

# STATE BOARD OF OPTOMETRY

2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834 P (916) 575-7170 F (916) 575-7292 www.optometry .ca.gov



# Continuing Education Course Approval Checklist

Title:		
Provider Name:		
<ul><li>☑ Completed Application</li><li>Open to all Optometrists?</li><li>☑ Yes</li><li>☑ No</li><li>Maintain Record Agreement? ☑ Yes</li><li>☑ No</li></ul>		
☑ Correct Application Fee		
☑ Detailed Course Summary		
□ Detailed Course Outline		
□ PowerPoint and/or other Presentation Materials		
□Advertising (optional)		
□CV for EACH Course Instructor		
□License Verification for Each Course Instructor Disciplinary History? □Yes □No		



# 



# CONTINUING EDUCATION COURSE APPROVAL APPLICATION

\$50 Mandatory

Pursuant to California Code of Regulations (CCR) § 1536, the Board will approve continuing education (CE) courses after receiving the applicable fee, the requested information below and it has been determined that the course meets criteria specified in CCR § 1536(g).

In addition to the information requested below, please attach a copy of the course schedule and topical outline of the subject matter. Applications must be submitted 45 days prior to the course presentation date.

Please type or print clearly.			
Course Title It is to of the Course Presentation Date			
Ocular Presentations of Gistemie Disease: Case presentations	6am-4.30pm		
Discase: Case presentations  Course Provider Contact Information			
Provider Name Coastal Vision Melical Group			
Gina Valdemar			
(First) (Last) (Middle)			
Provider Mailing Address			
Street Jeh S-Main St. City Ovange State CA Zip 92690			
Provider Email Address ging Valdemair @ Coastal-Vision & com			
Will the proposed course be open to all California licensed optometrists?		YES DNO	
Do you agree to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as the Board requires, for a period of at least three years from the date of course presentation?			
Course Instructor Information  Please provide the information below and attach the curriculum vitae for each instructor or lecturer involved in the course. If there are more instructors in the course, please provide the requested information on a separate sheet of paper.			
Instructor Name			
Usa Gariantt D			
		Middle	
(First) (Last) (Middle)			
License Number 90009	License Type		
Phone Number (114) 746 9679	Mikavallemar@eastal-vison com Email Address		
I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.			
h-h-17			
Signature of Course Provider Date			
Form CE 01 Pay 246			



March 23, 2017

State Board of Optometry 2450 Del Paso Road, Ste. 105 Sacramento, CA 95834

RE: Late submission of CE course approval-Taste of the Islands 8 Hour CE-April 30, 2017: Five Retinal Diagnoses You Don't Want to Miss; Cataract Surgery in Patients with Corneal Pathology; Buried Treasure: Connecting the Dots to Treating Binocular Misalignment; Patient-reported Outcomes with Lasik: Interpreting the PROWL study; What We Know about Topography Guided Refractive Surgery: Case Studies in Clinical Practice; Do You See What I See?; Crosslinking for Corneal Ectasia: The Evolution of Sclera Lenses; Blink and You'll Miss It: Dry Eye in the Cosmetic Patient; Is the Symfony Toric Lens the Answer for Every Eye Condition; Should My Glaucoma Patient with a Cataract have a MIGS Surgery; Vitreous: Friend or Foe; Is it Cancer? The Optometrist Role in the Diagnosis and Management of Periocular Skin Cancer; Oral Presentations of Systemic Disease: Case Presentations; Glaucoma Management: What Should I do Next?

Dear Practice and Education committee,

I am writing this letter in regards to late submission for the multi-course symposium titled "Taste of the Islands CE" scheduled for presentation on 04/30/2017. We are short of the 45 day submission request, and wanted to include a letter for late submission with our CE approval application.

We continue to work diligently to get all required items to the board needed for CE approval in a timely manner. Due to multiple speakers at the upcoming CE, we had difficulty obtaining all the lectures to meet the submission requirement timeline and would appreciation your consideration of our continuing education approval request.

Please feel free to reach out to us with any other questions. We look forward to continued relations with the State Board of Optometry and the practice and education committee.

Sincerely

Gina Valdemar

Affiliate Relations and Education Director

Coastal Vision Medical Group

ginavaldemar@coastal-vision.com





Taste of the Islands 8 hour CE (14 of 15 lectures)

**Course Title: Ocular Presentations of Systemic Disease: Case Presentations** 

Course Presentation date: 4/30/17

Speaker: Lisa D Garbutt, MD

Target Audience: This lecture is intended for optometrist seeking continuing education

Course Description: Lecture to provide insight into how patient history, demographic and ocular findings may warrant systemic work-up and referral. Ocular presentations include cases related to graves' disease/thyroid dysfunction, rheumatoid arthritis, behcet's disease and other symptoms of systemic disease.

CE Credit: .50 CE Units

# 1 Ocular presentation of systemic disease: Case Presentations

Lisa D. Garbutt, M.D.

# 2 Case 1

- Patient y.w.
- 28 y.o. asian female
- Hx several months of pain and red eye OD, constant irritation and pain, waxing and waning
- treated with topical artificial tears, lid scrubs and warm compresses
- ctl wearer

# 3 **case 1**

- only one eye involved
- bilateral upper eyelid retraction
- mild subclinical proptosis ou

# 4 **case 1**

- dense staining superior half of cornea
- focal sectoral injection in superior bulbar conjunctiva and limbus, edema with staining of the area with fluorescein, rose bengal or lissamine green
- conjunctival laxity and redundancy in superior bulbar conjunctiva
- micro-papillary reaction in superior tarsal conjunctiva (like sandpaper)

# 5 **case 1**

# 6 **case 1**

# 7 Superior limbic keratoconjunctivitis

- Can be associated with graves disease/thyroid dysfunction or other inflammatory conditions such as rheumatoid arthritis
- cause is unknown, but inflammatory changes from mechanical soft tissue microtrauma are the final common pathway

# 8 SLK

■ In the setting of graves orbitopathy: hx of chemosis leads to superior bulbar conjunctival laxity, which over time induces inflammatory changes in superior tarsal conjunctiva from mechanical soft tissue microtrauma (rubbing with blinking), thickened sand paper like upper lid then rubs on cornea to cause dense staining, decreased vision and pain

# 9 case 1 patient

- further questioning patient filled out medical history with "no medical problems", and taking no medications
- Have you had thyroid problems in the past? or any swollen areas in your neck?
- patient: yes, I had a big swollen gland in my neck in 2009, and had radioactive iodine, and it fixed the problem. I haven't had my thyroid levels checked since. And I don't take thyroid medication.

# 10 **case 1**

patient perspective - her problem was treated and she didn't need to worry about it

# anymore

- reality: thyroid dysfunction is a lifelong disease, and needs regular follow up, treatment and regulation of thyroid levels
- patient had evidence of past and possible present activity of disease
- referral to endocrinology

# 11 case 1 treatment

- topical tobradex drops 4 week taper (QID/TID/BID/Qday) for mild cases
- other treatments: bandage contact lens, mast cell stabilizers, cyclosporin A, silver nitrate, cryotherapy or thermal cautery of superior limbal conjunctiva, conjunctival resection of superior limbic conjunctiva

# 12 **case 2**

- J.J., 34 y.o. male nursing student
- hx 4-5 episodes of iritis Ou (either both at same time, or OD/OS individually) over last 5 years
- episodes becoming more frequent

# 13 **case 2**

iritis

# 14 **case 2**

what was not there

# 15 **case 2**

- 1-2+ cell OD, trace to 1+ cell OS
- perilimbal flush
- no KP, no hypopyon
- patient had self started Prednisolone prior to presentation
- other: mild intermittent GI disturbances

# 16 **case 2**

- past labs negative per patient: CBC with differential, RPR, FTA-Abs, RF, ANA, ACE, lysozyme, TB Gold Quant, HLA-B27
- above Tests repeated and negative, addition of HLA-B51 to labs
- patient frustrated, scared. has been told in past there is nothing else that can be done, his case may be idiopathic

# 17 **case 2**

- HLA-B51 positive
- sent to rheumatologist
- sent to gi specialist, also to rule out crohn's disease
- sent to retina specialist, no retinal vasculitis on fluorescein angiogram

### 18 behcet's disease

- Diagnosed with Behcet's disease by rheumatologist
- causes vasculitis, or an inflammation of the wall of blood vessels that can involve the eyes, skin, organs, brain
- HLA-B51 allele is found more frequently in disease that has an eye involvement
- interestingly, symptoms tend to be milder when HLA-B27 is present

# 19 Behcet's disease

- Eye findings tend to be more severe than what was presented in this patient (almost always a hypopyon). However, he had self treated prior to presentation based on his previous experience
- Usually see oral and genital ulcers, skin lesions. can involve the gi and neurological systems
- HLA-B51 is the most strongly associated risk factor and has been shown to be associated with Behcet's in Turkish and Asian patients, though the association in Caucasian patients is much weaker

# 20 Behcet's disease

- requires systemic treatment, otherwise signs and symptoms recur, and some can be sight and life threatening (stroke)
- This patient was placed on Humira injection by rheumatologist (TNF-inhibiting) agent). (others include systemic corticosteroids, azathioprine, cyclophosphamide, cyclosporin a, anti-TNF agents)

# 21 Behcet's associated iritis

- Prednisolone tapered slowly, no recurrence to date
- in this case: bilaterality, multiple recurrences, possible other organ systems involved (GI), asian/young/male demographic

# 22 **case 3**

- 59 year old female
- few months history of red swollen eyes, OS>OD, waxing and waning
- treated mainly for sinus disease and allergies
- seen by ent, allergist, etc
- was hearing sounds like "racoons in the attic", realized it was coming from inside her head

# 23 **case 3**

- 1-2+ chemosis OS>OD, 1-3+ injection with corskscrew vessels temporally OS. fluid and mild bruising in upper and lower lid OS, fluid mild bruising in lower lid OD
- -4 abduction deficit temporally (duane's)
- · tip-off: Frozen globe with mild proptosis (-4 deficit adduction, superior and inferior gaze). Even with strabismus surgeries and duane's, she should have some motility. In addition to "whooshing or scratching sounds" she was hearing

# 24 **case 3**

# 25 **case 3**

what to do next: Call Dr. Agarwal!!

# 26 carotid-cavernous fistula

CT scan: dilated superior ophthalmic vein, proptosis

# 27 c-c fistula

•

•

•

- Abnormal connection forms between carotid artery and cavernous sinus.
- "arterialization of venous system", orbit cannot drain through the superior ophthalmic vein normal leading to backup

# 28 c-c fistula

- possible causes: head trauma, hypertension, collagen vascular diseases
- this patient: bilateral c-c fistula. Hx remote head trauma during mva in her 20's
- Dr. Agarwal: emergent scanning, patient was in operating room with interventional neuroradiology that night getting >50 coils and intracranial glue placed
- resolution of bilateral c-c fistulas

# 29 Questions?

· Questions?

# Ocular presentation of systemic disease: Case Presentations Lisa D. Garbutt, M.D.

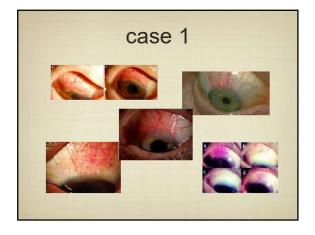
# Case 1

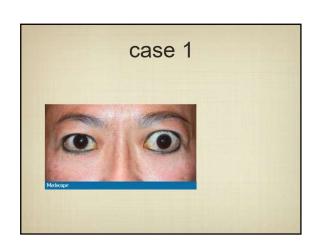
- Patient y.w.
- 28 y.o. asian female
- Hx several months of pain and red eye OD, constant irritation and pain, waxing and waning
- treated with topical artificial tears, lid scrubs and warm compresses
- ctl wearer

# case 1 only one eye involved bilateral upper eyelid retraction mild subclinical proptosis ou

# case 1

- dense staining superior half of cornea
- focal sectoral injection in superior bulbar conjunctiva and limbus, edema with staining of the area with fluorescein, rose bengal or lissamine green
- conjunctival laxity and redundancy in superior bulbar conjunctiva
- micro-papillary reaction in superior tarsal conjunctiva (like sandpaper)





# Superior limbic keratoconjunctivitis

- Can be associated with graves disease/thyroid dysfunction or other inflammatory conditions such as rheumatoid arthritis
- cause is unknown, but inflammatory changes from mechanical soft tissue microtrauma are the final common pathway

# SLK

In the setting of graves orbitopathy: hx of chemosis leads to superior bulbar conjunctival laxity, which over time induces inflammatory changes in superior tarsal conjunctiva from mechanical soft tissue microtrauma (rubbing with blinking), thickened sand paper like upper lid then rubs on cornea to cause dense staining, decreased vision and pain

# case 1 patient

- further questioning patient filled out medical history with "no medical problems", and taking no medications
- Have you had thyroid problems in the past? or any swollen areas in your neck?
- patient: yes, I had a big swollen gland in my neck in 2009, and had radioactive iodine, and it fixed the problem. I haven't had my thyroid levels checked since. And I don't take thyroid medication.

# case 1

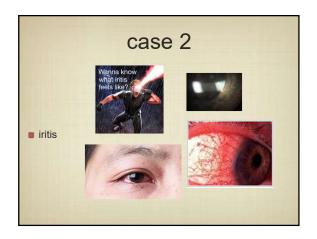
- patient perspective her problem was treated and she didn't need to worry about it anymore
- reality: thyroid dysfunction is a lifelong disease, and needs regular follow up, treatment and regulation of thyroid levels
- patient had evidence of past and possible present activity of disease
- referral to endocrinology

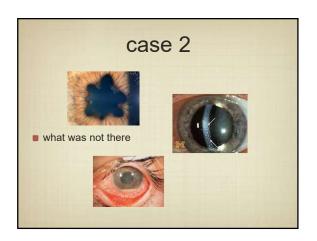
# case 1 treatment

- topical tobradex drops 4 week taper (QID/TID/BID/Qday) for mild cases
- other treatments: bandage contact lens, mast cell stabilizers, cyclosporin A, silver nitrate, cryotherapy or thermal cautery of superior limbal conjunctiva, conjunctival resection of superior limbic conjunctiva

# case 2

- J.J., 34 y.o. male nursing student
- hx 4-5 episodes of iritis Ou (either both at same time, or OD/OS individually) over last 5 years
- episodes becoming more frequent





# case 2

- 1-2+ cell OD, trace to 1+ cell OS
- perilimbal flush
- no KP, no hypopyon
- patient had self started Prednisolone prior to presentation
- other: mild intermittent GI disturbances

# case 2

- past labs negative per patient: CBC with differential, RPR, FTA-Abs, RF, ANA, ACE, lysozyme, TB Gold Quant, HLA-B27
- above Tests repeated and negative, addition of HLA-B51 to labs
- patient frustrated, scared. has been told in past there is nothing else that can be done, his case may be idiopathic

# case 2

- HLA-B51 positive
- sent to rheumatologist
- sent to gi specialist, also to rule out crohn's disease
- sent to retina specialist, no retinal vasculitis on fluorescein angiogram

# behcet's disease

- Diagnosed with Behcet's disease by rheumatologist
- causes vasculitis, or an inflammation of the wall of blood vessels that can involve the eyes, skin, organs, brain
- HLA-B51 allele is found more frequently in disease that has an eye involvement
- interestingly, symptoms tend to be milder when HLA-B27 is present

# Behcet's disease

- Eye findings tend to be more severe than what was presented in this patient (almost always a hypopyon). However, he had self treated prior to presentation based on his previous experience
- Usually see oral and genital ulcers, skin lesions. can involve the gi and neurological systems
- HLA-B51 is the most strongly associated risk factor and has been shown to be associated with Behcet's in Turkish and Asian patients, though the association in Caucasian patients is much weaker

# Behcet's disease

- requires systemic treatment, otherwise signs and symptoms recur, and some can be sight and life threatening (stroke)
- This patient was placed on Humira injection by rheumatologist (TNF-inhibiting agent). (others include systemic corticosteroids, azathioprine, cyclophosphamide, cyclosporin a, anti-TNF agents)

# Behcet's associated iritis

- Prednisolone tapered slowly, no recurrence to date
- in this case: bilaterality, multiple recurrences, possible other organ systems involved (GI), asian/young/male demographic

# case 3

- 59 year old female
- few months history of red swollen eyes, OS>OD, waxing and waning
- treated mainly for sinus disease and allergies
- seen by ent, allergist, etc
- was hearing sounds like "racoons in the attic", realized it was coming from inside her head

# case 3

- 1-2+ chemosis OS>OD, 1-3+ injection with corskscrew vessels temporally OS. fluid and mild bruising in upper and lower lid OS, fluid mild bruising in lower lid OD
- · -4 abduction deficit temporally (duane's)
- tip-off: Frozen globe with mild proptosis (-4 deficit adduction, superior and inferior gaze). Even with strabismus surgeries and duane's, she should have some motility. In addition to "whooshing or scratching sounds" she was hearing



# case 3

· what to do next: Call Dr. Agarwal!!

# carotid-cavernous fistula



· CT scan: dilated superior ophthalmic vein, proptosis

# c-c fistula



- Abnormal connection forms between carotid artery and cavernous sinus.
- "arterialization of venous system", orbit cannot drain through the superior ophthalmic vein normal leading to backup

# c-c fistula

- possible causes: head trauma, hypertension, collagen vascular diseases
- this patient: bilateral c-c fistula. Hx remote head trauma during mva in her 20's
- Dr. Agarwal: emergent scanning, patient was in operating room with interventional neuroradiology that night getting >50 coils and intracranial glue placed
- · resolution of bilateral c-c fistulas

# Questions?

Questions?

# Lisa D. Garbutt, MD

lisagarbutt@coastal-vision.com

# **Experience**

COASTAL VISION MEDICAL GROUP, ORANGE, NEWPORT BEACH, AND LONG BEACH, CA MARCH 2014 TO PRESENT BOARD CERTIFIED OPHTHALMOLOGIST/CORNEAL SUBSPECIALIST General ophthalmology, specializing in the treatment of cataracts, ocular surface disease, corneal disease and surgery, and eyelid surgery.

INLAND EYE SPECIALISTS, MURRIETA AND FALLBROOK, CA AUGUST 2008 TO MARCH 2014 BOARD CERTIFIED OPHTHALMOLOGIST/CORNEAL SUBSPECIALIST General ophthalmology, specializing in the treatment of ocular surface disease, cataract surgery, DSAEK, and LASIK.

UCSD DEPARTMENT OF OPHTHALMOLOGY/SHILEY EYE CENTER JULY 2007 TO JULY 2008 CORNEA FELLOW, CLINICAL INSTRUCTOR Fellowship in Cornea, Cataract and Refractive Surgery, Clinical Instructor for Residency Program

# Education

BOSTON UNIVERSITY SCHOOL OF MEDICINE. Doctor of Medicine (Cum Laude), May 2003. Boston, Massachusetts

BOSTON UNIVERSITY SCHOOL OF MEDICINE. Master of Arts, Medical Science, January 1999. Boston, Massachusetts

UNIVERSITY OF CALIFORNIA, LOS ANGELES. Bachelor of Science, Psychobiology, December 1994. Los Angeles, California

# **Postgraduate Training**

UNIVERSITY OF CALIFORNIA, SAN DIEGO. Shiley Eye Center. Fellowship in Cornea, Cataract and Refractive Surgery. Fellowship Director: David J. Schanzlin, M.D.

UNIVERSITY OF CALIFORNIA, SAN DIEGO. Shiley Eye Center. Ophthalmology Residency, 2004-2007.

UNIVERSITY OF CALIFORNIA, SAN DIEGO. Department of General Surgery. General Surgery Internship, 2003-2004.

# **Honors and Awards**

Cum Laude. Doctor of Medicine. Boston University School of Medicine. May 2003

Medical School Honors/Advanced Standing: Gross Anatomy, Histology, Neurosciences, Biochemistry, Endocrinology, Immunology, Physiology, Microbiology, Pathology, Pharmacology, Psychiatry, Obstetrics & Gynecology, Medicine, Gastrointestinal Surgery, Ophthalmology, Plastic & Reconstructive Surgery, Ophthalmic Pathology

Dean's List - Boston University School of Medicine. Fall 2000

Association of Pathology Chairs Honor Society. Boston University School of Medicine. 2000

UCSD Department of Ophthalmology Director's Award. June 2007

Physician of the Quarter. Fallbrook Hospital. First Quarter of 2011. Fallbrook, California.

# Memberships

American Academy of Ophthalmology

American Society of Cataract and Refractive Surgery

### Licensure

Medical Board of California. 4/15/2005, License No. A90909

# **Board Certification**

American Board of Ophthalmology. October 2008.

# **Other Certification**

MORIA Microkeratome Certification Training Course. August 2006.

VISX Physician Certification Training Course, Advanced CostumVue Training, Monovision Training. August 2007, 2012.

Intralase Global Training Course. October 2007. Re-certification 2012.

# Research

Sub-Investigator. Alcon. Completion of Principal Investigator and Sub-Investigator Training Course. Alcon. Fort Worth, Texas. July 2011.

Sub-Investigator. Alcon. C-09-045: A Phase 3 Multicenter, Randomized, Controlled, Double-Masked Study of Safety and Efficacy of Sodium Hyluronate Ophthalmic Solution, 0.18% in Dry Eye Syndrome. Semptember 2011-June 2013.

Sub-Investigator. Icon Bioscience, Inc. Investigational Product IBI-10090 (dexamethasone intraocular injection). A Multicenter, Randomized, Double-masked, Doseranging, Phase 2 Study to Evaluate the

Efficacy and Safety of IBI-10090 for the Treatement of Inflammation Associated with Ocular Surgery. September 2012 - December 2012.

Garbutt LD. Purcell T. Nalgirkar A. Schanzlin DS. Corneal Applications of a New Collagen Gel Cross-Linked In Situ. Presented at UCSD Shiley Eye Center Research Alumni Day. May 2007.

Garbutt LD. Nabavi C. Korn BK. Kikkawa DO. Eyelid Levels Following Orbital Decompression. Presented at UCSD Shiley Eye Center Research Alumni Day. May 20, 2006.

Garbutt LD. Korn BK. Kikkawa DO. Periorbital Basal Cell Carcinoma: MOHS Micrographic Surgery vs. Surgical Excision with Frozen-Section Control. Presented at UCSD Shiley Eye Center Research Alumni Day. June 4, 2005.

Black PH. Garbutt LD. Stress, Inflammation, and Cardiovascular Disease. Journal of Psychosomatic Research. 52(Jan. 2002) 1-23.

Contributed to article: Black, PH. Stress and the Inflammatory Response: a Review of Neurogenic Inflammation. Brain, Behavior, and Immunity. 16(6) 2002 Dec. 622-653.

Master's Thesis 1998. Boston University School of Medicine. Stress, the Inflammatory Response, and the Initiation and Progression of Atherosclerosis. Accepted December 1998.

# Leadership

Ophthalmology Staff Physician Representative. Ambulatory Surgery Center Medical Advisory Committee. Inland Eye Specialists. June 2010 - 2014.

Chairman. Systems Review Committee. Fallbrook Hospital. January 2011-January 2013.

Physician Member. Systems Review Committee. Fallbrook Hospital. January 2009January 2011.

Physician Member. Medical Staff Executive Committee. Fallbrook Hospital. January 2011-January 2013.

UCSD Department of Ophthalmology Resident Physician Committee Representative. Graduate Medical Education. 2004-2006.

Resident Physician Council. UCSD Medical Center. 2005-2006.

American Medical Student Association Member. 1999-2003.

# Other Employment

Scrub Technician. Michael J. Groth, M.D., Ophthalmic Plastic and Reconstructive Surgery. Beverly Hills, California. October 1994-August 1997.

Scrub Technician. Robert W. Hutcherson, M.D., Head and Neck Plastic & Reconstructive Surgery. Beverly Hills, California. October 1994-August 1997.

Office Manager/Surgery Scheduling. Michael J. Groth, M.D., Ophthalmic Plastic and Reconstructive Surgery. Beverly Hills, California. October 1993-October 1994.

# References

Douglas Clements, M.D. Inland Eye Specialists. Fallbrook, CA. 760-728-5728.

Leah Levi, M.D. Previous Residency Director. UCSD Department of Ophthalmology, Shiley Eye Center. La Jolla, California 858-534-629