation may be an option for those patients having surgical correction of horizontal squint with adjustable sutures. Dr. Aziz also provided an update on the progress of planning for the 2008 World Congress of Ophthalmic Anesthesia in Cairo. The website for this event may be found at <http://WCOA2008.com>. Several OAS members have indicated that they would attend and participate in the congress.



Dr. Aziz

Dr. Marc Rozner, Professor of Anesthesiology and Cardiology at MD Anderson Cancer Center at the University of Texas discussed the controversy of perioperative management of eye surgery patients with pacemakers or automated defibrillators. This was the talk was scheduled for the 2005 meeting, but Hurricane Rita derailed those plans. We were grateful that Dr. Rozner joined us for the meeting this year. Pacer and defibrillator management is an area of interest to a number of us in the organization.

Recall that [Joe Bayes's survey of our membership](#) reported that most of us do not disable AICD's for patients undergoing cataract surgery. Dr. Rozner emphasized the importance of preoperative evaluation within one year (or sooner) to ascertain, for pacers, that the battery is not failing, the device is capturing, the settings are appropriate, and leads are intact. For defibrillators, interrogation reveals the history of discharge events and signals the status of the battery. Most important, examination of the device preoperatively answers the question as to who to contact should problems arise perioperatively.

Dr. Howard Palte presented an in-depth discussion of obstructive sleep apnea and its implications for patients undergoing ophthalmic surgery and anesthesia. General anesthesia can be problematic as mask ventilation, intubation, and extubation can be fraught with difficulty. Regional anesthesia with sedation is no panacea, as these patients can be particularly sensitive to the respiratory depressant effects of narcotics. Additionally, some segments of OSA patients are "Pickwickian," suffering from daytime somnolence and predisposed to falling asleep under the drapes and moving intraoperatively even if no sedative/hypnotics have been administered. His excellent article, entitled, "Obstructive Sleep Apnoea Syndrome: Ophthalmic Anaesthesia Perspectives" can be found in the latest issue of Current Anaesthesia & Critical Care, or online at <http://www.sciencedirect.com/science/journal/09537112>.

Friday concluded with a spirited installment of Ophthalmic Anesthesia Jeopardy! pitting two teams of Ophthalmologists, Nurse Anesthetists and Anesthesiologists in a quest to come up with the correct questions to the answers posed. Kudos to those brave individuals who participated: Sheila Carlson, Jerry Hill, Don Hirschman, Chandra Kumar, Scott Greenbaum and Gary Cass. Dr. Gary Fanning presided as judge and final arbiter.



Dr. Patton and Dr. Fanning

On Saturday, London-based Dr. Anthony Rubin, our second guest speaker invited from overseas, gave a masterful lecture on the history of ophthalmic anesthesia. One highlight was the broadcast of a video of the ancient technique of "couching" in which a cataract is removed tent-side by means of a sharp stick!

To mark the occasion of the 20th anniversary of the Ophthalmic Anesthesia Society, special tribute was paid to Founder, [Dr. Robert Hustead](#), and to long-term supporter and "godfather" of OAS, [Dr. Gary Fanning](#). The texts of the tributes along with pictures are available elsewhere in this issue of OASIS.

Dr. Gregory Frost, VP and CSO of Halozyme Therapeutics, Inc., described the molecular, biochemical, and pharmacologic properties of hyaluronidase. He discussed use of the agent in ophthalmic anesthesia as well as other areas such as hypodermoclysis. He gave a fascinating description of the progress of developing a genetically engineered recombinant form of human hyaluronidase.

Dr. Serafin Gonzalez, Director of Pharmacy Services at Bascom Palmer Eye Institute, gave an overview and introduction to USP Standard 797. This standard deals with admixing agents to create customized medications for individual patients. Many of us combine an assortment of topical mydriatics and local anesthetics or prepare mixtures of local anesthetics with adjuvant agents for use in ophthalmic regional anesthesia. There was vigorous discussion on this topic during the question and answer session that followed. You may find his article in Outpatient Surgery Magazine at http://www.outpatientsurgery.net/2006/os01/legal_update.php

Dr. Jacqueline Tutiven presented her discussion of anesthesia for syndromic children undergoing ophthalmic surgery. Dr. Tutiven stressed the distinguishing features of the common dysmorphisms as well as their cardiopulmonary and airway significance in order to promote awareness, a safe perioperative environment, and good outcomes. Her article can be found in the current issue of Ophthalmology Clinics of North America 19(2): 269; 2006.

Dr. Christian Apfel, Associate Professor from UCSF Mount Zion Hospital, then gave an in-depth presentation of postoperative nausea and vomiting following eye surgery. He reviewed risk assessment based upon validated risk models, described the various prevention and treatment strategies and reviewed newer medical modalities of care. Additional information is available on his website <http://www.PONV.org>

Dr. Catherine Meschler, from John Hopkins University, proceeded with a discussion of physiological and pharmacological interventions to control perioperative intraocular pressure. Of note, she referenced a paper by Mauger, et al that found that a 12.5 gram dose of intravenous mannitol can beneficially lower intraocular pressure. This is significantly lower than the 1 gram per kilogram amount traditionally touted. Additionally, Dr. Meschler reiterated that in the setting of eye surgery, supraglottic airways offer advantage over endotracheal intubations as they tend to be associated with minimal or zero elevation of intraocular pressure.

Saturday concluded with a series of interactive workshops providing opportunity for new members to learn techniques of akinetic ophthalmic blocks and long-term members to refine their skills. Randy Harvey CRNA delineated his parallel approach to orbital blocks. Dr. Gary Fanning reviewed needle-based ophthalmic anesthesia with an emphasis on using knowledge of orbital anatomy as a basis for determining optimal placement of needles. [Professor Chandra Kumar](#) described his techniques for achieving sub-tenon's anesthesia. Finally, Drs. Scott Greenbaum, Anthony Rubin and I conducted a sub-tenon's web lab using cadaveric porcine eyes.

Sunday began with a discussion by Dan Simonson CRNA of the administrator's perspective on running a successful ASC. He presented several proposed changes in rules and reimbursements from CMS for 2007.

Our third international guest, Professor Chandra Kumar from the James Cook University Hospital and University of Teeside in England, then took the podium to ask the tantalizing question, "Are there any complications of sub-tenon's blocks?" He proceeded to tabulate and describe the mostly minor, but occasional major, complications associated with this cannula-based technique.

Dr. Marc Feldman from the Cleveland Clinic's Cole Eye Institute concluded our meeting with an excellent review of the perioperative considerations for the [ophthalmic anesthesia patient with cardiac co-morbidities](#) followed by an animated case discussion conference with broad audience participation.



Al Bowen and Dr. Feldman

The 21st Annual Meeting of OAS will be at the Conrad Hotel on Rush Street on the Magnificent Mile just off of Michigan Avenue (in the Nordstrom building). Plan now to attend, September 28-30, so we can see all of you there!!

Steven Gayer MD MBA, Editor

A complete meeting syllabus with presentations referenced above can be found at <http://www.eyeanesthesia.org/archive.html>.

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.

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You Asked for It - You Got It!

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The Official New OAS Discussion Board

Yahoo! OAS Discussion Board

The goal of the Ophthalmic Anesthesia Discussion Board on Yahoo! is the same as that for the OAS:

To share education and information which will enable us to provide the highest level of anesthesia services during ophthalmic surgery.

The discussion board functions as an email list. Messages that come from any member of the list go to all the members of the list. Replies also go to all the members of the list. If you do not want to get all the email, you can read the messages off the website at:

<http://health.groups.yahoo.com/group/ophthalmicanesthesia>

To read messages from the website, you must become a member of the list. Membership requires approval from the list owner (Dr. Marc Feldman). The purpose of this is to prevent the website from being vulnerable to email address mining programs.

Members posting messages do not require approval. Recent discussions include:

- Treatment of hypertension
- Use of hyaluronidase
- Needle choice with Plavix
- Use of preservative-free local anesthetics.

To join, simply go to <http://www.eyeanesthesia.org> and click on Ophthalmic Anesthesia Discussion Group.

Note: if you have difficulty getting email from the group, check your Junk file to see if your spam filters are blocking the messages. Feel free to email me for any questions at:

[Email Dr. Feldman](#)

Tribute to Dr. Robert Hustead

(Remarks by Gary Fanning MD at the 20th Annual Scientific Meeting of the Ophthalmic Anesthesia Society)

Dr. Tony Rubin has just given us an excellent presentation on the history of ophthalmic anesthesia. As this is the 20th anniversary of the founding of the Ophthalmic Anesthesia Society, it is most appropriate that we think about history this weekend. For any organization to survive for 20 years is remarkable, and we should be justly proud of having reached this milestone. Our 20th anniversary, it seems to me, is a perfect occasion to honor the founder of our society whom we are fortunate to have in attendance this year. Bob Hustead and his wife, Joy, who worked together providing loving care to their patients for so many years, have been enjoying their retirement and haven't always been able to attend OAS in the past few years due to their many travels and other commitments. We are delighted that they are here this year.



Dr. Hustead

Bob wasn't always an ophthalmic anesthesiologist, as those of you who use the Hustead epidural needle are well aware, but, when he became one, he rode in full boots and saddle hell bent for leather. Armed with a rare genius, remarkable clinical acumen, and a prodigious knowledge of orbital anatomy, thanks in part to his attention to the works of Leo Koornneef, he set out to determine a safer and more anatomically sensible method of performing orbital regional anesthesia. He knew that there had to be a better way than to take the longest needle out of the drawer, put it as deeply as you can into the orbit,

and inject God-knows-what. He authored a textbook of ophthalmic anesthesia that has been affectionately called a connoisseur's treatise on the subject. It remains one of the most valuable and frequently referred to books in my library. Most people don't know how much effort and how much of his own money Bob put into the publication of that text.

Twenty years ago he founded the organization known as the Ophthalmic Anesthesia Society. The purpose of the society was to spread the gospel that ophthalmic anesthesia could be safe, effective, and, quite importantly, painless. To that end he envisioned the society to be made up of the three disciplines most involved in anesthesia for surgery of the eye: anesthesiologists, nurse anesthetists, and ophthalmologists. The society was to be based on sound scientific and clinical principles with no room for politics or squabbling among the three disciplines. To be a member of this society and to attend its annual meetings required only that you eagerly thirst for current knowledge, that you have a desire to actively participate in the learning process, and that you be willing to embrace your colleagues from all three disciplines. Of course, regularly paying one's dues doesn't hurt, either!

My, what a great design it has been! How we have grown! How much we have learned! Bob's willingness to teach us, both patiently and, on occasion, impatiently, has been a tremendous gift. All those who have gone to Wichita to see Bob work, who have been fortunate enough to have him come to them and watch them work, and/or who have attended many of these meetings and had the benefit of his knowledge in so many areas will know that he poured his energy and enthusiasm into the foundation and ultimate success of this society. His leadership and nurturing allowed the society to blossom. That nurturing once included his taking a screwdriver and fixing a broken down bus that was taking OAS members from the Chicago meeting hotel to the Hauser-Ross Eye Institute in Sycamore. The success of his efforts can be seen by just looking around you and finding so many colleagues who do what you do. Equally visible is our association with the members of the British Ophthalmic Anaesthesia Society, which is organized substantially like ours and works closely with us. As a result, Bob's efforts have truly had a global influence, a singular fact that may well be his greatest tribute.



Dr. Husted at the Reception

So look around you, Bob. You are the master surrounded by his disciples, many of whom represent the second and third generations from the start of this society. This is your 20-year-old child grown up. We are the Ophthalmic Anesthesia Society, and in honoring you, the father of our organization, we give you our undying gratitude for all that you have done for the society, for all that you have done for each of us, and, most importantly of all, for all that you have done for the hundreds of thousands of patients who have been cared for by those you have taught.

Ladies and Gentlemen, I give you the founder of our society and mentor of us all: Dr. Robert Husted!

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Tribute to Dr. Gary Fanning

(Remarks by Steven Gayer MD PhD at the 20th Annual Scientific Meeting of the Ophthalmic Anesthesia Society)

For fifteen years he has served as Anesthesia & Medical Director of the Hauser-Ross Eye Institute in nearby Sycamore, Illinois where he has performed countless thousands of eye blocks and become a nationally recognized authority on ocular anesthesia.

Dr. Fanning is widely published in numerous journals including, Anesthesiology, Ophthalmology Clinics of North America, British Journal Of Anesthesiology, The Journal of Cataract & Refractive Surgery, and Anesthesia & Analgesia. He was Editor of the landmark text "Ophthalmic Anesthesia" along with his co-editors Chandra Kumar & Chris Dodds. Try and pick up a copy of this book from Amazon or EBay—it currently sells for over \$300 used!

Along with others, he produced the remarkable cadaveric orbital dissection videos that are perhaps the best teaching tools for orbital anatomy that have ever been



Dr. Fanning

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disseminated.

Individually, he has created instructional films that have been used nationally and internationally to guide learning of safe needle-based ophthalmic anesthesia techniques. He has conducted ophthalmic anesthesia workshops at national meetings such as the American Society of Anesthesiologists and the American Academy of Ophthalmology.

Gary has served several terms on the Board of Directors of OAS, and more than one term as President. He served as Annual Meeting Program Chair for too many years to count, as well as Editor of the OAS newsletter. Gary has given many lectures, workshops, and case discussion panels at OAS meetings throughout the years and has always had insightful comments and questions for our speakers and audience.

Dr. Fanning has been our representative overseas and chaired our International Relations Committee. He established and fostered close ties with our colleagues with similar interests around the globe, including Tony Rubin, Chandra Kumar, Chris Dodds, Bob Johnson—and many others. Gary played a prominent role at the World Congress of Ophthalmic Anesthesia held in London in 2004.

Dr. Gary Fanning has been the guiding force of OAS for many years, personal mentor to many, including me. He and Arline plan to sell their house here in Illinois and retire in the near future in the Minneapolis-St. Paul area so that they can be near their daughters and three grandchildren. With our good fortune, Gary will continue to bless us by continuing to come to OAS meetings for many more years. It is my personal honor to represent the OAS as we say a collective thank you to Dr. Gary Fanning.



Dr. Fanning at the Reception

