

UNIVERSITY OF
LOUISVILLE

Department of Ophthalmology and Visual Sciences

July 22, 2013

PATIENT: Burl Washington
D.O.B.: 8/05/67

To Whom It May Concern:

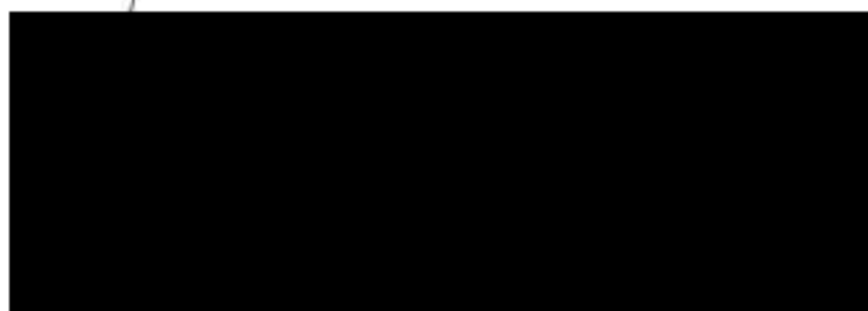
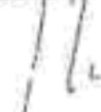
This is a letter regarding the eye condition of Mr. Burl Washington. Mr. Washington was seen in consultation here at the Primary Care Eye Center at the Dept. of Ophthalmology & Visual Sciences earlier this year on February 7, 2013 and then subsequently on June 18, 2013 and again on July 22, 2013.

Mr. Washington has a history of advanced glaucoma and he underwent subsequent glaucoma surgeries with a glaucoma drainage device in both eyes. He is currently on topical glaucoma medications including Latanoprost and Brimonidine. On today eye exam he had a very poor vision of light perception only on the right eye and hand motion vision of the left eye. His Intraocular pressure was 16 mmHg on the right eye and 28 mmHg of the left eye. The glaucoma drainage devices are in good position and functioning well, there is a mild cataract in both eyes. Fundus exam revealed a complete loss of the neuroretinal rim tissue of the optic nerve in both eyes.

Mr. Washington is legally blind from glaucoma with complete loss of his central and peripheral vision of both eyes. He is not a candidate for incisional surgery, and his vision loss is not a result of advanced cataract or any other treatable condition. The only surgical option to further decrease the eye pressure of the left eye would be a laser procedure with cyclophotocoagulation, but this procedure could potentially take away the rest of the vision of the left eye, therefore I would only consider it as a last resource and only for making the patient comfortable if the eye pressure is causing severe eye pain. At this point the best treatment option is to optimize his topical glaucoma medications and discontinue the steroid eyedrops (loteprednol ophthalmic solution).

Should you have any questions regarding the eye condition of this patient please do not hesitate to contact me.

Sincerely,



Dilated Fundus Exam

Disc: OD: C:D 0.9 x 0.9 Normal Color and Contour
OS: C:D 0.95 x 0.95 Normal Color and Contour

NFL: OD: WNL
OS: WNL

Retina: OD: WNL
OS: WNL

Macula: OD: RPE changes
OS: RPE changes

Vessels: OD: WNL
OS: WNL

Periphery: OD: WNL
OS: WNL

Vitreous: OD: PVD - large and multiple
OS: PVD

Impression:

Optic Disc: Glaucoma: COAG - Primary open angle OD Severe - OS Severe 5/20/16
Lens: Cataract: Senile: NSC - Nuclear sclerosis OS Moderate 5/20/16
Vitreous: Degeneration OD Moderate - OS 5/20/16

Discussion:

The patient has extremely sick eyes. Both of his eyes are legally blind due to his glaucoma. He has undergone multiple surgeries in both eyes. Unfortunately, both of his eyes have severe issues even today. His left eye has extremely elevated eye pressures and will soon lose all of his remaining vision unless the eye pressure is lowered. First, to be done immediately, he needs assistance having his current eye drops be placed into his left eye. Since he is blind, he has great trouble placing his eye drops on his own. Second, he needs to be evaluated by a glaucoma specialist to evaluate his left eye for a failed tube. His eye pressure at 42 is unacceptable and needs to be lowered immediately.

Treatment NOW- Needs to be assisted with placing his drops:

1. brimonidine Both eyes 3 times a day
2. Timolol Both eye 2 times a day
3. Latanoprost both eyes at night.

Please set him up for evaluation by a glaucoma specialist ASAP. Please have someone at the facility help put in his current eyedrops.

Pseudophakia OD. He has undergone multiple surgeries in his right eye and now has an ACIOL OD. The eye is quite today, but has a poor visual potential.

Visually significant cataract OS. The patient's vision is now affecting their activities of daily living. I reviewed the risks, benefits and alternatives with the patient. They wish to proceed with cataract surgery. Once his eye pressure is controlled, he may need to have his cataract in the left eye removed.

Posterior Vitreous Detachment OU. No breaks, holes or tears were seen today. Warnings of a retinal detachment were given to the patient. He does have large and significant floaters in his right eye > left.

Medications:

Thank you for allowing me the opportunity to participate in the care of this patient. Please feel free to contact me if I can provide any further information that would be helpful to you.

Sincerely,

Mark Goulas

SENSITIVE BUT UNCLASSIFIED

Goulas Eye
Mark Goulas
23 Plantation Park Drive, Suite 401
Bluffton, SC 29910

May 22, 2016

Referring Doctor:
Seven Corners, Inc.
PO Box 3384
Carmel, IN 46082
Phone: (800) 458-2078 Fax: (317) 282-0555

Patient Name: Washington, Burl (DOB: 8/5/1967)
Exam Date: 5/20/2016 #34793044

Dear To Whom It May Concern:

I recently had the pleasure of seeing Burl Washington, on 5/20/2016. I am including a report of my findings for your review.

Burl Washington presents with/for mild constant glaucoma located in OU that has been occurring constantly for several years, usually drops. This condition monitoring, and is associated with painful. Patient presents today for a complaint of vision being gone. Patient states this started with being DX with glaucoma in 2005 and vision started to decrease in 2012. MTG: the patient was referred for glaucoma check. He says that he has had multiple surgeries in the past. He has a lot of trouble with using his drops and gets no help with using the drops.

Allergies: Acetaminophen, Diamox Sequels, dorzolamide HCL, dorzolamide-timolol
Past Ocular History: glaucoma & lens w/ cataract (unspecified)
Past Ocular Surgeries: Cataract extraction w/ standard PCIOL OD & Glaucoma surgery
Ocular Medications: atropine 1 % eye drops Usage: 1 gtt OD BID
brimonidine 0.1 % eye drops Usage: 1 gtt OU TID
latanoprost 0.005 % eye drops Usage: 1 gtt OU QHS
timolol maleate 0.5 % eye drops Usage: 1 gtt OU BID
Past Medical History: cholesterol
Past Surgeries: None
Systemic Medications: atorvastatin, betamethasone acet & sod phos, docusate sodium

Unaided Visual Acuity: OD: LP OS: LP
IOP: OD 14 OS 42 Method: Goldmann Time: 11:23 AM kar
OD 10 OS 37 Method: Goldmann Time: 11:31 AM MTG
Pupil: OD: 8mm to no reaction, APD:
OS: 9mm to no reaction, APD:
CVF: OD: All Defects
OS: All Defects

Slit Lamp Exam-

Lids: RT: WNL
LT: WNL tube at 1:00
Lashes: RT: WNL
LT: WNL
Adnexa: RT: WNL
LT: WNL
Conj: OD: White and Quiet
OS: White and Quiet
Sclera: OD: White and Quiet
OS: White and Quiet
Cornea: OD: Multiple corneal sutures
OS: Clear
Iris: OD: Flat and Round
OS: PAS
A/C: OD: Deep and Quiet
OS: tube in place 1 o'clock
Lens: OD: ACIOL
OS: NSC /cortical 4+

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