



Connecticut Society of Eye Physicians

Scientific CME Regional Meeting

June 9, 2023 - 8:00 am - 5:00 pm

at The Aqua Turf Club
556 Mulberry Street, Plantsville, CT

Plus Vision Expo
Over 30 Vendors, Raffles & Door Prizes

Technicians' Registration



EDWARD LIM, MD
MODERATOR



VINCENT DELUISE, MD
MODERATOR



Register Today

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**Connecticut Society of Eye Physicians
Annual Education Program Friday, June 9, 2023
Technicians' Agenda**



- 7:45 **Registration – Wellness Breakfast – Welcoming Remarks – Ed Lim, MD**
- 8:15 **Inflammatory Diseases of the Eye**
– Inna Stroh, MD
Objectives: 1. To review the choroid and what nourishes it. 2. To review other inflammatory diseases.
- 8:45 **Medical and Surgical Options of Glaucoma**
– Jeffrey Emerick, MD
Objectives: 1. To review the optimal medical treatments for those at risk for glaucoma. 2. To review surgical techniques and optimal outcomes.
- 9:15 **Retinal Detachment Review**
– Adrienne W. Scott, MD
Objectives: 1. To discuss the different types of retinal detachment 2. To identify common symptoms in patients with retinal detachment 3. To discuss risk factors for retinal detachment.
- 9:45 **Coffee Break – Wellness Snacks**
- 10:15 **How to Not Miss Infectious Uveitis**
– Yasha Modi, MD
Objectives 1. To improve creation of differential diagnosis in uveitis. 2. To improve detection of infectious uveitis. 3. To review treatment of uveitis.
- 10:45 **What is Glaucoma?**
– Celso Tello, MD
Objectives: 1. To review the eye conditions that damage the optic nerve and how eye fluid increases the eye pressure resulting in Glaucoma 2. To review who is at risk 3. To review why the elderly are especially at risk
- 11:15 **The Patients Who are at Risk for Glaucoma - What to Know?**
– Eitan Burstein, MD
Objectives: 1. Attendees will be able to better identify patients who are high risk for glaucoma. 2. Attendees will be better able to counsel patients about glaucoma risk factors. 3. Attendees will be able to distinguish between high risk groups for open angle vs. closed angle glaucoma. 4. Attendees will be able to distinguish between the primary method of treatment for open angle vs. closed angle glaucoma.
- 11:45 **The Risk of Treating Family and Friends**
– Joyce Lagnese, JD
Objectives: 1. To review the current laws surrounding the treatment of family and friends. 2. To review protocols offices should have in place when writing prescriptions. 3. Review penalties and risks involved in violating state law
- 12:00 **Lunch – Visit Vision Expo**
- 12:45 **Pediatric Retina: What Kids Have Taught Me – David Parke Lecture**
– Anne B. Fulton, MD
Objectives: 1. Learn key milestones in visual and retinal development 2. Learn approach to evaluating a child's retinal function
- 1:15 **Important Ophthalmic Conversations**
– Robert Osher, MD
Objectives: 1. To identify important information patients disclose in patient work-ups 2. To describe documentation necessary in providing a comprehensive medical record.
- 1:45 **Here's How- Simple Exam Tricks from 5 Decades of Neuro-Ophthalmology Experience**
– Jeffrey G. Odel, MD
Objectives: 1. To review simple testing methods which will help to identify leading Neuro-Ophthalmology conditions. 2. Describe what Abnormal eye movements could mean and how to appropriately document these findings. 3. Review reduced vision, blind spots, double vision, abnormalities of the pupil, droopy eyelids and more.
- 2:15 **Coffee Break - Vendor Exhibit Hall**
- 2:45 **Lessons in Pediatric Cataract Surgery – My Best Tips for Successful Outcomes**
– Deborah K. VanderVeen, MD
Objectives: 1. Understand basic differences in surgical management of pediatric (vs adult) cataract patients 2. List pre-operative, surgical, and/or post-operative techniques that can improve outcomes.
- 3:15 **Cornea Wellness!**
– Lorenzo Cervantes, MD
Objectives: 1. Understand the basic functions of the cornea 2. Review the ways to measure these corneal functions 3. Describe how different diseases affect these corneal functions.
- 4:15 **Helping Hand, Technician's Role in Cataract Patient Care**
– Richard Fichman, MD
Objectives: 1. To review history taking for accuracy and optimal outcomes. 2. To review the importance of Ascans and refractions for the cataract patient.
- 4:40 **Post Competency Test Review – Closing Remarks – Ed Lim, MD**
- 5:00 **Certificates and Door Prizes**

Technician's Outcome Measurements

1. Has this symposium changed the way you will care for patients? Yes No
2. Do you believe this symposium will have a positive effect on patient surgical or clinical outcomes? Yes No
3. Can you offer other speakers or talks that will provide information to improve clinical outcomes at the next meeting? Yes No

Please fill out:

Suggested Speakers: _____

Suggested Topics: _____

Technician's Competency Questions

Pediatric Retina: What Kids Have Taught Me – David Parke Lecture – Anne B. Fulton, MD

Question 1. The most common form of juvenile macular degeneration is:

- a. Stargardt disease, ABCA4
- b. X-linked juvenile retinoschisis
- c. vitelliform dystrophy
- d. Hermansky-Pudlak syndrome
- e. FHONDA syndrome

Question 2. Which statements are correct about infants and young children?

- a. By age 6 months visual acuity has become equivalent to that in adults ;
- b. Vision can be measured using electroretinography ;
- c. Both rod and cone mediated ERG responses are immature before age 6 months ;
- d. Visual acuity can be measured using a behavioral test, preferential looking
- e. Images of the macula and also of optic nerve head can be obtained routinely using handheld OCT devices.

Question 3. Refractive errors in children can cause blurry vision. A child can have trouble seeing at _____?

- a. Near Distances
- b. Far Distances
- c. Both

Question 4. Happens in about 4 percent (4 out of 100) children. One eye may look straight ahead while the other turns in, out, up or down?

- a. Pink Eye
- b. Amblyopia
- c. Strabismus
- d. None of the Above

Question 5. What is a swollen lump on the eyelid caused by a clogged oil gland. It is not caused by an infection?

- a. Stye
- b. Pink Eye
- c. Skin Tag
- d. Chalazion

Retinal Detachment Review – Adrienne W. Scott, MD

Question 1. Which of the following statements is false?

- a. Patients with retinal detachment often present with sudden, painful vision loss.
- b. Cataract surgery is a risk factor for retinal tear and retinal detachment.
- c. Risk for retinal detachment increases with age.
- d. Family history is a risk factor for retinal detachment

Question 2. Which of the following statements is false?

- a. Patients with retinal detachment may have a visual field defect on confrontation testing.
- b. Blunt trauma is a risk factor for retinal detachment.
- c. Exudative retinal detachment results from development of a retinal tear.
- d. A common cause of traction retinal detachment is proliferative diabetic retinopathy.

How to Not Miss Infectious Uveitis – Yasha Modi, MD

Question 1. Ocular Findings in Infectious Uveitis may include all of the following except:

- a. Retinal Whitening
- b. Dense Vitritis
- c. Periarteritis
- d. Candle wax drippings

Question 2. Which of the following uveitis entities is most likely to present with ocular hypertension?

- a. Sarcoid uveitis
- b. MS-associated uveitis
- c. Toxoplasmosis-associated uveitis
- d. Pars planitis
- e. HLA B27-associated anterior uveitis

The Patients Who are at Risk for Glaucoma - What to Know? – Eitan Burstein, MD Questions:

- Question 1. Which of the following is NOT known risk factors for primary open angle glaucoma according to the OHTS trial?
- a. Age
 - b. Pressure
 - c. Central corneal thickness
 - d. Family history
- Question 2. Which prescription should cause you to think about narrow angles?
- a. +4.00
 - b. -4.00
 - c. -2.00+1.50 x 90
- Question 3. Where is aqueous produced?
- a. Trabecular meshwork
 - b. Ciliary body
 - c. Schlemm's canal
 - d. Scleral spur

Inflammatory Diseases of the Eye – Inna Stroh, MD

- Question 1. Ankylosing spondylitis, a type of inflammatory disease that can cause some of the bones in the spine to fuse, leading to back pain. Uveitis is one of the most common complications of:
- a. Ankylosing Spondylitis.
 - b. Cataract Surgery
 - c. Retina Detachment
 - d. All of the Above
- Question 2. Uveitis is a common health condition that causes inflammation and infection of the _____.
- a. Tear Duct
 - b. Uvea
 - c. Cornea
 - d. All of the Above
- Question 3. Symptoms of the condition can include which of the following?
- a. Redness and swelling in the eyes
 - b. Increased tear production and discharge in the eye
 - c. Appearance of speckles or floaters in the
 - d. Improved Vision
 - e. A, B,C
- Question 4. The first noticeable symptom of Uveitis is usually
- a. Sudden Loss of Vision
 - b. Excessive Blinking
 - c. Redness and Pain
 - d. None of the above

What is Glaucoma? – Celso Tello, MD

- Question 1. An effective test to diagnose angle closure glaucoma is:
- a. Visual Field
 - b. B scan
 - c. Autorefracion
 - d. UBM
- Question 2. Which is not a secondary glaucoma?
- a. Exfoliation glaucoma
 - b. Pigmentary glaucoma
 - c. Primary open angle glaucoma
 - d. Uveitic glaucoma
- Question 3. Which medication is used to treat glaucoma?
- a. Netarsudil
 - b. Ibuprofen
 - c. Haloperidol
 - d. Bevacizumab
- Question 4. What is the best technique to diagnose angle closure glaucoma?
- a. Autorefraction
 - b. Gonioscopy
 - c. Fluorescein Angiography
 - d. Indirect ophthalmoscopy
- Question 5 Which is an angle based minimally invasive glaucoma surgery?
- a. Xen implant
 - b. Trabeculectomy
 - c. Trabectome
 - d. Baerveldt implant
- Question 6. Which procedure is not used for IOP lowering?
- a. Kahook blade
 - b. Ahmed implant
 - c. iStent
 - 4. Intacs

Helping Hand, Technician's Role in Cataract Patient Care – Richard Fichman, MD

Question 1. Cataracts can affect refractive error in which manner?

- a. Increased Hyperopia
- b. Increased Myopia
- c. Cataracts don't affect refractive error
- d. Increased depth of focus

Question 2. The purpose of performing a refraction at the time of a Cataract Consult is:

- a. To determine what prescription the patient should have post operatively.
- b. To determine whether a Toric implant should be recommended
- c. To make sure that the diminished vision is not corrected by a careful refraction.
- d. A refraction is not necessary if there is a significant cataract.

Question 3. Monovision Cataract surgery is reasonable in the following group of patients:

- a. High Myopes
- b. Hyperopes
- c. Patients with Amblyopia
- d. Patients with a history of successful monovision Contact Lens wear or monovision refractive surgery in the past.

Cornea Wellness! – Lorenzo Cervantes, MD

Question 1. The most powerful refracting surface of the eye is the:

- a. Tear film
- b. Cornea
- c. Lens
- d. Vitreous

Question 2. Topography measures the corneal:

- a. Thickness
- b. Anterior (front surface) shape
- c. Posterior (back surface) shape
- d. All of the above

Question 3. A 75-year old man has severe dry eyes and cataracts. Which of the following might be affected when performing biometry for intraocular lens measurements?

- a. Axial length
- b. Anterior chamber depth
- c. Keratometry
- d. Lens thickness

Question 4. A 24-year old patient with keratoconus can be refracted to 20/50 in the phoropter. She also has a small central scar. Which of the following would NOT be helpful in determining if the scar is contributing to the patient's blurry vision?

- a. Trial frame
- b. Pinhole
- c. Rigid gas permeable lens
- d. Scleral lens

Question 5. A 70-year patient has Fuchs dystrophy and a cataract. Which test can suggest that this patient also needs a cornea transplant?

- a. Pachymetry
- b. Tomography
- c. Specular microscopy
- d. All of the above

Lessons in Pediatric Cataract Surgery – My Best Tips for Successful Outcomes – Deborah K. VanderVeen, MD

Question 1. Which age groups should have anterior vitrectomy/posterior capsulotomy at the time of cataract surgery?

- a. Only infants without IOL placement
- b. Infants and toddlers
- c. Any children under 6 years of age
- d. All pediatric patients (<18 years)

Question 2. Which is typically NOT helpful for post-operative management after cataract surgery in children?

- a. Supplemental intraoperative steroid
- b. Place absorbable sutures for wound closure
- c. Allow children to blink the eye drops in
- d. Use a capsulotomy lens for yag capsulotomy

Important Ophthalmic Conversations – Robert Osher, MD

Question 1. Cataract surgery is a popular treatment for cataracts, a condition that clouds the eye's lens. Early signs of cataracts include:

- a. Sudden loss of Vision
- b. Cloudy vision
- c. Difficulty seeing at night
- d. Light sensitivity, and seeing excessive glare.
- e. B,C,D
- f. All of the Above

Question 2. What lenses implanted during cataract surgery allow you to see many different distances?

- a. Basic Standard lens
- b. Multifocal lens
- c. Toric Lens
- d. Myopic Lens

Medical and Surgical Options of Glaucoma – Jeffrey Emerick, MD

Question 1. A common side effect of netarsudil is:

- a. Fatigue
- b. Eyelash growth
- c. Conjunctival hyperemia
- d. Bradycardia

Question 2. An advantage of omidenepag over other prostaglandin analogs is the decreased incidence of:

- a. Macular edema
- b. Conjunctival hyperemia
- c. Periorbital fat atrophy
- d. Eyelash growth

Question 3. Selective laser trabeculoplasty is a good treatment option for a:

- a. 16-year-old with juvenile glaucoma
- b. 56-year-old with angle-closure glaucoma
- c. 66-year-old with neovascular glaucoma
- d. 76-year-old with primary open-angle glaucoma

Question 4. Trabecular stents are a good treatment option for a:

- a. 16-year-old with juvenile glaucoma
- b. 56-year-old with angle-closure glaucoma
- c. 66-year-old with neovascular glaucoma
- d. 76-year-old with primary open-angle glaucoma

Question 5. What is an advantage of gel stents over trabeculectomy surgery?

- a. Faster visual recovery
- b. No need for mitomycin
- c. Better IOP control
- d. Less need for postoperative steroids

Here's How- Simple Exam Tricks from 5 Decades of Neuro-Ophthalmology Experience – Jeffrey G. Odel, MD

Question 1. Select which is false about testing for a relative afferent pupillary defect

- a. It is best done in darkness with an indirect ophthalmoscope light while the patient is fixed at distance with eyes looking slightly up
- b. It can be done with only one working pupil
- c. It can be observed during the alternate cover test by looking at the uncovered pupil
- d. It can be quantified with neutral density filters
- e. It should not be performed in the cataract surgery work-up

Question 2. In vertical diplopia from a right diabetic fourth nerve palsy an accommodative rule or yard stick shown horizontally in front of the patient will appear:

- a. As two parallel sticks vertically separated
- b. As two sticks separated vertically converging to the patient's left
- c. As one stick
- d. As two sticks separated vertically converging to the patient's right
- e. As two sticks perpendicular to one another

Question 3. Which strategies will help visualize a relative afferent pupillary defect (RAPD) in a patient with dark irides during the swinging flashlight test (SFT):

- a. Have patient look at near during the SFT and use a dim light
- b. Using a direct ophthalmoscope for the swinging flashlight inspect the red reflex in the dark with the patient fixed at distance
- c. In bright light use an indirect ophthalmoscope for the swinging flashlight
- d. With the patient fixed at distance in the dark put a 0.3 neutral density filter over the eye suspected of having a RAPD during
- e. In the dark with the patient fixed at distance and 20 degrees above the primary do the SFT



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Annual Education Program

Friday, June 9, 2023

The Aqua Turf Club

556 Mulberry Street, Plantsville, CT

CSEP Technician's Program Registration Form

Fax to 860-496-1830 or Email debbieosborn36@yahoo.com

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Please mail this form with your payment to: CSEP, P.O. Box 854, Litchfield, CT 06759

FAX: 860-496-1830 with enclosed credit card form

You can scan this form (one for each registrant) and email with credit card information to debbieosborn36@yahoo.com

(Please fill out a separate form for each registrant)

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Check # _____ Received: _____ Amount: \$ _____

DEADLINE FOR REGISTRATION IS May 15, 2023

Please Note: Space is limited to the first 250 registrants

CSEP, 26 Sally Burr Road • P.O. Box 854 • Litchfield, CT 06759



Connecticut Society of Eye Physicians

Technician's Program - June 9, 2023

Credit Card Payment Form

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