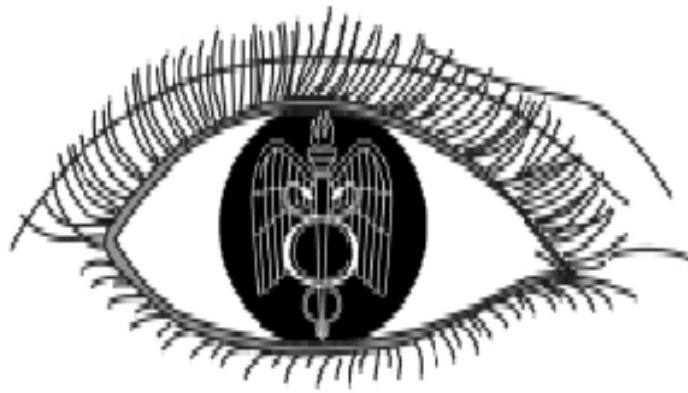


# **Louisiana State University Health Sciences Center**

at Shreveport

**Department of Ophthalmology**

## **“Management of Retinal Detachments and Large Retinal Holes”**

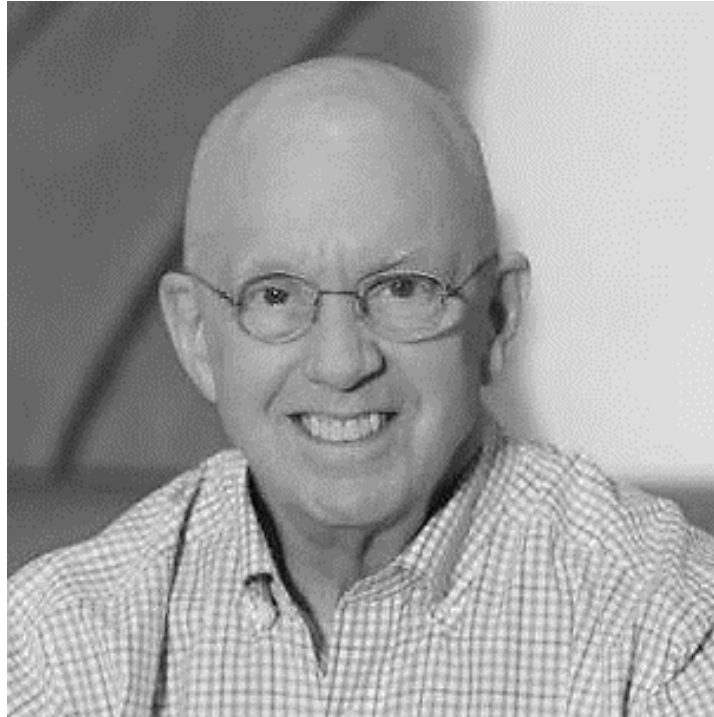


**30<sup>th</sup> Annual Meeting of the  
LSUHSC Ophthalmology  
Residents & Alumni**

**June 9, 2019**

**Pierremont Oaks Tennis Club (POTC)  
578 Spring Lake Dr  
Shreveport, LA 71106**

## 8:00 STATE-OF-THE-ART LECTURE BY



***Steve Charles, M.D., FACS, FICS***

**Charles Retina Institute**  
1432 KIMBROUGH ROAD  
Germantown, TN 38138

## **“Retinal Detachment from Straightforward to PVR”**

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Proprietary interest and Conflict of interest to be stated from the podium.

**9:00**

## **Retinal complications of optic nerve and choroidal colobomas in pediatric patients**

*Bilal A. Shaukat, MD (PGY4), Elleny Gutierrez, William Byrd, MD and Alan Richards, MD*  
Department of Ophthalmology  
LSU Health Sciences Center-Shreveport

**Objective:** To explore the incidence of retinal complications (including presence of subretinal fluid and retinal detachment) in pediatric patients with chorioretinal and/or optic nerve colobomas, to review the individual cases in this series with their clinical courses and management, and to discuss the reasons why these patients remain difficult to treat and whether prophylactic measures can aid in preserving vision

**Design:** Retrospective case series

**Methods:** Retrospective analysis of all the cases of ocular coloboma to a tertiary referral ophthalmic center in northern Louisiana from 2015 to 2018.

**Results** Four cases out of forty-three patients with chorioretinal and/or optic nerve coloboma were identified as having retinal detachments, with one developing serous retinal detachment and three developing rhegmatogenous retinal detachments. Various management and treatment approaches were utilized including laser, vitrectomy, and Diamox. The majority of patients achieved successful surgical anatomic results, however, visual prognosis remained poor given the severity of the colobomatous and concomitant ophthalmic disease.

**Conclusions:** Optic nerve and chorioretinal coloboma patients are at increased risk of retinal detachment, which is a primary cause of acquired severe vision loss in this pediatric patient population. Close follow-up with detailed peripheral retinal exam is recommended and prophylactic laser to the edges of the coloboma should be considered in at risk patients.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

9:15

## **Retrospective comparison between current method of intraocular lens calculation vs. incorporation of Barrett Universal II Formula in LSU-Monroe**

*Jason M. So MD,<sup>1</sup> Juli Young RN CRNO,<sup>2</sup> Steven B. Flynn MD PhD<sup>2</sup>*

Department of Ophthalmology

<sup>1</sup>LSU Health Sciences Center-Shreveport

<sup>2</sup>EA Conway Medical Center- Monroe

**Purpose:** To compare the spherical equivalent (S.E) predictability of manual biometry followed by SRK/T calculation (Juli's Method) vs. IOL calculation using measurements from optical biometry followed by Holladay I, SRK/T, Barrett Universal II.

**Design:** Retrospective consecutive case series

**Participants:** Total of 214 cataract operations with AU00T0 IOL implant (Alcon Laboratories, Inc., Fort Worth, TX)

**Methods:** All patients undergoing cataract surgery between January 1, 2018 and December 31, 2018 with IOLMaster-500 Optical Biometry (Carl Zeiss Meditec AG, Jena, Germany) were eligible. After exclusion, total of 130 eyes were included in the study with post-operative UCVA of 20/25, which were assumed to have plano-sphere refractive results. Spherical equivalence predictions/errors from different IOL calculations were plotted. S.E. predictability of Juli's method then statistically compared to the S.E. predictability of Holladay I, SRK/T, and Barrett formulas.

**Results:** 130 eyes achieved 20/25 or better vision within 3 months post-op. Statistical comparison results pending as of the day of this writing.

**Conclusion:** Preliminary results show that IOL Master results are potentially non-inferior to Juli's method.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

9:30

**Comparison of visual outcomes after cataract surgery performed by femtosecond laser-assisted with intraoperative aberrometry and conventional phacoemulsification.**

*Maxwell A. Burch, MD (PGY4),<sup>1</sup> Sana Badar, MD,<sup>1</sup> Kyle Boudreaux, MS<sup>1</sup>, Wyche T. Coleman, III, MD<sup>2</sup>, and Thomas D. Redens, MD<sup>1</sup>*

<sup>1</sup>Department of Ophthalmology, LSU Health Sciences Center-Shreveport

<sup>2</sup>WK Eye Institute, Shreveport

**Purpose:** To compare the visual acuity results (uncorrected and best-corrected) of patients after undergoing phacoemulsification with either the conventional technique or the femtosecond laser-assisted technique with ORA technology.

**Design:** Retrospective Cohort Study

**Methods:** The eyes recruited for the study had undergone cataract surgery by a single surgeon with either conventional techniques using blades for incisions or femtosecond laser-assisted technique with ORA technology. The conventional technique involves manual corneal incisions using blades, manual capsulorhexis, phacoemulsification, and intraocular lens implantation. The FLACS technique involves laser-assisted corneal incisions, capsulotomy, and lens fragmentation, with phacoemulsification, and intraocular lens implantation guided by intraoperative aberrometry.

**Results:** Preliminary results show higher percentage of patients achieving UCVA of 20/20 in the FLACS group compared with conventional surgery group.

**Conclusion:**

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

**9:45**

**Preliminary results with ab externo scleral-fixated Akreos IOL; A quality improvement study.**

*Kyla Aschenbeck, MD (PGY4) and Thomas B. Redens, MD*

Department of Ophthalmology

LSU Health Sciences Center-Shreveport

**Introduction:** There are several techniques available today to surgically address aphakia including anterior chamber IOLs, iris-sutured IOL, or scleral-fixated IOLs. About 1 year ago, we adopted a new technique at LSU for aphakia using scleral-fixated lens called the Akreos AO60 IOL sutured with 8-0 Gore-Tex.

**Objective:** The purpose of this study was to assess the preliminary outcomes of ab externo scleral fixation of Akreos AO60 lens with 8-0 Gore-Tex suture performed at LSUHSC-Shreveport and to determine if any steps need to be taken in order to see better outcomes.

**Design:** Retrospective, single-center study

**Methods:** A retrospective chart review was conducted on 21 eyes having undergone scleral fixated IOL with Akreos AO60 lens in the last 15 months. Pre-op visual acuity and comorbid ocular conditions were recorded. We also looked at visual acuity post-op day 1, month 1, and at their most recent follow up visit. We looked for any complication encountered during the surgery or post-op period, such as corneal edema, IOL dislocation, retinal detachment, infection, intraocular hemorrhage, and suture erosion.

**Conclusion:** The results of this small case series will be discussed

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

**10:00 Mid-Morning Break - Pictures**

**10:30**

**The effect of working angle on distance stereopsis and it's role in driving performance while texting and driving**

*Amanda Selchau, MD (PGY3)<sup>1</sup>, Kelli M. Coleman, MD, A. Scott Kavanaugh, MD, Alan Richards, MD<sup>1</sup> and Wyche Coleman, MD<sup>1,2</sup>*

<sup>1</sup>Department of Ophthalmology, LSUHSC-Shreveport

<sup>2</sup>Willis Knighton Eye Institute, Shreveport, LA

**Purpose:** From previous research we found that both working angle and working distance are independent variables that help explain why texting and driving is so distracting. In this study, we aim to determine if distance stereopsis is reduced when viewing a cell phone at near and if distance stereopsis is affected by the position of the cellphone.

**Participants:** Ophthalmology residents and clinic staff with no significant ocular disease.

**Methods:** Distance stereopsis was measured with the B-VAT with Random Dot E Test (global stereopsis) and the Circle Test (contour stereopsis). Trials were done with participants viewing a cell phone held 30cm straight ahead, 60 cm straight ahead, 30 cm at 30 degrees down and 60cm at 30 degrees down. Trials were also done with the cell phone 15 and 30 degrees from center in the road plane 60cm from the subject. A control was accomplished with the subjects looking straight ahead without the cell phone.

**Main outcome measures:** Distance stereopsis

**Results:** Will be discussed at alumni day

**Conclusions:** distance stereopsis is reduced or absent when viewing an object at near as the distance image falls outside of panum's fusional space.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

**10:45**

## **Intracranial hypertension in the pediatric population**

*Marithe Gutierrez-Roberts MD (PGY3), Ellen Gutierrez, MS3; William Byrd MD, John Brinkley, MD; & Alan Richards, MD*

Department of Ophthalmology

LSU Health Sciences Center Shreveport

Intracranial hypertension in the pediatric population is a condition which can be attributed to many different causes. In this case series, we evaluate the charts of pediatric patients seen in the pediatric ophthalmology clinic and diagnosed with intracranial hypertension to review the various attributable causes and presentations. We examine recent literature to discuss the diagnostic criteria of intracranial hypertension and how this relates to the pediatric population.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None



**11:00**

**Retrospective analysis of combined cataract surgery and minimally invasive glaucoma surgery with the iStent and the Kahook Dual Blade at one year follow up.**

*Peter K. Lam, MD (PGY3) and Chanping Liang, MD*  
Department of Ophthalmology  
LSU Health Sciences Center Shreveport

**Objective:** To evaluate the efficacy and safety profile of combined cataract surgery and minimally invasive glaucoma surgery (MIGS) using iStent or Kahook Dual Blade at a large state hospital.

**Design:** Retrospective, single-center study.

**Methods:** Data were collected through retrospective chart review at a large state hospital in Louisiana. Patients were included who underwent combined cataract extraction with insertion of iStent or combined with Kahook dual blade. A total 161 eyes from 120 patients were consecutively included from March 2015 to June 2018. Five eyes were excluded due to inability to perform KDB or iStent due patient's inability to stay still. Two patients did not have MIGS device due to posterior capsule rupture. Inclusion criteria included patients with primary open or chronic narrow angle glaucoma. Exclusion criterion included any patients who had prior incisional glaucoma surgery or was unable to have MIGS. Pre-operative and post-operative best corrected visual acuity, intraocular pressure, and number of intraocular lowering medication were recorded. Measurements were evaluated at postoperative day 1, postoperative week 1, postoperative month 1, post-operative month 3, and 1 year. Lastly, complications were also recorded.

**Results:** Preoperatively, mean IOP was 16.74 IOP averaged 14.6 at 1 day. By month 1, the mean IOP was 16.2 and by month 3, mean IOP was 14.5. Mean IOP at 1 year was 14.56. The number of topical lowering eye drops were not statistically different at 1 year compared to preoperative medications. There were no intraoperative complications with the KDB or the iStent. There were no long-term adverse effects of MIGS at 1 year follow up. The incidence of POD1 intraocular pressure elevation was 8.9%.

**Conclusion:** Preliminary analysis shows that combined cataract surgery and MIGS device is a relatively safe and effective surgery to lower intraocular pressure at one year follow up. Incidence of post-operative day one intraocular pressure elevation is consistent with other studies. We anticipate further analysis of our data will reinforce with this preliminary data.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

**11:15**

## **Visual Outcomes of Herpes Simplex Keratitis in Children Under Six Years of Age**

*Omair Ali, MD (PGY3), William A. Byrd, MD and Alan Richards, MD*

Department of Ophthalmology

LSU Health Sciences Center Shreveport

**Retrospective study.** 34 patients who presented with herpes simplex keratitis under age six were reviewed.

**Outcomes.** All patients who presented within one week of the onset of symptoms had an excellent response to oral acyclovir with no corneal scarring and little to no loss of visual acuity.

Patients who had a delay in diagnosis for over one week or who were treated previously with topical steroids for an incorrect diagnosis, did have corneal scarring and loss of visual acuity. Many patients required prolonged treatment with acyclovir due to early and repeated recurrence of herpetic keratitis. All parents were given refills of oral acyclovir and told to start the medication at the onset of a red eye, photophobia or eye pain. All were told to come the office as soon as possible

Six patients were also give topical ganciclovir in conjunction with oral acyclovir. In most cases, topical ganciclovir was not used due to cost and difficulty in obtaining approval from insurance companies. Even without topical ganciclovir, all patients who presented with symptoms under one week resolved without corneal scarring. Ghost dendrites often took several weeks to resolve, but oral acyclovir was not used after the corneal epithelium had healed. Ghost dendrites (a mild form of stromal keratitis) did not require topical steroids for resolution.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

# STATE-OF-THE-ART LECTURE

**Charles Retina Institute**  
1432 KIMBROUGH ROAD  
Germantown, TN 38138

# “Full Thickness Autologous Patch Graft for Large Macular Holes”

[illegible]

11

**2:00**

## **Patient travel distance and rhegmatogenous retinal detachment outcomes in rural North Dakota.**

*Robert Gokey, MD<sup>1,2,3</sup> (PGY2), James Beal,<sup>3</sup> Keri Sipma,<sup>2</sup> Danielle Nelson<sup>2</sup>, Kimberly Leonard<sup>1</sup>, David Jacobs,<sup>2,3</sup> and A. Scott Kavanaugh, MD<sup>1</sup>*

Department of Ophthalmology

<sup>1</sup>LSU Health Sciences Center Shreveport

<sup>2</sup>Trinity Health, Minot, ND

<sup>3</sup>University of North Dakota, Grand Forks ND

**Purpose:** Long travel distance in underserved areas such as rural North Dakota could delay treatment of rhegmatogenous retinal detachment (RRD). We performed a retrospective study to determine if patients living remotely to the vitreoretinal surgeon (VRS) experienced a delay in treatment, presented with more advanced RRD, or had worse visual acuity (VA) outcomes than patients living locally.

**Methods:** Medical records were reviewed of 143 patients who underwent repair of primary RRD by pars plana vitrectomy or scleral buckle by a single VRS from Aug. 2011 to Sept. 2014 in Minot, North Dakota. Exclusion criteria were RRD associated with penetrating globe injury, endophthalmitis, or previous PPV. Data recorded from the medical record included distance traveled to the VRS, time from referring provider exam to the VRS exam, extent of RRD, time from VRS exam to surgery, pre and postoperative VA, and reoperation rate. The main outcome measure was mean logMAR VA change at 6 months. All statistical tests were two-tailed with  $p < 0.05$  considered significant. The Institutional Review Board of Trinity Health approved this study.

**Results:** Of the 143 total patients, 45 lived locally,  $5.2 \pm 1.6$  miles and 98 lived remotely,  $122.8 \pm 69$  miles. Time from referring provider exam to VRS exam was similar for local and remote patients,  $1.5 \pm 2.9$  vs.  $1.5 \pm 2.8$  days ( $p = .97$ ). Mean preoperative VA was 20/135 local vs. 20/178 remote. The fovea was detached in 51% local compared to 53% remote ( $p = .78$ ). Clock hours of RRD were similar in local and remote patients,  $5.2 \pm 2.3$  vs.  $5.5 \pm 2.6$  hours ( $p = .51$ ). Time from VRS exam to surgery showed no difference,  $1.8 \pm 3.4$  vs.  $1.8 \pm 3.8$  days ( $p = .70$ ). Mean VA at 6 months was 20/39 local vs. 20/51 remote. The mean logMAR VA change at 6 months was similar in local and remote patients,  $-.54 \pm .7$  vs.  $-.52 \pm .8$  ( $p = .91$ ). At 6 months  $VA \geq 20/40$  was achieved in 67% locally compared to 70% remotely ( $p = .78$ ). 6 month anatomic success rate was 100% in both groups. Retained silicone oil was present 4% local vs. 7% remote ( $p = .54$ ). Reoperation was required in 4% local vs. 6% remote ( $p = .69$ ).

**Conclusions:** Patients with long distance travel to the VRS for management of RRD did not experience a delay in treatment, present with more advanced RRD, or have worse VA outcomes than patients who lived locally. Patients with RRD in rural areas remote from a VRS can have equivalent outcomes to those living near a VRS when referred and treated urgently.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

**2:15**

## **Multiple evanescent white dot syndrome (MEWDS), just a headache?**

*Allen Gu, MD (PGY2), William A. Byrd, MD, and Alan Richards, MD*

Department of Ophthalmology

LSU Health Sciences Center Shreveport

### **Introduction:**

23 year-old nearsighted female with a past medical history of sensorineural hearing loss with tinnitus, positive antinuclear antibody, positive anti-centromere, and migraines with visual aura presents for evaluation of unilateral photopsias OD with paracentral scotoma.

### **Case presentation:**

Patient presented with complaints of glistening specks in her vision OD that was worse in bright daylight. The symptoms began 2 weeks prior to evaluation and were similar to the auras she experienced with her migraines. However, there is now also a paracentral grey spot near her central vision. Her visual acuity was 20/20 and 20/25.

### **Management:**

DFE showed questionable RPE mottling, OCT-macula revealed foveal RPE mottling. FA revealed wreath-like hyperfluorescence around macula early and late staining. Patient was diagnosed with MEWDS, vision has been stable though patient continues to note photopsias and scotoma.

### **Discussion:**

MEWDS is a self-limited disease that requires no acute intervention other than patient reassurance. There is no diagnostic laboratory test, however it can be recognized with a constellation of clinical findings with regular follow up to confirm stability.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

**2:30**

## **The rare junctional scotoma: When to beware and when not to despair: Case discussions**

*Omar Iqbal, MD (PGY2), Jesse Halpern, MD, John Brinkley, MD and William A. Byrd, MD*  
Department of Ophthalmology  
LSU Health Sciences Center Shreveport

**Background and aim:** Chiasmal disease can be broken down into three main patterns: bi-temporal defects, the common junctional scotoma and the rare junctional scotoma. Pathology localized to the optic chiasm presents on a visual field with a defect respecting the vertical. The rare junctional pattern presents with a unilateral vertical cut while the other two patterns present with bilateral defects respecting the vertical meridian. The rare junctional scotoma is, in essence, rare but can have deadly manifestations requiring urgent imaging and referral. Thus any evidence of a depression respecting the vertical meridian needs to be thoroughly evaluated. What is seen, however, are a number of cases where a unilateral vertical cut is present on field testing but no compressive lesion can be found, the so-called pseudo-rare junctional scotoma. There has been little investigation of the pseudo-rare junctional scotoma and thus what is presented is an approach to delineate and discriminate between the true rare junctional pattern and the, much more clinically common, pseudo-rare junctional pattern.

**Case presentations:** We present a total of four cases, two where a unilateral vertical cut on field testing corresponded to a mass lesion requiring urgent imaging and referral (a true rare junctional scotoma) and two others where a unilateral vertical cut was found on visual field testing but there is no evidence of a compressive mass lesion or pathology necessitating urgent work-up (the pseudo-rare junctional scotoma). At the end, an approach is presented which helps one judge the urgency of further work-up.

**Conclusions:** The case presentations reveal that a true junctional scotoma is more likely present when three factors are met: the patient has a decline in visual acuity, an afferent pupillary defect is present, and when there is some element of optic atrophy/pallor present on examination of the optic nerve. As expected, this chiasmal pattern often indicates the presence of a compressive mass lesion which needs urgent imaging with MRI Brain and Orbits with and without contrast and with Orbital Fat Suppression and appropriate urgent neurosurgical referral. The clinically more common “pseudo-rare junctional pattern,” is seen when those three factors may not be met: true visual acuity is normal, there is no afferent pupillary defect, and there is no evidence of optic disc pallor or atrophy. This corresponds to a visual field pattern presenting with a unilateral vertical cut when no compressive mass lesion is present. The usual culprits are a poor field, non-intracranial disease process and/or functional vision loss. This pattern is best addressed by repeating a visual field or obtaining a different type of field such as a Goldmann or 10-2, ensuring there is no afferent pupillary defect and no element of optic atrophy or disc pallor, obtaining bilateral peripheral field if there is any suspicion of functional vision loss, and finally pursuing further imaging with MRI and referral if there is still any doubt.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

2:45

## Spontaneous bilateral globe luxation

*Aigerim Saulebayeva, MD (PGY2), William Byrd, MD, and A. Scott Kavanaugh, MD*  
Department of Ophthalmology  
LSU Health Sciences Center Shreveport

**Objective:** The objective of this case is a rare presentation of spontaneous bilateral globe luxation and patient's manual self-repositioning technique.

**Introduction:** Spontaneous globe luxation is a rarely reported condition which can lead to complications like optic neuropathy. Common causes are thyroid eye disease, shallow orbit and floppy eyelid syndrome.

**Case:** 48 year-old female who presented for evaluation of cataracts was concerned about "eyelids going behind the eye" and if it would affect the possible surgery. Episodes have been bothering patient since age of 18 about 3-4 times a week. Patient has a technique to reposition the globe manually. Patient uses her bent index finger and presses on her globe in order to push it posteriorly while using her other hand she pulls the upper lid down into position. Patient denied any past medical history of thyroid disease, eye trauma, eye surgeries, diabetes, hypertension, and any medications. She has not been evaluated by physician in more than 10 years. The patient was found to have cataracts, and CSME (likely due to diabetes).

**Treatment:** The patient was offered a bilateral lateral tarsorrhaphy, to prevent further subluxation episodes. She will also need treatment for CSME that may be complicated technically as for cataract surgery. Further evaluation was significant for elevated blood glucose levels and elevated blood pressure and she was referred to internal medicine clinic. The patient was educated about lifestyle modifications and healthy lifestyle choices; healthy diet and exercise were encouraged.

**Treatment outcome:** Patient is scheduled to be evaluated in retina clinic for treatment of CSME first, then will likely be scheduled for cataract removal and bilateral lateral tarsorrhaphy. Update to follow.

**Conclusion:** Spontaneous globe subluxation is a painful and anxiety provoking condition. Laboratory testing and imaging studies may be ordered to detect underlying medical conditions, like thyroid eye disease, orbital tumors, and shallow orbits. Myopia was shown not to be an independent risk factor.

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None

**3:00**

**A plan to facilitate the understanding, teaching and use of the alternate cover test**

*Jesse Halpern, MD<sup>1</sup> and John P Sullivan, BS<sup>2</sup>*

<sup>1</sup>Department of Ophthalmology

LSU Health Sciences Center-Shreveport

<sup>2</sup>University of Florida

**Objectives :** Provide some background information including how to appreciate the special power of the alternate cover test, use it in identifying extra ocular motor palsies, consider some usual stumbling blocks in acquiring and putting into practice this information, present a novel aid that could be helpful in overcoming these blocks, present how the aid was utilized and what resident reaction has been in a trial this year, and prepare a disc with all the teaching material for free distribution

**Method:** The new aid utilized short video clips for each of the four steps in using the alternate cover test to diagnose specific muscle palsies. They document all the possibilities at each of the gaze positions being tested (i.e., no tropia, hypertropia, hypotropia, esotropia, and exotropia). A normal person was being tested, but the abnormal responses were generated by shifting the fixation points. The generated video clips could then be joined in such a way as to realistically show what specific palsies looked like when using the alternate cover test. Eighteen videos of specific muscle palsies were generated. These 18 generated “muscle palsies” were then used to instruct and to test the first year residents. The resident testing plan: Test the ability when challenged with the 18 generated “alternate cover test results” to identify the palsy pattern. Given the short video clips, residents were asked to build 6 specific palsy patterns.

**Results:**

**Conclusion:** The results were positive (Need an objective measurement - if available)

**Financial support:** None    **Conflicts of interest:** None    **Proprietary interest:** None



## ACKNOWLEDGEMENTS

The residents, faculty and Alumni Day Committee members of the Louisiana State University Health Sciences Center – Shreveport, Department of Ophthalmology gratefully recognize our corporate supporters and the Louisiana Eye Banks for support and vital participation in the 2011 Resident and Alumni Day Forum through unrestricted grants to the Ophthalmology Department and to the people of North Louisiana by;

**Alcon**

**Allergan**

Southern Eye Bank of Louisiana, New Orleans, LA

Northwest Louisiana Eye Bank, Shreveport, LA

## APPRECIATION

We are extremely grateful to our Alumni and friends of the LSUHSC Ophthalmology Department for their generous support of the *John W. Henderson, MD Memorial Fund* which seeks to promote clinical and basic ophthalmologic research and to recognize outstanding academic achievement by the LSUHSC-Shreveport Ophthalmology residents through the “**Best Resident Presentation Awards**”.

### **Recognition of Resident Presentation Judges for 2019**

Steven Flynn, MD, PhD

Monroe, LA

James Ralston, MD

Pineville, LA

John Carmody, MD

Shreveport, LA

Holly Guy, MD

Shreveport, LA

James Northcutt, MD

Shreveport, LA

**A PGY II, PGY III and PGY IV resident will be selected for a  
“John W. Henderson, MD Best Resident Presentation Award”  
The resident presentations will be judged by faculty/alumni attendees for:**

1. Relative significance of the presentation to current and future ophthalmic practices
2. Comprehensiveness of the abstract and clarity of the presentation
3. Appropriateness of the conclusions
4. Appropriateness of the responses given to questions from the attendees
5. Judicious use of presentation time



**John W. Henderson, MD (circa 1985)**

John Warren Henderson was born Sept. 11, 1912, in Sidney, Neb. His father, Edgar, was an engineer for the Union Pacific Railroad. His grade school education was in the Omaha school system, and he received his Bachelor's, Master's and Doctoral degrees from the University of Nebraska. He interned at Cincinnati General Hospital and received a Master's Degree in Ophthalmology from the University of Minnesota in 1941. On June 25, 1933, he married his grade school sweetheart, Nadine Downing, in Papillion, Neb. Nadine Henderson died in 2001 and John died on October 25, 2007.

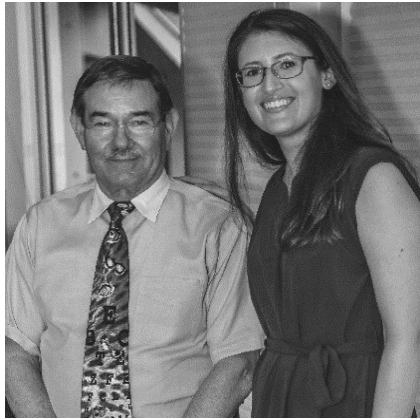
From June 1943 to September 1945, he served as a major in the Army Medical Corps as an ophthalmologist in the Asiatic Pacific Theater. Upon his discharge, he joined the Mayo Clinic consultant staff and the University of Minnesota Graduate School as an associate professor of ophthalmology. From 1961 until his Mayo Clinic retirement in 1977, he chaired the Department of Ophthalmology and was a Professor of Ophthalmology at Mayo Medical School. In retirement, he initiated "Vox Oculi," a quarterly newsletter for Mayo Eye Alumni and spouses and traveled as a lecturer.

In 1981, he became Professor of Ophthalmology at Louisiana State Medical School, and Chief of the Section of Ophthalmology, V.A. Medical Center in Shreveport, La. He retired from that position in 1988. He was a member of numerous professional societies, received two honorary degrees and published more than 100 articles in various medical journals. His textbook, "Orbital Tumors," was initially published in 1973 and has had three subsequent editions. He was dearly loved by all.

## Previous Winners of the “John W. Henderson, MD Best Resident Presentation Awards”

1990	PGY4	Mary Ellen Berg, MD “Conjunctival mast cells in specific pathogen free, germ-free and germfree athymic mice.”
1991	PGY2	David A. Judge, MD “Corneal changes following anterior stromal puncture in rabbits”
1992	PGY2	Kianoush Kian, MD “Surgical application of Vitreon.”
1993	PGY3	Brian R. Sullivan, MD “Quantitative assessment of rectus muscle size of normal subjects using standard magnetic resonance imaging.”
1994	PGY3	Brian R. Sullivan, MD “Ocular hypertension following small incision phacoemulsification cataract surgery.”
1995	PGY3	Thomas B. Redens, MD “Diode laser treatment of zone I retinopathy of prematurity.”
1996	PGY2	Sirus Hamzavi, MD “Transcranial Doppler in progressed vs. stable ocular hypertensives.”
1997	PGY?	John Sims, MD “Inhibition of posterior capsule opacification with sustained release intraocular indomethacin.”
1998	PGY4	Sirus Hamzavi, MD “Cytomegalovirus retinitis and viral load.”
1999	PGY4	Larry Meyer, MD “Combined pars plana vitrectomy and cataract extraction with IOP implantation.”
2000	PGY3	Abdul Rasheed Khan, MD “Is it worthwhile holding a diabetic screening clinic.”
2001	PGY4	Lakshmana Kooragayala, MD “Prevalence of methylenetetrahydrofolate reductase mutation in retinal vein occlusion.”
2002	PGY3	John Hinrichsen, MD “Late recurrent torsional diplopia after the Harada Ito procedure.”
2003	PGY4	Christopher Shelby, MD “Digital OKN drum quantitating visual acuity.”
2004	PGY4	Monali Sakhalkar, MD “ $\gamma$ -Glutamyltranspeptidase in diabetic and non-diabetic human RPE tissue and sera.”
2005	PGY3	Steven Flynn, MD “Psychophysics of cup/disc ratio estimation: Further investigation.”
2006	PGY4	Eric Subong, MD “Potential visual acuity measurement: An rapid, inexpensive, and accurate method.”
2007	PGY3	John B. Carmody, MD “Visual acuity outcomes following cataract surgery.”
2008	PGY3	Adrianne M. dela Paz, MD “Enucleations and eviscerations at LSUHSC-Shreveport: A ten year retrospective study (January 1, 1998 to December 31, 2007).”
2009	PGY4	Natalia V. Potapova, MD “Steady state oxygen versus reduced oxygen saturation to prevent ROP (Retinopathy of Prematurity).”
2010	PGY4	Brian Planchard, MD “Multifocal lens in intraocular lens calculation.”
2011	PGY2 PGY3 PGY4	
2012	PGY4	Joshua Wiggins, MD “Intravitreal Anti-VEGF (Bevacizumab) for the treatment of diabetic macular edema.”
	PGY4	Kristin Madonia, MD “Retrospective study: Long term overcorrection of strabismus following intraoperative use of oculinum.”
	PGY4	Mohamed Soliman, MD “Diplopia in teenagers & adults following early surgery for infantile esotropia.”
2013	PGY2	Shaohui Liu, MD “Pediatric herpes simplex keratitis: Characteristics, treatment and outcomes.”
	PGY2	Patrick Keating, MD “Investigation of intravitreal Lucentis for cases of macular edema refractory to intravitreal Avastin.”
	PGY3	Holy Guy, MD “Early surgical intervention for acquired esotropia.”
2014	PGY2	Karen Small, MD “Systemic infection associated with onset of neuromyelitis optica.”
	PGY3	Shaohui Liu, MD “The outcome of needling for failing blebs after trabeculectomy.”
	PGY4	Holy Guy (Ann Henderson), MD “Cyclophotocoagulation in the treatment of refractory glaucoma.”
2015	PGY2	Jeremy Cefalu, MD “Case report on endogenous endophthalmitis in a neonate.”
	PGY3	Margaret Young, MD “Pathological changes in human cataractous lens epithelium $\gamma$ -glutamyl transpeptidase.”
	PGY4	Patrick Keating, MD “Switching anti-VEGF drug therapy in the treatment of non-responders with choroidal neovascularization and macular edema.”
2016	PGY2	Jennifer Pan, MD “Neuromyelitis optica: a case series.”
	PGY3	Anne Floyd, MD “Treatment of retinopathy of prematurity in infants weighing less than 500 grams at birth.”
	PGY4	Amar Patel, MD “Predicted versus actual outcomes of LenSx arcuate keratotomy on corneal astigmatism using 90% Donnenfeld nomogram.”
2017	PGY2	Jason So, MD “Switching anti-VEGF drug therapy in treatment of choroidal neo-vascularization and macular edema in non-responders.”
	PGY3	Jennifer Pan, MD “Corneal complications in preterm infants.”
	PGY4	Anne Floyd, MD “Exotropia and Myopia: Early surgical intervention for primary intermittent exotropia may reduce the development of myopia in this population.”
2018	PGY2	Amanda Selchau, MD “The effect of decreasing working distance in stereopsis and its role in perception of closure while texting and driving.”
	PGY3	Jason So, MD “Bilateral complication from intravitreal Injection of bevacizumab in retinopathy of prematurity.”
	PGY4	Lisa Sun, MD “The use of the iStent in lowering IOP.”
2019	PGY PGY PGY	

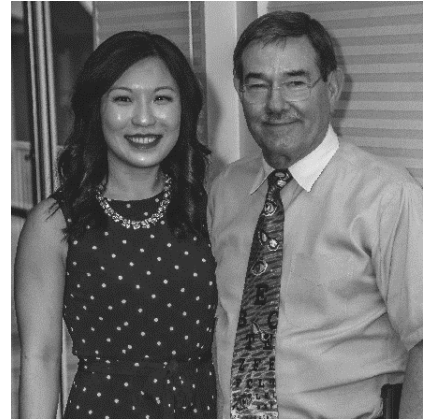
## 2018 Winners of the “John W. Henderson, MD Best Resident Presentation Awards”



**Amanda Selchau, MD (PGY2)**



**Jason So, MD (PGY3)**



**Lisa Sun, MD (PGY4)**

## Class of 2018 LSUHSC Ophthalmology Graduates



**Lisa Sun, MD   Jennifer Pan, MD   Kim T.T. Dinh, MD   Jerad Smedley, MD**

# 2018 Resident & Alumni Day Attendees

## Class of 2018 LSUHSC Ophthalmology Residents



(Left to right); Jason So, MD; Maxwell Burch, MD; Kyla Aschenbeck, MD; Jared Smedley, MD, Lisa L Sun, MD; Jennifer T. Pan, MD; Kim Tien T. Dinh, MD; Marithe Gutierrez-Roberts, MD; Amanda Selchau, MD; Bilal Shaukat, MD; Omair Ali, MD



(Left to right): Jennifer Pan, MD; Bilal Shaukat, MD; Alan Richards, MD; Steven Flynn, MD; Thomas Redens, MD; James Northcutt, MD; Holly Guy, MD; Kyla Aschenbeck, MD; Wyche Coleman, MD; Jeff Faludi, MD; Chanping Liang, MD; Joel Schulman, MD; Ronald Holman, MD; Lisa Sun, MD; Jared Smedley, MD; William Byrd, MD; Randall Kirchner, MD; Jason So, MD; Jayne Weiss, MD; Marithe Gutierrez-Roberts, MD; Kim T. Dinh, MD; A.Scott Kavanaugh, MD; Maxwell Burch, MD; John Carmody, MD; Amanda Selchau, MD

# Past State-of-the-Art Guest Lecturers

<i>Year</i>	<i>Guest Lecturer</i>	<i>Title of Presentations:</i>
1990	<b>Michael L. Cobo, MD</b>	Herpes Zoster Ophthalmicus
	<b>James H. Little, MD</b>	History of Phacoemulsification
1991	<b>Mandi Conway, MD</b>	Ocular Disease in SIV Immunosuppressed Rhesus Monkey
	<b>Brad Fouraker, MD</b>	Lasers and Refractive Surgery
1992	<b>James M. Hill, PhD</b>	Chemotherapy of Bacterial Keratitis
	<b>J. James Rowsey, MD</b>	Excimer Surgery Insights
1993	<b>John W. Henderson, MD</b>	Evolving Trends in Classification, Diagnosis and Management of Orbital Lymphoma
	<b>Robert D. Reinecke, MD</b>	Treatable Nystagmus and Horizontal Dissociated Deviations
1994	<b>H. Dwight Cavanagh, MD, PhD</b>	Pathogenesis and Prevention of Contact-Lens Induced Bacterial Keratitis
	<b>Peter Laibson, MD</b>	Current Management of Ocular Viral Disease
1995	<b>James P. McCully, MD</b>	New Therapeutic Agents for Corneal and External Diseases
	<b>Michael T. Trese, MD</b>	Management of Retinopathy of Prematurity
1996	<b>Mark B. Abelson, MD</b>	Corticosteroids in Ocular Inflammation
	<b>William T. Shults, MD</b>	Neuro-Ophthalmology of Trauma
1997	<b>Ralph Rosenthal, MD</b>	Fuch's Heterochromic Iridocyclitis- The Dilemma in Diagnosis and Treatment
	<b>David Knox, MD</b>	Inflammatory Bowel Disease and Uveitis
1998	<b>Delmar R. Caldwell, MD</b>	Pediatric IOLs: The Extremes and the Posterior Capsule
	<b>Joseph H. Calhoun, MD</b>	When Not to Operate for Strabismus
1999	<b>Gary E. Fish, MD</b>	Current Studies Evaluating the Treatment of AMD
	<b>Richard J. O'Callaghan, PhD</b>	Role of Exotoxins in Bacterial Keratitis
2000	<b>James H. Merritt, MD</b>	Evaluation and Treatment of Congenital Anophthalmia
	<b>Jess T. Whitson, MD</b>	Effect of Cataract Surgery on IOP
2001	<b>H. Dwight Cavanagh, MD, PhD</b>	Can Corneal Transplant Rejection Be Overcome?
	<b>Joseph A. Khawly, MD</b>	Ocular Photodynamic Therapy: Current and Potential Applications
2002	<b>Barrett G. Haik, MD</b>	Cancers Involving the External Ocular Tissues Diagnosis and Management of Intraocular Tumors
2003	<b>Henry Kaplan, MD</b>	Current Trends and Recent Advances in the Diagnosis and Treatment of Uveitis; Retinal Transplantation and the Artificial Eye
	<b>Emmett T. Cunningham, MD, PhD</b>	Treatment Principles in Uveitis
2004	<b>Andrew G. Lee, MD</b>	Approaching the Optic Neuropathies Why Do We Still Miss Giant Cell Arteritis in 2004?
2005	<b>M. Bowes Hamill, MD</b>	Anterior Segment Reconstruction Complex Cataract Surgery; The White Lens & Loose Zonules
2006	<b>Christopher Westfall, MD</b>	Challenges In Pediatric Oculoplastic Surgery Practical Applications of Wound Healing
2007	<b>Gregory L. Skuta, MD</b>	Glaucoma Surgery 2007: Where Are We Now? Neovascular Glaucoma: Continuing Challenges & New Options
2008	<b>Lawrence P. Chong, MD</b>	An Improved Understanding of the Mechanism of Vitreous Cutting Intraocular Drug Delivery System
2009	<b>Ralph C. Eagle, Jr., MD</b>	Pigmentation and Pigmented Lesions of the Iris & Retinoblastoma
2010	<b>Subba R. Gollamudi, MD</b>	Updates in Refractive Surgery
	<b>Maria Nishiwaki-Dantas, MD</b>	Ocular Allergy and Infectious Keratitis
2011	<b>Geoffrey Gladstone, MD</b>	Endoscopic & Laser Dacryocystorhinostomy Evaluation of the Eyelid-Eyebrow Complex: The Importance of the Eyelid Crease
2012	<b>Douglas D. Koch, MD</b>	New Advances in Cataract Surgery Corneal Optics for IOL Selection
2013	<b>Donald L. Budenz, MD, MPH</b>	Pearls and Pitfalls of Visual Fields in Glaucoma Management; OCT Interpretation in Glaucoma Management
2014	<b>Andrew P. Schachat, MD</b>	Diabetic Macular Edema; Clinical Pearls. Age-related Macular Degeneration; Update for Comprehensive Ophthalmologists
2015	<b>Debra A. Goldstein, MD, FRCSC</b>	Clinical Pearls in Pediatric Anterior Uveitis Infectious Posterior Uveitis
2016	<b>Matthew W. Wilson, MD, FACS</b>	Conjunctival Melanoma: Pearls and Pitfalls in Management; Uveal Melanoma: Diagnosis, Management & Frontiers in 2016
2017	<b>Joseph F. Rizzo III, MD</b>	The Status and Promise of Visual Prosthetic Devices; Visual Hallucinations
2018	<b>Jayne Weiss, MD</b>	The Corneal Dystrophies - Revisiting a 19th Century Classification Through a 21st Century Lens The FDA Ophthalmic Devices Panel- Impressions of a Current/Past Chair
2019	<b>Steve Charles, MD</b>	



# Department of Ophthalmology Residents & Alumni

1. Robert Gokey, MD	2018-2021	65. Christopher Shelby, MD	2000-2003	129. Richard Bourgeois, MD	1977-1980
2. Allen Gu, MD	2018-2021	66. Abdul Rasheed Khan, MD	1999-2002	130. Joseph C. Stainton, MD	1977-1980
3. Omar Iqbal, MD	2018-2021	67. Lakshmana Kooragayala MD	1999-2002	131. Leslie Bear, MD	1976-1979
4. Aigerim Saulebayeva, MD	2018-2021	68. Russell Van Norman, MD	1999-2002	132. J. Paul Swearingen, MD	1976-1979
5. Bilal Shaukat, MD	2017-2020	69. Avit Gremillion, MD	1998-2001	133. David D. Bryan, MD	1975-1978
6. Amanda Selchau, MD	2017-2020	70. Bryan Vekovius, MD	1998-2001	134. James R. McCue, MD	1975-1978
7. Marithe Gutierrez-Roberts, MD	2017-2020	71. Raul Lopez, MD	1997-2000	135. C. Robert Bice, Jr., MD	1974-1977
8. Omair Ali, MD	2017-2020	72. Larry Meyer, MD	1997-2000	136. Scot Allen Wall, MD	1974-1977
9. Kyla Aschenbeck, MD	2016-2019	73. David Nethery, MD	1997-2000	137. S. Kitrick Cooper, MD	1973-1976
10. Maxwell Burch, MD	2016-2019	74. Mustaphe Kibirigie, MD	1997-1999	138. John L. Elfervig, MD	1973-1976
11. Jason So, MD	2016-2019	75. Jeffrey Sedgewick, MD	1997-1999	139. Robert A. Miller, MD	1972-1975
12. Peter Lam, MD	2016-2019	76. Daniel J. McClure, MD	1996-1999	140. Raymond J. Ireland, MD	1972-1975
13. Kim Tien T. Dinh, MD	2015-2018	77. Sameena Khan, MD	1995-1998	141. Frederick R. Kirchner, MD	1971-1974
14. Jennifer T. Pan, MD	2015-2018	78. W. Patrick Collins, MD	1995-1998	142. Robert S. Robinson, MD	1971-1974
15. Jared Smedley, MD	2016-2018	79. Sirus Hamzavi, MD	1995-1998	143. Joseph Supple, Jr., MD	1971-1974
16. Lisa L. Sun, MD	2015-2018	80. David R. Gwynn, MD	1994-1997	144. Charles C. Fuller, MD	1970-1973
17. Jeremy R. Cefalu, MD	2014-2017	81. Jo Ann H. Mack, MD	1994-1997	145. Mary E. Uffelman, MD	1970-1973
18. Anne M. Floyd, MD	2014-2017	82. Norman A. Zaffater, MD	1994-1997	146. David A. Walker, MD	1969-1972
19. Marcy Hanudel, MD	2014-2017	83. Cameron Parsa, MD	1994-1996	147. Louis V. Montelaro, MD	1969-?
20. Drew Thomas, MD	2014-2017	84. Thomas B. Redens, MD	1993-1996	148. John Sorrels, Jr., MD	1968-1971
21. Amar Patel, MD	2013-2016	85. Matthew B. Mills, MD	1993-1996	149. David Swearingen, Jr., MD	1968-1971
22. Omar Shoukfeh, MD	2013-2016	86. James F. Freeman, MD	1992-1995	150. Harold W. LeDoux, MD	1967-1970
23. Karen W. Small, MD	2013-2016	87. Curtis M. Libby, MD	1992-1995	151. Stoney Williamson, MD	1967-1970
24. Margret Young, MD	2013-2016	88. James M. Rynerson, MD	1992-1995	152. John Knutzen, MD	1966-1969
25. Jeremy Bartley, MD	2012-2015	89. Kianoush Kian, MD	1991-1994	153. George D. Rucker, MD	1966-1969
26. Jordan Johnson, MD	2012-2015	90. Mark D. Reynolds, MD	1991-1994	154. Darryl L. Johnson, MD	1965-1968
27. Patrick Keating, MD	2012-2015	91. Brian R. Sullivan, MD	1991-1994	155. Arnold G. Barker, Jr., MD	1963-1966
28. Shaohui Liu, MD	2012-2015	92. David A. Judge, MD	1990-1993	156. R.L. Green, MD	1962-1965
29. Clay Bundrick, Jr., MD	2011-2014	93. Doug E. Lewis, MD	1990-1993	157. Donald E Texada, MD	1962-1964
30. Ann (Holly) Guy, MD	2011-2014	94. Larry K. Wood, MD	1990-1993		
31. Austin Lash, MD	2011-2014	95. Ali R. Banihashemi, MD	1989-1992		
32. Rohina Swaroop, MD	2011-2014	96. S. Grant Smith, MD	1989-1992		
33. Mary C. Clemons, MD	2010-2013	97. Mark L. Wellemeyer, MD	1989-1992		
34. Jeffrey Lusk, MD	2010-2013	98. Grant D. Heslep, MD	1988-1991		
35. Matthew Smith, MD	2010-2013	99. Charles F. Sherrod, MD	1988-1991		
36. Kristin Madonia, MD	2009-2012	100. Brian R. Wong, MD	1988-1991		
37. Mohamed Soliman, MD	2009-2012	101. Mary Ellen W. Berg, MD	1987-1990		
38. Joshua Wiggins, MD	2009-2012	102. Ron W. Ingram, MD	1987-1990		
39. Wyche Coleman, MD	2008-2011	103. Jeff T. Russell, MD	1987-1990		
40. Laura L. Mendiola, MD	2008-2011	104. M. Kenny Hall, MD	1986-1989		
41. Susanna Ringeman, MD	2008-2011	105. Chris L. Paris, MD	1986-1989		
42. A. Scott Kavanaugh, MD	2007-2010	106. Eric K. Smith, MD	1986-1989		
43. Russell Nelligan, MD	2007-2010	107. Ray M. Freeman, MD	1985-1988		
44. Brian Planchard, MD	2007-2010	108. Charles M. Gremillion, MD	1985-1988		
45. Adrianne M. dela Paz, MD	2006-2009	109. M. Kathy Upham, MD	1985-1988		
46. Alexander Grand, MD	2006-2009	110. Steve O. Sessums, MD	1984-1987		
47. Natalia V. Potapova, MD	2006-2009	111. Rob J. Bashaw, MD	1984-1987		
48. Muhammad I. Azrak MD	2005-2008	112. James G. Ralston, MD	1984-1987		
49. John B. Carmody, MD	2005-2008	113. Brad A. Beard, MD	1983-1986		
50. Raul A. Chanis, MD	2005-2008	114. Janet D. Brown, MD	1983-1986		
51. Sean Hendricks, MD	2005-2007	115. J. Tom Priddy, MD	1983-1986		
52. Cameron Griffith, MD	2004-2007	116. Carol S. Clemons, MD	1982-1985		
53. Lana Srur, MD	2004-2007	117. Bruce C. Henderson, MD	1982-1985		
54. Jody Abrams, MD	2003-2006	118. Gary E. Luffey, MD	1982-1985		
55. Jeffrey Gosslee, MD	2003-2006	119. Carl W. Marquess, MD	1981-1984		
56. Eric Subong, MD	2003-2006	120. Steve K. Magie, MD	1981-1984		
57. Steven Flynn, MD	2003-2005	121. Hal T. Rodenbiker, MD	1981-1984		
58. Hau Nguyen, MD	2002-2005	122. Raymond E. Haik, MD	1980-1983		
59. Ashley Sipes, MD	2002-2005	123. Joseph E. Humble, MD	1980-1983		
60. Monali Sakhalakar, MD	2001-2004	124. Keith K. Mack, MD	1980-1983		
61. Maria Pesheva, MD	2001-2004	125. William A. Byrd, MD	1979-1982		
62. Wally Nawas, MD	2001-2004	126. Joseph D. Hester, MD	1979-1982		
63. Channing Liang, MD	2000-2003	127. Mike J. Geiger, MD	1978-1981		
64. John Hinrichsen, MD	2000-2003	128. Mike S. McFarland, MD	1978-1981		

## 2018-2019 Department of Ophthalmology Faculty

David Bryan, MD  
Clinical Assistant Professor  
General Ophthalmology  
LSU Health Shreveport, LA

William A. Byrd, MD  
Associate Professor of Clinical  
Ophthalmology; Oculoplastic  
Chairman, Ophthalmology  
LSU Health Shreveport, LA

John Brinkley, MD  
Clinical Assistant Professor  
Neuro-Ophthalmology  
LSU Health Shreveport, LA

John Carmody, MD  
Clinical Assistant Professor  
Cornea  
LSU Health Shreveport, LA

Wyche Coleman, MD  
Clinical Instructor  
General Ophthalmology  
LSU Health Shreveport, LA

Jeffrey Faludi, MD  
Clinical Assistant Professor  
General Ophthalmology  
LSU Health Shreveport, LA

Steven Flynn, MD, PhD  
Assistant Professor of Clinical  
Ophthalmology;  
Director/Department Head  
University Health Conway  
Monroe, LA

Mardjohan Hardjasudarma, MD  
Professor of Clinical Radiology and  
Neuro-Ophthalmology  
LSU Health Shreveport, LA

Jesse I. Halpern, MD  
Clinical Associate Professor;  
Neuro-Ophthalmology  
LSU Health Shreveport, LA

John Hinrichsen, MD  
Clinical Assistant Professor;  
Pediatric Ophthalmology  
LSU Health Shreveport, LA

Ronald Holman, MD  
Overton Brooks VAMC  
General Ophthalmology  
VAMC, Shreveport, LA

Fredrick R. Kirchner, MD  
Clinical Associate Professor  
General Ophthalmology  
LSU Health Shreveport, LA

A. Scott Kavanaugh, MD  
Assistant Professor of Clinical  
Ophthalmology; Vitreo-Retina  
LSU Health Shreveport, LA

Marlyn P. Langford, PhD, FARVO  
Associate Professor; Research  
LSU Health Shreveport, LA

Chanping Liang, MD  
Professor of Clinical Ophthalmology;  
Glaucoma  
LSU Health Shreveport, LA

James Northcutt, MD  
Overton Brooks VAMC;  
Chief of Ophthalmology  
General Ophthalmology  
VAMC, Shreveport, LA

Thomas B. Redens, MD  
Associate Professor of Clinical  
Ophthalmology; Cornea  
Residency Program Director  
LSU Health Shreveport, LA

Alan Richards, MD  
Clinical Associate Professor;  
Pediatric Ophthalmology  
LSU Health Shreveport, LA

Joel A. Schulman, MD  
Associate Professor;  
Retina/Uveitis  
LSU Health Shreveport, LA

Brian Vekovius, MD  
Clinical Instructor  
Oculo-Plastic & Neuro-Ophthalmology  
LSU Health Shreveport, LA



# Past & Present LSUHSC Ophthalmology Chairmen



## **Kenneth B. Jones, MD (1957 – 1965)**

He was born October 26, 1904 in Tampa, Florida. He graduated from the University of Florida (1924) and the Tulane Medical School, New Orleans, LA (Class of 1929).

## **Leon Fowler Gray, MD (1965 – 1969)**

He was born on June 4, 1901 in Eastland, Texas. He graduated from the University of Texas (1925) and the Tulane Medical School, New Orleans, LA (Class of 1930).



## **Louis A. Breffeilh, MD, FACS, FICS (1969 – 1980)**

He was born on September 14, 1913 in Shreveport, Louisiana. He graduated from Loyola University (1934) and the LSU School of Medicine in New Orleans, LA (Class of 1939).



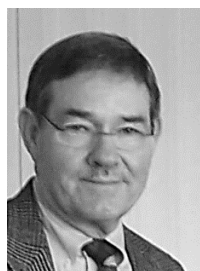
## **James P. Ganley, MD, Dr PH (1980 – 2000)**

He was born on April 25, 1937 in Altadena, CA. He graduated from Mount St. Mary's College (1959) and Georgetown University Medical School (Class of 1963). He completed a Medicine Internship at Washington Hospital Center (1963-1964) and an Ophthalmology residency at the Upstate Medical Center, State University of New York (1965-1968). He received a Master and a Doctor of Public Health in Epidemiology from the Johns Hopkins University (1968-1971) and completed a resident in Preventive Medicine at the Johns Hopkins University (1969-1971). He served as a senior staff fellow at the National Eye Institute, National Institutes of Health (1972-1974).



## **Donald E. Texada, MD (2000-2016)**

He was born on April 11, 1935 in Alexandria, LA. He graduated from LSU Medical School 1960. He completed his Ophthalmology Residency at LSU Medical Center in 1964. He completed a Head Ophthalmic and Pediatric Fellowship in 1965 at Children Hospital in Washington, DC and Barnes Hospital in St. Louis, MI. He completed a postgraduate Study for Macula and Retinal Disease at Bascom Palmer Eye Institute, Miami, FL.



## **William A. Byrd, MD, Chairman (2016- )**

He was born on April 23, 1947 in Leesville, LA. He graduated from Tulane University School of Medicine in 1978. He completed his Ophthalmology Residency at LSU Medical Center in Shreveport, LA in 1982. He completed an Ophthalmic Plastic and Reconstructive Surgery Fellowship at the University of Texas Medical Center, Houston, Texas in 1985.

## **Past & Present Chairmen Ophthalmology Department V.A. Medical Center-Shreveport, LA**



**John W. Henderson, MD (1980-1987)**



**Stanley A. Uriu, MD (1988-2003)**



**Miles Clayton, MD (2003-2008)**



**James Northcutt, MD (2009-**

## **Past & Present Chairmen Ophthalmology Department E.A. Conway Medical Center-Monroe, LA**



**Karanjiit Kooner, MD (1985-1990)**



**Rogelio Orillac, MD (1990-2007)**



**Stephen Flynn, MD (2007-**

## **Please fill out the evaluation forms.**

Your constructive comments are welcomed and considered extremely important to our educational goal of providing up-to-date clinical and basic science information that will increase physician competency, performance and patient care.

Thank you for attending and supporting the Department of Ophthalmology at Louisiana State University Health-Shreveport. We hope that you will make plans now to join us next year.

Please email [mlang@lsuhsc.edu](mailto:mlang@lsuhsc.edu) with your comments. You may also let us know you'd like to receive annual meeting notices via your email.