



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:

- Completed Application
 - Open to all Optometrists? Yes No
 - Maintain Record Agreement? Yes No
- 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



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OPTOMETRY
2017 APR 12 PM 12:28

CONTINUING EDUCATION COURSE APPROVAL APPLICATION

\$50 Mandatory Fee

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, a detailed course outline and presentation materials (e.g., PowerPoint presentation). Applications must be submitted 45 days prior to the course presentation date.

Please type or print clearly.

Course Title <u>Choosing Premium Lenses in Highly Abberated Corneas</u>	Course Presentation Date <u>02/15/2017</u>
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Course Provider Contact Information

Provider Name <u>Leslie</u> <u>Kuhlman</u> <u>Ann</u> (First) (Last) (Middle)
Provider Mailing Address Street <u>75 Enterprise</u> City <u>Aliso Viejo</u> State <u>CA</u> Zip <u>92673</u>
Provider Email Address <u>Leslie.Kuhlman@nvisioncenters.com</u>
Will the proposed course be open to all California licensed optometrists? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 <u>Sheri</u> <u>Raven</u> (First) (Last) (Middle)
License Number <u>C131504</u> License Type <u>MD</u>
Phone Number <u>(410) 402-0122</u> Email Address <u>Sheri.Raven@nvisioncenters.com</u>

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.

[Signature]
Signature of Course Provider

02/15/2017 2.20.17
Date

NVISION ORGANIZATION									
Providers List with NPI And Medical License #'s									
Center	Doctor	Medical License #	Degree	Phone	Email Address	CE Provider?	State	Personal NPI #	Medicare Provider
Torrance	Amarprett Brar, M.D.	A77993	MD	310-714-7494	amar.brar@nvisioncenters.com	Yes	CA	1356361109	Y
Newport Beach	Dan Carver, O.D.	Need Lic#	OD	(714) 263-0800	dan.carver@nvisioncenters.com	Yes	CA	Need NPI #	N
Fullerton	Franklin Lusby, M.D.	G41830	MD	858-449-9867	fwlmdd@gmail.com	Yes	CA	Need NPI #	N
Torrance	Franklin Lusby, M.D.	G41830	MD	858-449-9867	fwlmdd@gmail.com	Yes	CA	Need NPI #	N
Laguna Hills	George Baerveldt, M.D.	A39678	MD	877-455-9942	george.baerveldt@nvisioncenters.com	Yes	CA	1316027493	y
San Francisco	George V Simon M.D.	G23786	MD	877-455-9942	George.simon@nvisioncenters.com	Yes	CA	1225251697	
San Francisco	Jeffery Mechat, M.D.	C139286	MD	877-455-9942	Jeff.Machat@nvisioncenters.com	Yes	CA	1255790085	
Camarillo	John Davidson, M.D.	G71316	MD	877-455-9942	doctorjohn@johndavidsonmd.com	Yes	CA	1205870748	Y
Ontario	Jonathan R. Pirnazar	A72632	MD	877-455-9942	raminp5@hotmail.com	Yes	CA	1962436410	Y
Laguna Hills	Jonathan R. Pirnazar, M.D.	A72632	MD	877-455-9942	raminp5@hotmail.com	Yes	CA	1962436410	Y
La Jolla	Mihir Parikh, M.D.	A68508	MD	858-558-6000	max.parikh@nvisioncenters.com	Yes	CA	1740392695	Y
Palm Desert	Patrick Lydon, OD	OPT 7263T	OD	877-455-9942		Yes	CA	1710006465	
Sacramento	Richard B Meister, M.D.	A40566	MD	916-425-1507	richard.meister@nvisioncenters.com	Yes	CA	1972552321	Y
Murrieta	Richard Burns, M.D.	G45246	MD	877-455-9942	rrickeye@hotmail.com	Yes	CA	1902856818	Y
Palm Desert	Richard Burns, M.D.	G45246	MD	877-455-9942	rrickeye@hotmail.com	Yes	CA	1902856818	Y
Fullerton	Sheri L Rowen	C131504	MD	714-257-0560	sherri.rowen@nvisioncenters.com	Yes	CA	1548203904	Y
Newport Beach	Sheri L Rowen, M.D.	C131504	MD	714-257-0560	sherri.rowen@nvisioncenters.com	Yes	CA	1548203904	Y
Newport Beach	Thomas S. Tooma, M.D.	G42262	MD	877-455-9942	tom.tooma@nvisioncenters.com	Yes	CA	1508980525	Y



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Request for Approval of Continuing Education Course(s)

Leslie Kuhlman
NVISION Eye Centers
75 Enterprise, Suite 200
Aliso Viejo, CA 92656

For Office Use Only
Receipt No. _____
ATS No. _____
Date Rec'd _

Requests for approval of continuing optometric education (CE) courses should be submitted on this form. The California State Board of Optometry requires the following information in order to process a course approval request:

- \$50 processing fee
- Name of provider
- Course title(s)
- Date(s) the course is scheduled to be offered
- Topical outline of the course subject matter
- Any announcements, notices or advertisements of the course
- Curriculum vitae (CV) of all instructors and lecturers involved (NOTE: CVs should include every term of employment, academic credential, publication, contribution or significant achievement)

Requests for approval and the supplemental information should be submitted to the Board office at least 45 days prior to the first date that the course will be offered. Requests will be reviewed by staff and forwarded to the CE Committee for final review. If necessary, Board staff will contact the requestor for additional information. Course approvals are valid for 12 months or until the course is modified.

The CE Committee's decision(s) will be noted and a copy of this form will be returned to the provider to serve as official notification of approval and/or disapproval of the course(s). Please remember to include the contact person's name and mailing address in the space provided above.

CE Committee Member

YOU'RE INVITED

ORANGE COUNTY 2-HOUR CE EVENT

Wednesday, February 15, 2017

6:00 am - 8:30 pm

NVISION Eye Centers, Newport Beach, CA

Join NVISION for a continuing education event and dinner.



SPEAKERS

Tom Jozma, MD • Sheri Rowen, MD

TOPICS

Corneal Crosslinking

Choosing Premium Lenses in Highly Aberrated
Corneas

Limited availability. Registration ends 3/3/17.
For more information and to RSVP, visit:
nvisionnewport2hrce.eventbrite.com

NVISION
EYE CENTERS

STATE BOARD OF OPTOMETRY
2450 Del Paso Road, Suite 105
Sacramento, CA 95834

On behalf of NVISION Eye Centers, we are writing to request approval of Continuing Education to California doctors of optometry. The education will be delivered by Board Certified Ophthalmologists, clinical investigators and experts in technology and patient consultation.

We are writing in response to your letter for information pursuant to CCR 1536 (g), to address why our application was submitted earlier than 45 days for course accreditation. As well as additional content requested.

The reason why our application was submitted earlier than 45 days for the course named "Choosing Premium Lenses in Highly Abberated Corneas" given February 15, 2017 access to the final presentation of the material not being accessible due to travel. Once information required, we moved quickly to process accreditation requests. Please accept our apologies and deepest regrets. Going forward, we will make every effort to process these applications in a timely manner.

Conditions of Availability: This course will be open to all licensed ODs. They will be notified through flyers, Eventbrite, and fax by request.

Records: NVISION Eye Centers to maintain and furnish to the Board and/or attending licensee such records of course content and attendance as required for a minimum of three years.

Professional Advancement: NVISION Eye Centers seeks to offer professional education to local and regional optometrist. As a leading practice in the ophthalmology field, NVISION doctors are engaged in research and latest developments on procedures, technology, and clinical therapies. The field of optometry is constantly evolving at a rapid pace and optometrists need to keep up. All Things Refractive in an interactive presentation. This CE activity will help attending ODs learn a full understanding of refractive surgery technology, clinical treatments and procedures, candidates, post-op & pre-op care, cost, co-management, how it is performed, and benefits.

The contact person for this program is myself, and I can be reached at 949.234.8129 or Leslie.Kuhlman@nvisioncenters.com.

Sincerely,

Leslie Kuhlman
NVISION Laser Eye Centers
Continuing Education and Special Projects Coordinator

Presenter – Sheri L. Rowen, M.D., F.A.C.S.

Course Title – Choosing premium lenses in highly aberrated corneas

Course Outline –

Types of corneas
Post Refractive patients

RK
PRK
Lasik

S/P Corneal Transplant

Pellucid Marginal Degeneration

s/p 8 cut rk and a.k.'s with central corneal scar
s/p rk and lasik

s/p corneal transplant for hsv keratitis

All K measurements agree 4D CYL

s/p RK 16/8 cut rk with a.k.'s

Pellucid Marginal Degeneration

Pellucid marginal degeneration

s/p 8 cut RK

AND THEN THIS WALKS IN LAST MONDAY!

HAVEN'T TACKLED THIS ONE YET:

6 CUT RK'S AND 2 AK'S

All patients wanted the "Best" Lens

What is the "Best" Lens

Can we actually deliver a Premium outcome in these patients?

What choices do we have to "safely" offer

Is there a difference between these highly aberrated corneas vs a simple post op Lasik?

Diagnostic challenges

Obtaining Consistent Measurements

Axial Length is not the problem

Corneal Measurements are difficult

Try to obtain a few Topos and K readings with similar Magnitude and Axis

Very difficult to find consistency post RK or multiple Lasik procedures

Surface issues need to be addressed

Cannot routinely rely on ORA for these corneas

Lens challenges

CHOICES FOR POST REFRACTIVE ABERRATED CORNEAS

MONOFOCAL ZERO ASPHERIC FOR POST HYPEROPIC
MONOFOCAL NEGATIVE ASPHERIC FOR POST MYOPIC
MONOFOCAL TORIC LENSES
ACCOMMODATING ZERO ASPHERIC: SPHERICAL AND TORIC
EDOF NEGATIVE ASPHERIC
MULTIFOCAL NEGATIVE ASPHERIC LOW, MID AND HIGH ADDS

HOW BEST TO CHOOSE?

Patient expectation challenges

THESE ARE OFTEN TIMES POST REFRACTIVE PATIENTS WHO PAID FOR THEIR INITIAL RK, LASIK OR PRK.
THEY ARE USED TO SEEING WELL, AND IN FACT, MOST RK PATIENTS LOVED THEIR 20 YEARS OF EXCELLENT
VISION BEFORE THEY BECAME PROGRESSIVELY HYPEROPIC UP TO +4D!
THEY THINK THAT CATARACT OR LENS BASED SURGERY SHOULD BE AS PREDICTABLE AS LASIK AND THAT THERE
OUTCOME SHOULD BE SIMILAR SO THEY HAVE NATIVELY HIGH EXPECTATIONS

RK PATIENTS DO UNDERSTAND THE DILEMMAS AND ARE MORE ACCOMMODATING
PRIOR LASIK AND VIRGIN CATARACT PATIENTS ARE NOT AS ACCEPTING OF LESS THAN PERFECT OUTCOMES
WHEN THEY ARE UPGRADING TO PREMIUM
s/p multiple lasik/enh and mild erm's ou
What Lens in post op multiple lasik/enh, rk, or erm?
Symfony inserted 2 pts s/p multiple Lasik/enh
Patients demanded near and far

Patients complained bitterly about poor quality vision and/or night vision issues

Sent back to Retina, felt was not ERM, but do we know for sure?

HARD TO WEED OUT THE ROOT CAUSE OF POOR VISION

Case can be made to not add the diagnostic difficulty of any MF technology with sig. corneal or mild retinal
issues. Might get lucky, but definitely will get BURNED!

RETROSPECTIVE ANALYSIS

21 EYES OF PATIENTS WITH HIGHLY ABERRATED CORNEAS WERE STUDIED AS TO THE LENS CHOICES AND POST OP OUTCOMES

17 EYES S/P R.K, WITH A COMBINATION OF A.K.'S AND LASIK OR PRK
3 EYES WITH PELLUCID MARGINAL DEGENERATION
1 EYE S/P CORNEAL TRANSPLANT FOR HSV KERATITIS

6 RLE'S
15 CATARACTS

PRIOR SURGERY/ Lens choice
DEMOGRAPHICS
PRE-OP REFRACTIONS
PRE-OP REFRACTIONS
PRE-OP HYPEROPIA

ALL 17 RK EYES
RANGE +1.50 TO +4.50

13 EYES > +3.00 SPH

PRE-OP CYLINDER

ALL 17 RK PATIENTS
RANGE .50 TO 3.50 DIOPTERS

PELLUCID PATIENTS
3.25-4.25 D CYL

PKP
3.75 D CYL

LENS CALCULATIONS
ALL R.K.PATIENTS HAD ASCRS FORMULAS FOR PRIOR REFRACTIVE SURGERY
ANYTIME ORA COULD TAKE A READING THIS WAS USED IN CONJUNCTION WITH ASCRS FORMULAS
IOL MASTER
TOPOGRAPHY MEASUREMENTS
CASSINI
iTRACE
PENTACAM
ORBSCAN
ZEISS ATLAS

Outcomes OF 21 EYES

UCDVA/ucnva ou

OUTCOMES

UNCORRECTED DISTANCE AND NEAR ACUITIES OU

RESULTS

TORIC LENSES APPEAR TO BE SAFELY USED IN PELLUCID MARGINAL DEGENERATION OR PKP WITH HIGH AMOUNTS OF ASTIGMATISM AS LONG AS:

MULTIPLE TOPOGRAPHIC MEASUREMENTS LINE UP
CAN IDENTIFY THE ACTUAL AXIS

THIS IS A SMALL SERIES OF PMD AND PKP, BUT TRENDS SEEM TO BE CONSISTENT.

RESULTS

RK PATIENTS CAN HAVE A HIGHLY DESIRABLE OUTCOME WITH THE USE OF CRYSTALENS AO OR TRULIGN TORIC ACCOMMODATING LENSES

ALL PATIENTS HAD CTR'S IMPLANTED, THOROUGH CAPSULE POLISHING

THE ACCOMMODATING LENS COMBINED WITH THE MULTIFOCAL CORNEA PROVIDES AN UNUSAL BENEFIT FOR DISTANCE VISION WITH 95% OF PATIENTS ACHIEVING 20/40 OR BETTER WITHOUT CORRECTION

THE ACCOMMODATING LENS COMBINED WITH THE MULTIFOCAL CORNEA PROVIDES AN UNUSAL BENEFIT FOR NEAR VISION WITH 85.3% OF PATIENTS ACHIEVING J3 OR BETTER WITHOUT CORRECTION

ONLY 9.5 % OF PATIENTS EXPERIENCED ANY PHOTIC PHENOMENA AND THESE WERE ALL MINIMAL IN NATURE

THESE WERE THE MOST TENUOUS PATIENTS BUT I HAVE COME TO BELIEVE ARE SOME OF MY HAPPIEST PREMIUM PATIENTS

THANK YOU!

s/p multiple lasik/enh and mild erm's ou

What Lens in post op multiple lasik/enh, rk, or erm?

Symfony inserted 2 pts s/p multiple Lasik/enh

Patients demanded near and far

Patients complained bitterly about poor quality vision and/or night vision issues

Sent back to Retina, felt was not ERM, but do we know for sure?

HARD TO WEED OUT THE ROOT CAUSE OF POOR VISION

Case can be made to not add the diagnostic difficulty of any MF technology with sig. corneal or mild retinal issues. Might get lucky, but definitely will get BURNED!

CHOOSING PREMIUM LENSES IN HIGHLY ABERRATED CORNEAS

Shail L. Rowen, M.D., F.A.C.S.
 Milton Eye Center
 Newport Beach, CA

S/P 8 CUT RK AND A.K.'S WITH CENTRAL CORNEAL SCAR

S/P RK 16/8 CUT RK WITH A.K.'S

DISCLOSURES

- 48% of patients
- 40% of patients
- 30% of patients
- 20% of patients
- 10% of patients
- 5% of patients
- 2% of patients
- 1% of patients
- 0.5% of patients
- 0.2% of patients
- 0.1% of patients

S/P RK AND LASIK

PELLUCID MARGINAL DEGENERATION

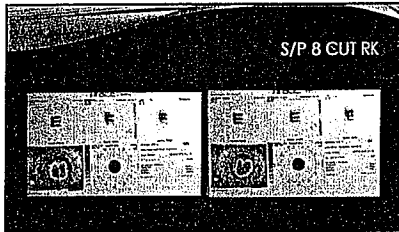
TYPES OF CORNEAS

- Post Refractive patients
- RK
- PPK
- Lask
- S/P Corneal Transplant
- Pellucid Marginal Degeneration

S/P CORNEAL TRANSPLANT FOR HSV KERATITIS

All K measurements agree 4D CYL

PELLUCID MARGINAL DEGENERATION

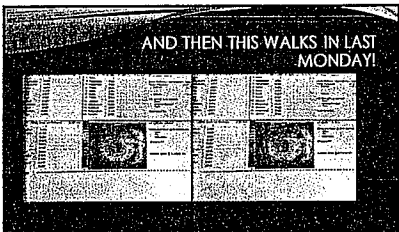


ALL PATIENTS WANTED THE "BEST" LENS

- What is the "Best" Lens
- Can we actually deliver a Premium outcome in these patients?
- What choices do we have to "safely" offer
- Is there a difference between these highly aberrated corneas vs a simple post op Lask?
- You Bet There is!!

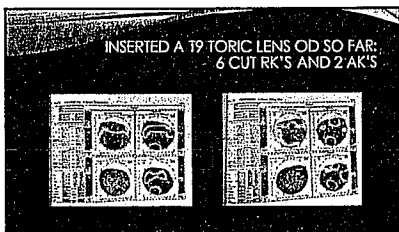
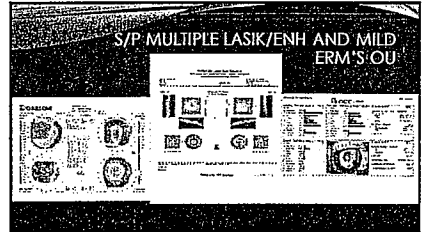
PATIENT EXPECTATION CHALLENGES

- THESE ARE OFTEN TIMES POST REFRACTIVE PATIENTS WHO PAID FOR THEIR INITIAL RK, LASK, OR PRK.
- THEY ARE USED TO SEEING WELL, AND IN FACT, MOST PR PATIENTS LOVED THEIR 20 YEARS OF EXCELLENT VISION BEFORE THEY BECAME PROGRESSIVELY HYPEROPIC UP TO +4D!
- THEY THINK THAT CATARACT OP LENS BASED SURGERY SHOULD BE AS PREDICTABLE AS LASK, OR PRK, AND THAT THEIR OUTCOMES SHOULD BE SIMILAR SO THEY HAVE NATIVELY HIGH EXPECTATIONS.
- PR PATIENTS DO UNDERSTAND THE RISKS AND ARE MORE ACCOMMODATING
- PRIOR LASK AND HYPER CATARACT PATIENTS ARE NOT AS ACCEPTING OF LESS THAN PERFECT OUTCOMES WHEN THEY ARE UPGRADING TO PREMIUM.



DIAGNOSTIC CHALLENGES

- Obtaining Consistent Measurements
- Axial Length is not the problem
- Corneal Measurements are difficult
- try to obtain a few Topog and K readings with similar Magnitude and Axis
- Very difficult to find consistency post PR, or multiple Lask procedures
- Toric lenses need to be addressed
- Cannot routinely rely on ORA for these corneas - In fact, can BARELY RELY



LENS CHALLENGES

- CHOICES FOR POST REFRACTIVE ABERRATED CORNEAS
- MULTIFOCAL ZERO ASPHERIC FOR POST HYPEROPIC
- MULTIFOCAL NEGATIVE ASPHERIC FOR POST MYOPIC
- TORIC LENSES
- ACCOMMODATING ZERO ASPHERIC SPHERICAL AND TORIC
- EDOF NEGATIVE ASPHERIC AND TORIC
- MULTIFOCAL NEGATIVE ASPHERIC LOW, MID AND HIGH ADDS
- MULTIFOCAL TORIC
- HOW BEST TO CHOOSE?

WHAT LENS IN POST OP MULTIPLE LASK/ENH, RK, OR ERM'S?

- Symfony inserted 2 pts s/p multiple Lask/enh
- Patients demanded near and far
- Patients complained bitterly about poor quality vision and/or night vision issues
- Sent back to Refina, fell was not ERN, but do we know for sure?
- HARD TO WEED OUT THE ROOT CAUSE OF POOR VISION
- Case can be made to not add the diagnostic difficulty of any MF technology with 1st, contact or mild toric contact, 1st opt get lucky, but still they might SUPT EDI
- EDI explained and replaced with Multifocal - Patients did very well

RETROSPECTIVE ANALYSIS

- 21 EYES OF PATIENTS WITH HIGHLY ABERRATED CORNEAS WERE STUDIED AS TO THE LENS CHOICES AND POST OP OUTCOMES
- 17 EYES S/P R.K. WITH A COMBINATION OF A.K.'S AND LASIK OR PRK
- 3 EYES WITH PELLUCID MARGINAL DEGENERATION
- 1 EYE S/P CORNEAL TRANSPLANT FOR HSV KERATITIS
- 6 RIES
- 15 CATARACTS

PRE-OP REFRACTIONS

PRE-OP REFRACTION ALL 17 R.K. EYES RANGE: 1.00 TO 3.00 D	PRE-OP CYLINDER ALL 17 R.K. PATIENTS RANGE: 0.10 TO 2.75 D
13 EYES > +3.00 SPH	PELLUCID PATIENTS 3.25-4.25 D CYL
	PRK 3.75 D CYL

OUTCOMES OF 21 EYES

20/20 or better UCVA	20/25	20/30	20/40	20/50 OR WORSE
11/11 100%	14/15 93%	11/12 91.7%	11/12 MONOVISION/ AMBLYOPIA 91.7%	11/11 100% MONOVISION
J1+ 10/4 19%	J1 14/1 4.7%	J2 11/3 14%	J3 11/15 47.4%	J5 OR WORSE 11/3 MONOFOCAL 14.3%

PRIOR SURGERY/ LENS CHOICE

6X PATIENTS HAD CORNEAL TRANSPLANT	ALL PELLUCID PATIENTS HAD A HISTORY OF ADDITIONAL LASIK OR PRK WITH PELLUCID NEEDS (HYPERTENSIVE)
PELLUCID MARGINAL DEGENERATION N=3 AVERAGE CYL OF -0	ICT 600'S TORIC MONOFOCAL
CORNEAL TRANSPLANT N=1 CONTRALATERAL EYE N=1	ICT 600 TORIC MONOFOCAL 11800 MID-ADD MULTIFOCAL

PRE-OP REFRACTIONS

- PRE-OP HYPEROPIA**
 - ALL 17 R.K. EYES
 - RANGE: +1.50 TO +4.50
 - 13 EYES > +3.00 SPH
- PRE-OP CYLINDER**
 - ALL 17 R.K. PATIENTS
 - RANGE: 0.10 TO 2.75 DIOPTERS
 - PELLUCID PATIENTS
 - 3.25-4.25 D CYL
 - PRK
 - 3.75 D CYL

UCDVA/UCNVA OU

DEMOGRAPHICS

Female: 20/21	Male: 1/1	Mean Age: 71.5
AGE RANGE: 47-88 y.o.		
CATARACTS: 15/15	RLE: 14/15	FELLOW EYE FOR A/F LENS: 1/1

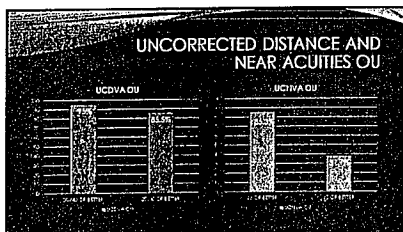
LENS CALCULATIONS

- ALL R.K. PATIENTS HAD ASCRS FORMULAS FOR PRIOR REFRACTIVE SURGERY
- ANYTIME ORA COULD TAKE A READING THIS WAS USED IN CONJUNCTION WITH ASCRS FORMULAS
- IOL MASTER
- TOPOGRAPHY MEASUREMENTS
 - CASSINI
 - IRACE
 - PERIACAM
 - ORBSCAN
 - ZISS ATLAS

OUTCOMES

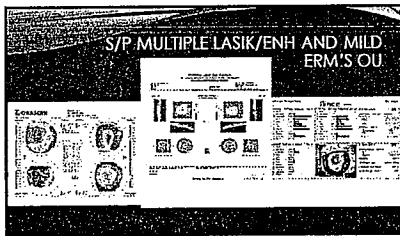
DISTANCE UNCORRECTED AT 1 MONTH OR LONGER INCLUDING 1 YEAR 95% 20/40 OR BETTER 86.9% 20/30 OR BETTER	NEAR UNCORRECTED AT 1 MONTH OR LONGER INCLUDING 1 YEAR 85.3% 15 OR BETTER 37.7% WERE J2 OR BETTER
--	---

9.5% PATIENTS (N=2) REPORTED MILD PHOTIC PHENOMENA NOT REQUIRING LENS REMOVAL



RESULTS

- TORIC LENSES APPEAR TO BE SAFELY USED IN PELLUCID MARGINAL DEGENERATION OR PMP WITH HIGH ANISOPIAS OF ASTIGMATISMS AS LONG AS:
 - MULTIPLE TOPOGRAPHIC MEASUREMENTS LINE UP
 - CAN IDENTIFY THE ACTUAL AXIS
- THIS IS A SMALL SERIES OF PAID AND PMP, BUT TRENDS SEEM TO BE CONSISTENT.



RESULTS

- IF PATIENTS CAN HAVE A HIGHLY DESIRABLE OUTCOME WITH THE USE OF CRYSTALS AND OR THOUGH TORIC ACCOMMODATING LENSES
- ALL PATIENTS HAD CR'S REPLACED, THOROUGH CAPSULE POLISHING
- THE ACCOMMODATING LENS COMBINED WITH THE MULTIFOCAL CORNEA PROVIDES AN IDEAL BENEFIT FOR DISTANCE VISION WITH 95% OF PATIENTS ACHIEVING 20/40 OR BETTER WITHOUT CORRECTION
- THE ACCOMMODATING LENS COMBINED WITH THE MULTIFOCAL CORNEA PROVIDES AN IDEAL BENEFIT FOR NEAR VISION WITH 83% OF PATIENTS ACHIEVING 20/40 OR BETTER WITHOUT CORRECTION
- ONLY 9.5% OF PATIENTS EXPERIENCED ANY PHORIC PNEUMETIA AND THESE WERE ALL MINIMAL IN NATURE
- THESE WERE THE MOST TENACIOUS PATIENTS BUT I HAVE COME TO BELIEVE ARE SOME OF MY HAPPIEST PREMIUM PATIENTS

WHAT LENS IN POST OP MULTIPLE LASIK/ENH, RK, OR ERM?

- Symfony Intraocular 2.0 D Multiple Task Lens
 - Patients demanded near and far
- Patients complained bitterly about poor quality vision and/or night vision issues
- Sent back to Refractive, felt was not ERM, but do we know for sure?
- HARD TO WEED OUT THE ROOT CAUSE OF POOR VISION
- Care can be made to not add the diagnostic difficulty of any IOP technology with pg. corneal or mid-traited issues. Might get lucky, but definitely will get BURTED!

Curriculum Vitae

Sheri Rowen, MD

Office Address:

Mercy Medical Center Office - (410) 332-9500
Eye & Cosmetic Surgery Center Direct - (410) 332-9733
301 St. Paul Place, Suite #514 Fax- (410) 545-5161
Baltimore, Maryland 21202 E-Mail- Srowen10@gmail.com

Education:

- University of Maryland, College Park, Maryland
B.S., May 1976
- University of Maryland, School of Medicine, Baltimore, Maryland
M.D, May 28, 1982
- Internship, General Surgery, Johns Hopkins Hospital, Baltimore, Maryland
July 1, 1982 - June 30, 1983
- General Surgery Fellow, Johns Hopkins, Department of General Surgery, Baltimore,
Maryland
July 1, 1983 - June 30, 1985
- Resident, Ophthalmology, University of Maryland Medical System, Baltimore, Maryland
July 1, 1985 - June 30, 1987
- Chief Resident, Ophthalmology, University of Maryland Medical System, Baltimore,
Maryland
July 1, 1987 - June 30, 1988

Work History:

- Hirsch Eye Group, Fallston, MD 21047
July 1988 - June 1989
- Katzen Eye Group, Dulaney Valley Rd. . Towson Md. 21204
June 1989 - December 1996
- Eye & Cosmetic Surgery Ctr. St. Paul Place, Baltimore Md 21202
Dec 1996 - Present

Honors:

Phi Kappa Phi
Phi Beta Kappa
Eta Beta Rho Honors Society
Cum Laude Graduate, University of Maryland, College Park
Dean's List, 1971-1976, University of Maryland, College Park

Board Certification:

Diplomat & Fellow, American Board of Ophthalmology

Research Appointment:

- Research Assistant, National Institute of Health / National Cancer Institute, Bethesda, Maryland
1976-1978
- Research Assistant, Baltimore Cancer Research Center, Baltimore, Maryland
1978-1980
- Research Fellow, Johns Hopkins University School of Medicine, Center for Vitreoretinal Research, Baltimore, Maryland
1983-1985
- Clinical Investigator, for FDA approved study Staar Collamer Lens
1996
- Clinical Investigator, for FDA approved study Visian ICL
1997 - 2006

Academic Appointment:

- Clinical Instructor, University of Maryland School of Medicine, Baltimore, Maryland
1989 – 1990
- Assistant Clinical Professor of Ophthalmology, University of Maryland School of Medicine, Baltimore, Maryland
1990- Present
- Clinical Instructor, Johns Hopkins Hospital, Baltimore, Maryland
1991- Present
- Director: Mercy Medical Center for: Eye & Cosmetic Surgery
1996- Present
1996- Investigator: Staar Surgical, FDA Study (Collamer Lens)
1997- Investigator: Staar Surgical, FDA Study (Implantable Contact Lens)

Professional Memberships:

Member, American Medical Association
Member, Association for Research and Vision in Ophthalmology (1982- 1988)
Member, Maryland Eye Physician and Surgeons
Member, MED CHI of Maryland
Committee Member, Research to Prevent Blindness, Inc.
Member, Universal Scleroderma Foundation
Member, Wilmer Resident's Association
Member, American Society of Cataract & Refractive Surgery
Member, American Diabetes Association
Member, American Society for Laser Medicine and Surgery
Board Member, International Society of Cosmetic Laser Surgeons
Vice President, International Association of Women Eye Surgeons

Medical Licenses:

Maryland
District Of Columbia
Virginia
North Carolina
New York

Community & Volunteer services:

- Health Mission, "Project Dawn" Guyana
March 1988
- Free Screening, Mercy Medical Center, and Department of Aging
1997, 1998
- Son's Of Italy – Current Techniques in Eye Surgery
1999
- Baltimore County Department of Aging
1990- 1996
- Health Mission - Cali, Columbia
February 2008

Television:

The Women's Doctor:

1994- "Topical Anesthesia for Cataract Surgery"
1995- "Topical Anesthesia & Clear Corneal Incisions & Foldable Lens"
1996- "First Use Of CO2 laser in Baltimore for Eyelid Surgery & Facial Resurfacing"
1997- " Implantable Lens Correcting Hyperopia & Myopia"
1998 " Laser Resurfacing with Co2 & Erbuim Lasers" For Pre Mature Aging
1999- " Implantable Contact Lens" Lasik Surgery
2000- " Toric Lens" Correcting Astigmatism

1997- National Television: " Implantable Contact Lens"

1998- Ivanhoe Broadcast: " Implantable Contact Lens"

1998- National Television: " Topical, Clear Corneal Cataract Surgery"

Publication:

- Rowen, S.L. & Glaser, B.M. (1985). "Retinal Pigment Epithelial Cells Release a Chemoattractant For Astrocytes, "ARCHIVES OF OPHTHALMOLOGY, 103 (5), 704-707.
- McDonnell, P.J., Rowen, S.R., Glaser, B.M. & Sato, M. (1985). "Posterior Capsule Opacification." ARCHIVES OF OPHTHALMOLOGY, 103 (9), 1378-1381.
- Rowen, S.L. (1994). "Advanced Phacomachine & New Kelman Tip". PHACO AND FOLDABLES, Vol 7 No. 1.

- OCULAR SURGERY NEWS. (1994) "Leaders in Clear Corneal Incisions"
- Rowen, S.L. (1996). "Topical Anesthesia in Cataract Surgery". REVIEW OF OPHTHALMOLOGY, Supplement to VOL. 2, No. 6
- OPHTHALMOLOGY TIMES. (1995). "Miochol-E with Topical Anesthesia"
- EYE TECHNOLOGY (1996). "Current Trends in Cataract Surgery".
- Rowen, S.L. (1996) "Yes, You Can Convert To Clear Corneal Incisions". REVIEW OF OPHTHALMOLOGY, Vol. 3 No. 5, 110-115
- OCULAR SURGERY, News Symposium Supplement, Feb. 1996
- OCULAR SURGERY, News Symposium Supplement, Feb. 1997
- Rowen, S.L. (1997) "Understanding the Benefits of Plate Haptic Lenses" REVIEW OF OPHTHALMOLOGY, Vol. IV., and No.7 4B- 6B
- Rowen. S.L. (1999) " Why & How to Convert to Injectable Lens" REVIEW OF OPHTHALMOLOGY, VOL 8, and page87
- Rowen S.L. 9 (1999) "Pre-Operative & Post- Operative Medications used for Cataract Surgery" CURRENT OPINIONS IN OPHTHALMOLOGY, VOL 10, PAGES 29-35

American Academy of Ophthalmology - Annual Meeting:

1994 – 2009: 40 Credits Each Calendar Year

American Society of Cataracts and Refractive Surgery - Annual Meeting:

1995 – 1996, 1998 – 2010: 40 Credits Each Calendar Year

American Meeting International Society of Cosmetic Laser - Surgeons:

1996 - 24 Credits	1999 –24 Credits
1998 - 29 Credits	2000 – 24 Credits

International Society of Refractive Surgeons:

1995, 1998 – 2002, 2004: 16 Credits Each Calendar Year

Maryland Optometric Association

1998- 6 Credits

Baltimore Refractive Surgery Society

1999- 6 Credits

Greater Baltimore Medical Center

1999- 6 Credits

Visual FreedomCenter

1998- 12 Credits

Preceptorships - Ultrapulse CO2 Laser:

1995 - January - Dr. Robert Adrian, Washington, D.C.
Facial Resurfacing Technique

1995 - February - Dr. Sterling Baker, Oklahoma City, OK.

Preceptor: Coherent Medical:

1996- Present Supervise use of CO2 & Erbium Laser

Laser Education Foundation - I.S.C.L.S.

1996- October- Sterling S. Baker MD. , Chicago, IL.
Pre- AAO Cosmetic Symposium

Coherent / Ultra FineErbium

1998- January, Maureen A. Foley, RN, BSN, CNOR
Mercy Hospital

The International Society of Cosmetic Laser Symposium

1998- February – C.William Hanke, MD. , Orlando, FL.

Eyelid Incision Techniques International Workshop on Anesthetic Surgery:

1996 April - Dr. Oscar Remirez, Course Director
Rejuvenation of the Centra Oval of the Face, Perioral Area and Lips

Techniques and Variations of the I. Howard Fine Clear Corneal Incision Course

1992 - August - Dr. Charles Williamson , Course Director

Lamellar Refractive Surgery Course

1997 – May, Dr.Stephan G. Slade, Baltimore, MD.

Visual Freedom Center

1998- February – Dr. Charles Casebeer, Course Director
Introduction / Visx Certification Course, Transition to Lasik/ Wet Lab

VISX University

1998- November – Visx Excimer Laser System
Hyperopia Training Course

Johns Hopkins Hospital, Wilmer Eye

1998- Preceptorship for PRK, Course Director, Terrance O'Brian MD.

Presentations: Cataracts, Glaucoma, Foldable Lens & Topical Anesthesia

- 1984- ARVO, Wilmer Eye Meeting, Sarasoto, FL.
- 1989- ARVO, Wilmer Eye Meeting, Sarasota, FL.
"Endothelial Cell Produce a Chemoattractant for Astrocytes"
- 1985- ARVO, Wilmer Eye Meeting, Sarasoto, FL.
"Retinal Pigment Epithelial Cells Release a Chemoattractant for Astrocytes"
- 1992- Greater Baltimore Medical Center Symposium, Baltimore, MD.
"The Use of Foldable Lenses in Cataract Surgery"
- 1993- Maryland Eye Physicians and Surgeons
"No Stitch Incision, Capsulorhexis, and Foldable Lenses" Invited Paper
- 1993- American Academy of Ophthalmology
IOLAB BOOTH " Perilimbal Incisions and Topical Anesthesia"
- 1994- American Society of Cataract and Refractive Surgeons, Boston, Mass.
"Perilimbal Incisions Using Topical Anesthesia "
- 1994- American Academy of Ophthalmology , San Francisco, CA
"Advanced Phacoemulsification and Combined Glaucoma- Phaco Surgery"
"Topical Anesthesia"
"Clinical Decisions in Management of Complications"
"What I'm Doing Differently This Year"
"Techniques and Variation of the I. Howard Fine Clear Corneal Incision Course"
- 1995- Staar Surgical: Course Director: Baltimore, MD.
"Techniques and Variation of the I.Howard Fine Clear Corneal Incision Course"
- 1995- American Society of Cataract and Refractive Surgery, San Diego, CA.
"The use of Miochol- E for Cataract Surgery and Topical Anesthesia"
"Advances in Topical Anesthesia and Clear Corneal Incisions"
"Topical Anesthesia and Clear Corneal Incisions" Staar Booth ASCRS.
- 1995 - American Academy of Ophthalmology: Atlanta, GA.
"Clinical Decision in Management of Complications"
"What I Am Doing Differently This Year"
"Advance Phacoemulsification and Combined Glaucoma- Phaco Surgery"
"Topical Anesthesia"
"Clear Corneal Incisions" Invited: ASCRS Symposium
- 1996- Techniques and Variations of the I.Howard Fine Clear Corneal Incision Course:
New Jersey
"Topical Anesthesia and Clear Corneal Incisions"
- 1996-The New Jersey Academy of Ophthalmology: New Jersey
"Topical Anesthesia and Clear Corneal Incisions"

- 1996-American Society of Cataract and Refractive surgery: Seattle, Washington
"Cataract Surgery for the 90's" Staar and Chiron
"Advanced Phacoemulsification and Combined Glaucoma- Phaco Surgery"
- 1996-Techniques and Variations of the I. Howard Fine Clear Corneal Incision Course; Minneapolis
"Cataract Surgery for the 90's" Course Director Invited Presentation
- 1996- American Academy of Ophthalmology": Chicago, IL.
"Clinical Decisions in Management of Complication in Cataract Surgery"
"Cataract Surgery of the 90's" Staar & Chiron
"Advanced Phacoemulsification and Combined Glaucoma – Phaco Surgery"
- 1996- Tarrant County Medical Society: Fort Worth, TX.
" Cataract Surgery for the 90's"
- 1997- Ophthalmology Society: Bethlehem, PA.
"Cataract Surgery for the 90's"
- 1998- The Virginia Society of Ophthalmology: Williamsburg, VA.
"Posterior Chamber Phakic IOLS"
"Clear Cornea Cataract Surgery"
" Co2 Laser for Blepharoplasty & Resurfacing"
- 1998- American Academy of Ophthalmology: New Orleans, LA.
"Clinical Decisions in the Management of Complication in Cataract and IOL Surgery"
Preceptor for ICL – Staar Booth
- 1998-Hawaii Eye Meeting / Slack Incorp: Hawaii
"Topical Clear Corneal Cataract with Diclofenac Sodium"
- 1998-Women in Ophthalmology: Aspen, CO.
"Cataract Surgery for the Millenium"
- 1998- Maryland Physicians & Eye Surgeons: Maryland
" Cataract Surgery for the 90's"
" ICL Update"
" Toric IOL'S"
- 1999-American Society of Cataract and Refractive surgery: Seattle, Washington
"Advanced Techniques for Cataract Surgery using Topical Anesthesia and Clear Corneal Incisions"
"Pre & Post Op Medications for the ICL"
Course Instructor – 2 hrs. " Advance Techniques for Cataract Surgery, ICL's & Toric Lenses"
- 1999- Greater Baltimore Medical Center Baltimore, MD.
"ICL Update"
- 1999-Society of Ophthalmology: Puerto Rico
"Cataract Surgery for the Millenium"
"ICL Update" " Toric IOL'S for Cataract Surgery"
- 1999-Los Angeles Society of Ophthalmology: Los Angeles, CA.
"Cataract Surgery for the Millenium"
- 2000- American Society of Cataract and Refractive Surgery : Boston Mass.

“ International Challenges & Techniques in Advanced Cataract Surgery’

- 2002- American Academy Of Ophthalmology - Florida
“ Clinical Decision & Management of Complication 2002”
“ Prevention & Management of Iris Prolapse During Cataract Surgery”

Presentations: Cosmetic - Techniques using CO2 & Erbium Lasers:

- 1996- International Society of Cosmetic Laser Surgery: Chicago IL.
“CO2 Laser in a Traditional Ophthalmology Practice”
- 1996- Coherent / Pre- AAO, Chicago, IL.
“CO2 Laser in a Traditional Ophthalmology Practice”
- 1996- International Society of Cosmetic Laser Surgery: Washington, DC.
“CO2 Laser in a Traditional Ophthalmology Practice”
- 1998- The Virginia Society of Ophthalmology, Williamsburg, VA.
“Skin Resurfacing with the CO2 & Erbium laser”
- 1998- Maryland Optometric Association: Baltimore, MD.
“Cosmetic Laser Surgery using the CO2 & Erbium Lasers”
- 1998- 7th. International Society of Cosmetic Laser Surgeons: Orlando, FL.
“Great Marketing – Minimal Expense – Coordinated Skin care”
- 1999-International Society of Cosmetic Laser Surgeons: New Orleans, LA.
“Erbium Resurfacing for Xanthelasma”
“ CO2 Laser Blepharoplasty”
- 2002 – International Society of Cosmetic Laser Surgeons : New York
“Lower Lid Blepharoplasty Multi-Modal approved”
Presentations: Toric & Implantable Contact Lens:
- 1997- Taustin Eye Center: Louisville, KY.
“ Implantable contact lenses”
“ Toric IOL Update”
- 1998- Maryland Society of Eye Physicians & Surgeons: Baltimore, MD.
“Intraocular Contact Lens”
- 1998- Sixth Annual Ophthalmic Allied Health Symposium: Wilmington, DE.
“Implantable Contact Lens, My Personal Experience”
“Update: Phase 1 & 2”
- 1998- Women in Ophthalmology: Colorado
“Correction of High Myopia & Hyperopia with Intraocular contacts”
- 1998- American Society of Cataract and Refractive Surgery: San Diego, CA.
Staar Surgical: ICL
“Implantable Contact Lenses, My Personal Experience”
“Phase 1 & 2” “ ICL Update”
- 1998- Hoover Naquian Conference: Baltimore, Md.
“Implantable Contact Lenses for Myopia and Hyperopia”
- 1999- 44th Annual University of Rochester Medical Center: New York
“Toric Intraocular Lens”

“Implantable Contact Lens For Myopia & Hyperopia”

- 1999- American Society of Cataract and Refractive Surgery: Seattle Washington
Round Table Discussion Group: Starr Surgical: ICL
“Latest Technique and variations of Refractive Surgery and the Benefits of using the
Implantable Contact lens”
- 2000- Hawaii Eye Meeting / Slack Incomp. Hawaii
“Current Trends in Refractive Surgery”
“The Implantable Contact Lens FDA update, for Personal Experience & Techniques”
- 2002- New England Ophthalmological Society Inc,
“ Implantable Contact Lens , Personal Experiences”
“ FDA Update” “ Toric & IOL “

International Presentation:

1994- Starr Surgical: Australia
Five City Lectures: Sidney, Perth, Melbourne, Adelaide, and Brisbane
“Clear Corneal Incisions Using Topical Anesthesia”

1995- Live Cataract Surgery: Toulouse, France
“Topical Anesthesia and Clear Corneal Incisions”

1995- Live Cataract Surgery: Juan De Pain, France
“Topical Anesthesia and Clear Corneal Incisions”

1997- Live Cataract Surgery: Clinique Sourdille, France
“From Phaco to CO2”
“Topical Anesthesia for Cataract Surgery”

1997- Live Cataract Surgery: University of Bologna, Italy
“Live Cataract Surgery and Discussion”

1998- IV Congresso International DE-Cataract: Rio de Janeiro, Brazil
“Toric Update & Foldable Lens”
“Implantable Contact Lens”
“Advanced Cataract Techniques”

1999- European Society of Ophthalmology
“ Live Cataract Surgery” International Society of Women Eye Surgeons