In January I took office as the President of the American Academy of Ophthalmology. I consider it a tremendous honor, a responsibility, and an opportunity. It's an honor not simply in being elected by your peers to a position of national leadership, but it's a particular honor to lead this particular organization, and I'd like to tell you a little about the Academy, its past, and what I believe to be its promise for the future.

The American Academy of Ophthalmology (AAO) is the world's largest association of ophthalmologists—eye physicians and surgeons—with nearly 30,000 members. While started as a strictly national organization of American ophthalmologists, now nearly 25% of its members are from outside the United States. While started as a strictly national organization of American ophthalmologists, now nearly 25% of its members are from outside the United States. Its mission involves service to the profession and to the public: “to advance the lifelong learning and professional interests of ophthalmologists (Eye M.D.s) to ensure that the public can obtain the best possible eye care.” This mission is not just window-dressing; every single major decision of its Board of Trustees is evaluated from the perspective not only of its potential impact on members—but on the community of our patients.

Education

The AAO was founded in 1896 as the American Academy of Ophthalmology and Otolaryngology. (In those days almost all ophthalmologists also were trained in otolaryngology (ear, nose, and throat) and vice versa.) Now the Annual Meeting of the AAO hosts about 27,000 attendees from around the globe with 2,000 hours of instruction courses and scientific papers. It’s one of the largest medical meetings in America, requiring over 800,000 square feet of exhibit space connected by over 4 miles of carpeting, and over 100 scientific meeting rooms.

After more than a century, the AAO retains its principal focus as providing continuing education for its members. Last year Academy members donated over 16,000 hours of volunteer time as committee members preparing new educational materials and programs. In recent decades, the educational mission has expanded to include residents in training in ophthalmology.
(such as ours here at Dean McGee) and other members of the eye care team such as ophthalmic technicians. The goal is to help ophthalmologists throughout the country identify, prioritize, and absorb important emerging biomedical scientific information so that they may stay current and provide the best care possible for their patients. Medical information doubles in less than three years, and staying on top of it becomes more and more difficult. The AAO is committed to helping America's ophthalmologists manage that daunting task. And I'm proud to say that one of DMEI’s and OU’s own faculty, Greg Skuta, M.D., is Senior Secretary of the AAO for Education and directs all AAO programs in this arena.

**Global Initiatives**

And the education is not just for American ophthalmologists. There are over 140,000 ophthalmologists outside the United States. Many of them serve patients in areas where the immediate need for eye care is a public health emergency. They work in sub-Saharan Africa, rural South America, and areas in Southeast Asia, the Indian subcontinent and the Middle East where access to current medical information may be tragically lacking. In Sichuan Province in southwest China, where DMEI has developed a program to help train Chinese ophthalmologists, nearly 500,000 people are blind from cataracts.

Imagine, for example, that you practice ophthalmology in your home city of 250,000 in sub-saharan Africa. Your initial training may have fallen short of standards in developed nations. How do you deal with the challenge of life-long education? How do you learn about new treatments and new surgical procedures?

The AAO, with a full-time staff of over 200, and over 1,000 U.S. physician volunteers developing its education programs, has in recent years rededicated itself to meeting the educational needs of not only American ophthalmologists, but of ophthalmologists worldwide—particularly in developing nations. Many of its most valuable products and services are subsidized for distribution in developing nations. Just this past fall, it launched the O.N.E. network—a web-based continuing education resource that cost over $5 million to initially develop. It currently contains over 5,000 pages of content. When fully developed later this year, it will eventually bring all the critical tools—text, surgical videotapes, self-assessment tools, etc within the economic and physical reach of ophthalmologists everywhere.
Medical Ethics

I’m proud to say that the AAO has been on the forefront of ethics in medicine. In 1979 it formed committees to develop a code of ethics for the Academy and its members. Every principle, rule, and code was evaluated according to the standard of Hippocrates—“the benefit of the patient”. To this day, the Ethics Committee of the AAO remains an active body—continually reviewing evolving medical practice issues and individual performance to help ensure that patients’ best interests are being served. (And, yes, the AAO has dismissed members for activities determined to be violations of its Code of Ethics.)

Foundation

The Foundation of the American Academy of Ophthalmology provides support for many of the AAO’s educational initiatives. It also is home to EyeCare America, a public service program dedicated to preserving sight by raising awareness about eye disease and providing access to medical eye care for those in need. One of its programs, the Seniors EyeCare Program, provides eligible seniors with a comprehensive medical eye examination and one year of care for any diseases uncovered at no out-of-pocket costs. Since its inception, the Foundation’s Senior EyeCare program has helped over 860,000 people. It is staffed by over 7,300 volunteer ophthalmologists and co-sponsored by the Knights Templar Foundation.

Advocacy

The AAO maintains an office in Washington where it advocates for ophthalmologists and the needs of their patients. Examples of its activities have included the development and approval of a glaucoma screening benefit for seniors under Medicare and recent House passage of the Vision Care for Kids Act of 2007 which would provide grants to assist in providing comprehensive treatment for children of low-income families who fail a vision screening examination.

The Future

The challenges facing health care delivery in America, the global issues of blindness, and the explosion of biomedical information will create new challenges and opportunities in 2008 for me and for the American Academy of Ophthalmology. A phenomenal AAO staff and thousands of unpaid volunteer ophthalmologist leaders will endeavor to always represent the best interests of their physician colleagues and their patients in meeting these challenges. It is an honor and pleasure to work with them.

What does all this tangibly mean for DMEI, for Oklahoma, and for me? One consequence of this presidency is that the president must represent ophthalmology around the globe. I will depend more this year on a wonderful assemblage of talented professionals at DMEI to compensate for my weekends away. I am very proud that so many of them including
While the public generally thinks of DMEI as home to super-specialized, complex medical and surgical care, it also delivers a large amount of primary eye care as well. While some of that care is offered by comprehensive ophthalmologists, some is also offered by its staff optometrists. DMEI is proud to announce that Angela M. Plant, O.D. has joined that staff.

Dr. Plant has an interesting background. She graduated in 2000 from the College of Optometry at Northeastern State University, earning her degree with honors and Summa Cum Laude. She completed her fellowship in 2003 in the American Academy of Optometry. Among other honors, she also received the Clinical Excellence Award and the Vision Science Research Award. Following graduation, she joined the Army, serving as a staff optometrist at Ft. Sill in Lawton, OK and then as Chief of Optometry at Tinker Air Force Base. Since separating from active duty with the rank of Captain, she worked as a staff optometrist at the Oklahoma City Veterans Affairs Medical Center.

“We had the opportunity to work with Dr. Plant at the VA and unanimously felt that she was not only a talented and effective clinician, but that she was quite simply an uncommonly nice person,” said Dr. Parke. “We are thrilled that she is now an integral part of our staff.”

Dr. Plant joins DMEI at both its Edmond office and the main Oklahoma Health Center location. “It is my professional goal to help deliver the citizens of Oklahoma the best in eye care—without exception,” noted Dr. Plant. “Being at Dean McGee will provide me with that opportunity as well as the chance to work with a supportive and skilled team.”
Wei Cao, M.D., Ph.D. passed away on October 10, 2007, after a courageous battle with liver cancer. He was a fantastically productive scientist who was building a national career as an innovative scientist with boundless enthusiasm. His work focused on glaucoma and retinal degenerations, including diabetic retinopathy. Wei also held honorary faculty appointments at the Jiaotong University, Xi’an and West China School of Medicine, Sichuan University, Chengdu, and was a Guest Professor at the Peking University Eye Center. Wei’s research was funded by many sources, including the National Institutes of Health, Oklahoma Center for the Advancement of Science and Technology, and the Foundation Fighting Blindness. He published many scientific papers in top tier journals, including an award winning paper in the Journal of Biological Chemistry.

Wei Cao received his M.D. from Fujian Medical University in China where he also did a residency in ophthalmology. “During China’s Great Cultural Revolution, Wei (along with a generation of emerging Chinese physicians and scientists) was ‘purged’ and sent to work in the field,” noted Gene Anderson M.D., Ph.D., DMEI Director of Research. “Because of this, Wei’s brilliant career was delayed by a decade.” Wei and his family subsequently moved to Canada, where he received his Ph.D. Following a postdoctoral fellowship at the University of California at San Francisco, Wei joined the faculty of the University of Oklahoma in 1997.

“In addition to his career in science, Wei’s great passions included his family, music and art,” said Jim Chodosh, M.D., M.P.H., one of Wei’s closest laboratory colleagues. “Wei was an accomplished musician and artist. His love of music carried over into his two sons, both of whom are also wonderfully talented pianists and fine young men.”

All who knew Wei are deeply saddened at the loss of this talented and loving human being. A memorial celebration of Wei’s life was held in November and attended by friends, family, and colleagues from around the world. Wei is survived by his wife Feng Li, M.D. who is also a scientist at DMEI and by two teenage sons Hans and Steven, of Edmond, OK.
Rich Gives Walter J. Stark Sr. Memorial Lecture

2007’s annual Walter J. Stark Sr. Memorial Lectureship was delivered by William Rich M.D. of Virginia. Widely recognized as the most knowledgeable American ophthalmologist concerning federal health policy, Bill Rich is currently the Medical Director for Health Policy for the American Academy of Ophthalmology. He has had a twenty-five year involvement in health policy, managed care and practice management including extensive experience with the Robert Wood Johnson Foundation. Other current responsibilities include Chairman of the AMA RBRVS (RUC) Committee that determines the work values for all physician services throughout all of medicine.

Dr. Rich is a Phi Beta Kappa graduate of Georgetown University and of its medical school. Currently he is the senior partner of a large ophthalmology group in Fairfax County, Virginia and a clinical faculty member at Georgetown. “Bill is not only a fantastic advocacy resource for all of medicine, but has a strong social conscience and puts the best interests of patients first—in his own practice and in his health policy positions,” commented Dr. Parke.

The Stark Lecture honors Walter J. Stark, who served as Administrator of the Dean McGee Eye Institute from 1978 until 1991. Under the combined stewardship of Mr. Stark and Dr. Tom Acers, the Institute grew from three floors with five ophthalmologists to six floors of physicians and basic scientists. With a small handful of colleagues, Mr. Stark shares the Dean McGee Eye Institute as his legacy. His colleagues, friends and family have generously created the Walter J. Stark Memorial Lectureship in tribute to and in memory of his contributions to DMEI, the Oklahoma Health Center, and Oklahoma.

Andria Heafy, Paul Heafy, Susan Moorman, Dr. Walter J. Stark, Jr., Mary Lou Stark, Dr. William Rich, Polly Stark, Penny Replogle, and Dr. David Parke
Research to Prevent Blindness (RPB), Inc, the world’s leading voluntary organization supporting eye research recently awarded the Dean McGee Eye Institute/University of Oklahoma an Unrestricted Grant in support of its programs. To date, it has awarded grants totaling over $4 million to DMEI and the Department of Ophthalmology, including 12 consecutive years of coveted Unrestricted Grant status. RPB’s Chairman David F. Weeks noted, “RPB is proud to partner with Dean McGee in developing a world-class vision research program. Programs of its caliber and size are crucial to our shared quest of reducing the burden of vision loss and blindness.”

RPB’s support has been a critical factor in the nurturing and growth of DMEI’s scientific enterprise. The Institute’s vision research initiative now consistently ranks among America’s top funded programs in National Institutes of Health (NIH) research grant support. The DMEI Board of Trustees and faculty are dedicated to the concept that it is only through innovative and careful biomedical vision research that we can understand and cure blinding eye disease. As such, DMEI is committed to a doubling of its research programs with over 20,000 square feet of new laboratory space in the new building.

The Institute does so in times of uncertain federal funding for biomedical research. Over the past five years (fiscal years 2003-2008), funding for the National Eye Institute (NEI) of the NIH has dropped 18% in real dollars. As the Executive Director of the National Alliance for Eye and Vision Research (a nonprofit research advocacy coalition) said recently, “Especially with the aging of the population, a net decrease in federal funding for vision research is particularly devastating. Eye disease and vision impairment costs the United States more than $68 billion annually and reduces productivity, threatens independence, and diminishes quality of life. Failure to adequately fund the NEI jeopardizes the vision health of all Americans.”

“One result of this has been the movement of talented young scientists out of grant-supported research,” said Dr. Parke. “While many of our nation’s top institutes continue to support vision research, others have scaled back or even dropped their research programs because of the funding climate.”

Robert E. Anderson, Ph.D., M.D., OU Professor of Ophthalmology and Dean McGee Eye Institute Director of Research

DMEI is committed to a doubling of its research programs with over 20,000 square feet of new laboratory space in the new building.

“Continued on page 17
New Vice President of Development

Lana G. Ivy joins the Dean McGee Eye Institute as its new Vice President of Development. With over 20 years of experience in the non-profit sector, she most recently served as Executive Director of the Oklahoma Zoological Society. Her experience includes development, marketing, board relations, and management. In addition to the Oklahoma Zoological Society, she has held positions at the National Cowboy and Western Heritage Museum, the St. Anthony Hospital Foundation, OU Health Sciences Center and the OSU Foundation, Stillwater.

“I am excited to join such an internationally respected organization as the Dean McGee Eye Institute. Patient care, vision research, and education are all areas of great importance to me and to our community. As the mother of a son with Type 1 diabetes, I have a personal interest in diabetic retinopathy and the advancements being made in this area. I look forward to working with the Board, Dr. Parke, community partners, and donors to increase the level of support for the Eye Institute.”

Ms. Ivy has both an undergraduate and MBA degree from Oklahoma State University. She is a member of downtown Rotary, Leadership OKC Alumni Association, the Association of Fundraising Professionals, past member and mentor of the Youth Leadership Exchange Board and serves on a variety of local and national committees.

“It takes a strong endowment to ensure continued funding support for our indigent care program and to recruit and retain world-class vision scientists,” noted Dr. Parke. “The position of Development Vice President is critical for Dean McGee, and Ms. Ivy will be an important part of ensuring that we are positioned to meet Oklahoma’s needs.”

DMEI Receives Grant to Fight Blinding Disease in Premature Infants

Ronald McDonald House Charities announced a grant to the Dean McGee Eye Institute’s pediatric ophthalmology division to enhance the care and treatment of Oklahoma children with premature retinopathy through advanced laser therapy.

“One of the most critical diseases we deal with is retinopathy of prematurity (ROP), a developmental abnormality that occurs in many low birth weight premature babies. In the worst cases, vision can deteriorate to the point of blindness” said R. Michael Siatkowski, M.D., Professor of Ophthalmology. “Until recently, there was no effective treatment for these infants. Now laser surgery to the retina allows us to preserve good vision in the majority of these children. Thank you, Ronald McDonald House Charities, for the resources to keep this treatment option available for Oklahoma’s tiniest patients.”

Ronald McDonald House Charities granted Dr. Siatkowski and his team funds towards the purchase of a new portable diode laser to treat children with ROP.

Continued on page 17
Groundbreaking for the new building was held in a snowstorm on November 30, 2006—about fifteen months ago. The Institute library was jammed with DMEI staff, friends, donors, and honored guests including OU Provost Joseph Ferretti, Ph.D. and then-President of the American Academy of Ophthalmology (AAO) Harry Zink, M.D. Construction began in March, 2007, on the project Phase One – the new parking garage. The garage will double the current parking spaces for DMEI patients and will be completed in late May, 2008. Upon completion of the garage, construction will begin on the atrium and the new research and clinical facility. The entire project is estimated to be completed in early 2010.

The new 78,500 square foot building will more than double DMEI’s current size. The five floor building will be split between research and patient care and will accommodate nearly 40% more patients. Additionally, the added space will facilitate the recruitment of at least eight new scientists and six new ophthalmologists.
$10 Million Needed for Completion

The building expansion will cost $42.5 million, with about $10 million yet to be pledged. Capital campaign fundraising is ongoing to meet the final construction cost. Every gift makes a lasting difference and partnerships are critical to the completion of this campaign.

**Remaining Naming Opportunities:**

- **New Building**  
  Diagnostic Imaging Center
- **Current Building**  
  Biochemistry Laboratory
- **Vision Research Complex**  
  Core Genetics Facility
- **Subspecialty Care Center**  
  Conference Room
- **Immunology Laboratory**  
  Molecular Biology Laboratory

If you have an interest in a naming opportunity or in making a gift to the capital campaign please contact Lana Ivy, Vice President of Development at (405) 271-7803 or e-mail Lana-Ivy@dmei.org.

Architectural Design Group (ADG) was the architect for the building plan and Smith and Pickle are the building contractors.
PARDON OUR DUST
GARAGE IN PROGRESS

BUILDING COMPLETION DATE 2010
With sincere appreciation we recognize and honor the multitude of generous patients, friends, alumni, volunteers, faculty and staff who have demonstrated their support of vision care and research by contributing to the Dean McGee Eye Institute. The following list reflects our capital campaign donors of $250 or more as of December 31, 2007.

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DEAN MCGEE EYE INSTITUTE EXPERTS DISCUSS LATEST ADVANCES
IN TREATING BLINDING EYE DISEASES

Low Vision Seminar Features New Technology and
Low Vision Devices for Independent Living

The Dean McGee Eye Institute and the Oklahoma League for the Blind hosted the Sixth Annual Macular Degeneration/Low Vision/Glaucoma Seminar on October 30th, 2007 at the Oklahoma School of Sciences and Mathematics.

Dean McGee Eye Institute experts participating in the seminar included Drs. Stephen Fransen, Rebecca Morgan, and Mahmoud Khaimi.

The Seventh Annual Macular Degeneration/Low Vision/Glaucoma Seminar will be held in fall of 2008.

Khaimi, continued from page 4

“Dr. Khaimi comes to us with a strong resume in the diagnosis and management of glaucoma and associated problems and will be a major asset to our patients,” noted Dr. Parke.  “We are confident his promising research efforts and teaching credentials will add to the stature of our already nationally-recognized glaucoma program.”

Dr. Khaimi has already authored several scientific publications and is active in clinical research. He is also a scientific reviewer for ophthalmology journals. He was selected by the American Glaucoma Society as the Glaucoma Advocacy Ambassador for Advocacy Day 2007 in Washington D.C.

“It is a privilege to work for one of the top tier eye institutes in the nation. The Dean McGee Eye Institute certainly lives up to its outstanding national reputation as a leader in clinical and basic research of the eyes,” said Dr. Khaimi.

Dr. Khaimi is married and lives in Edmond. He sees patients at both the Edmond Clinic of the Dean McGee Eye Institute and at the Institute’s main location in the Oklahoma Health Center. No referral is needed for an appointment.
The following donor list represents all gifts and pledges to the Dean McGee Eye Institute of $100 or more in support of various programs (excluding Capital Campaign). Every effort has been made to include all gifts and pledges from January 1, 2007 – December 31, 2007.

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- Tammy Yanovitch, M.D.
The Oklahoma Health Center Foundation (OHCF) and Dean McGee Eye Institute (DMEI) recently announced the results of an international competition for a major public art piece. The piece will be located outside the DMEI new building at the corner of Stanton L. Young and Lincoln Boulevard on the Oklahoma Health Center campus. The team of Shan Shan Sheng and Mark Dziewulski of San Francisco and London were chosen out of more than 50 artists from around the world.

The project is a multi-dimensional glass sculpture titled New Horizon. It is approximately 14 feet tall and 18 feet long and made up of 47 panels of glass imbedded within which is a painting.

“We are very excited by this project,” said Dr. Parke. “We wanted a spectacular piece—one that becomes an icon not only for the Institute and Health Center, but for all of Oklahoma City. The piece is illuminated at night and will be a special gateway to the Oklahoma Health Center.”

Proceeds from the OHCF’s Treasures for Tomorrow events 2006-2008 provide half of the funding. Treasures for Tomorrow pays tribute to Oklahomans whose passion for life, courage and inspiring actions serve as a model for the community. Dr. Parke announced that his father, David Parke Sr., also an ophthalmologist, is donating a substantial portion of DMEI’s share of the sculpture’s funding.

Shan Shan Sheng is an artist of great accomplishment. She has completed large-scale projects all over the world from Italy to Hong Kong to Florida to Texas. Mark Dziewulski’s firm has received numerous design awards from the American Institute of Architects. Some of his large scale projects include a national war memorial in Poland and a United Nations trade headquarters in China.

For more information about the artists – you can visit their web sites at www.DZarchitect.com and www.shanshansheng.com.
The laser treatments reduce the chance of these high-risk babies becoming legally blind from as high as 50% down to about 10-15%.

“RMHC of Oklahoma City awards grants to other nonprofit organizations that directly benefit children, through the RMHC canister donations in McDonald’s restaurants and matching funds from National RMHC. Funding for the RMHC Grants Program is completely separate from the much needed funding that supports the Ronald McDonald House in Oklahoma City,” said Tamara Gilkey, Development Director of RMHC of OKC. “We are pleased to give back to the community that supports the House through effective programs like the one at DMEI targeting the needs of Oklahoma children with potentially blinding diseases.”

Retinopathy of prematurity primarily affects premature infants weighing less than three pounds and born prematurely. Final development of the eyes typically occurs in the last 12 weeks of pregnancy when the eye grows rapidly. The actual development of the retina (which lines the inside of the eye and actually does the ‘seeing’) isn’t actually complete until several weeks after birth. Premature birth interrupts this growth pattern, can cause abnormal, ineffective blood vessel growth, and can leave the retina without oxygen. In the most severe cases, scar tissue forms, ripping the retina out of position in a retinal detachment. The disorder usually develops in both eyes and is one of the most common causes of visual loss in childhood and can lead to lifelong vision impairment and blindness.

“Laser therapy targets the peripheral areas of the retina and destroys the damaged tissue slowing or reversing the abnormal growth of blood vessels and preventing retinal detachment,” continued Dr. Siatkowski. “Approximately one half of very premature babies can develop some degree of ROP, and in Oklahoma approximately 2-4 premature infants each month require treatment. The Dean McGee Eye Institute is fighting this disease in the newborn nursery with new laser treatments and on the research front through a grant from the National Eye Institute to develop better early diagnostic tools.”

Non-NIH funding therefore becomes increasingly critical to the nurturing of young scientists and to the funding of innovative new projects. Since it was founded in 1960, RPB has channeled hundreds of millions of dollars to medical institutions throughout the United States for research into blinding eye diseases. “RPB is America’s largest vision research philanthropy and provides support only to those institutions with a strong track record of scientific productivity. Their support enables us to pursue early-stage, innovative research strategies that, if successful, may blossom into projects attracting even more NIH support. We are honored that they highly value a continued partnership with the Dean McGee Eye Institute and the University of Oklahoma, because continued RPB funding is a critical imprimatur of success in research quality,” commented Dr. Parke.

Mr. Weeks concluded, “Research can be particularly effective where there exists a critical mass of innovative and productive scientists. RPB recognizes Dean McGee as one of a small group of institutions that have achieved that level of success.”
INSIDE DMEI: A TECHNICIAN’S VIEW

By Shannon Harper, COT

Like any job, becoming a good ophthalmic technician requires interest and dedication. Dean McGee requires that its technicians not only become nationally certified, but that they maintain their certification through continuing education courses. Some DMEI technicians have maintained their certification for over fifteen years. We reward technicians who go on to achieve even higher levels of national certification. Some go on to even more specialized roles. Opticians, ocularists, surgical assistants, and ultrasound and imaging technicians often started their careers working in a regular clinical setting.

The Dean McGee Eye Institute diagnostic imaging department demands an unprecedented knowledge of all aspects of ophthalmology. Intravenous angiography using fluorescein dye can disclose abnormalities of the blood vessels or other tissue in the retina which lines the inside of the eye. It is particularly useful in diseases such as macular degeneration and diabetic retinopathy. The OCT (Optical Coherence Topography) and HRT (Heidelberg Retinal Tomography) provide an image of the retina and its layer of nerve fibers that resemble a microscope image. The test is fast and requires no bright lights or injections.

The Director of Ophthalmic Imaging, Russ Burris, is an Oklahoma native who has been at DMEI since 1981. He discovered his interest in eyes while serving as an Army medic for 8 years. Upon leaving the army, he “happened on” a help-wanted sign for DMEI, applied and was hired. He was initially certified as an Ophthalmic Technician in 1981 and became a member of the Ophthalmic Photography Society (OPS) in 1982 with certification as an angiographer in 1984. Russ is now very active in the OPS leadership, particularly in the education and certification of future imaging specialists. He has served as an active member of the OPS Board of Certification since 2000 and currently is Chairman of that recertification board.

Russ was joined in 2000 by Rob Richmond, an angiographer who had previously been a member of the staff of the Department of Ophthalmology at the University of Virginia. Rob has particular expertise in use of the OCT instrument.

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In June of 2005, Amanda (Mandy) Butt joined the photography team. Mandy took her retinal angiographer certification last month in Dallas, Texas. Speaking of DMEI’s current photographers, Rob Richmond and Mandy Butt, Russ affirms, “You couldn’t find a department of this level with higher skilled, better photographers to compete with DMEI anywhere in this country, maybe in the world.” Their dedication to our patients is evidenced by the long hours they put in. Since they never know when their services will be needed, they generally stay until the last patient has been seen.

Here you can see some images recently provided by Russ, Rob and Mandy.

Oil bubble floating inside the eye

Blood leaking into the retina of the back of the eye from a ‘central retinal vein occlusion’

Deposits on a plastic intraocular lens