**Document info**

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| --- | --- |
| Result type: | Outpatient Clinic Note (deidentified) |
| Result date: | Dec 1, 2017, 08:18 a.m. |
| Result status: | authenticated |
| Performed by: | Dr. Jennifer Jones |
| Verified by: | Dr. Jennifer Jones |
| Modified by: | Dr. Jennifer Jones |

**Jill**

**Patient: DOB: May 22, 1979**

**Smith**

# Virginia Mason Medical Center

**Ophthalmology- Retina Service**

**[x] New Patient Established Patient: [\_] Follow-up [\_] New Condition**

**Age: 37 Last Exam: 12/6/2017 Overseas Self referred for evaluation of Retinal Detachment**

**OS**

**Chief Complaint** evaluation for retinal detachment left eye

**HPI:** 38 year old female presents for evaluation of Retinal detachment OS. The patient was in Singapore 10 days ago and was being seen for new glasses when they found ret holes OD and shallow RD OS. They did laser in both eyes. She denies flashes of light or floaters. No pain or irritation. She now notes a black spot in her vision OS in the superior nasal corner.

**Past Ocular History:** [\_] Negative, [\_] Glaucoma, [\_] Cataracts, [\_] \_ AMD, [\_] PVD, [\_] Vitreous Syneresis, [\_] Peripherial Retinal Degeneration, [\_] RT, [\_] RD, [\_] Dry Eye, [\_] Blepharitis, [\_]

Meibomitis, [\_] ERM, [\_] Pseudophakia, [\_] CL, [\_] Injuries, [\_] Iritis, [\_] Eye Surgeries, [x]

Refractive Error OU, [x] Other: high myope

**Eye Meds:** [x] Negative, [\_]

**PMH: See problem list below**

**[\_]** *Pertinent positives noted above, all other systems reviewed are negative*

**Fam Hx: See Below**

**Soc Hx: See Below**

**PSH: See Below**

**Medication: See Below**

**Allergies: See Below**

**EXAM:**

**Psych:** Mood/Affect: **[x]** Appropriate **[\_]** Other:

**Neuro** Oriented: **[x]** Alert and oriented to person, place, and time

## Visual Acuity Dist [\_]SC [x]CC [\_]CLPH NV

**OD** 20 /40 20/25-3 J\_

**OS** 20 /40+1 20/25-3 J\_

**Spectacles: Manifest Refraction:**

**OD** -6.50sph \_

**OS** -7.25 +0.75x063 \_

**Intraocular Pressure**

**Method: [\_]**Tonopen **[X]** Applanation **OD:** 10 **OS:** 10 @ 01:27m

**Visual Field** Full to: **[X]** Confrontation **[X]** Finger Count OU

**Motility: [X]** ortho, full versions **[X]** full ductions, OU **[\_]** other

**Pupils: OD:** 5-3 **OS:** 5-4 APD **[x]** yes **OS [\_]** no

**Gonioscopy:** [\_] OD [\_] OS [\_] open X 360 [\_] no angle rubeosis

**External:** no proptosis, ptosis or lacrimal gland enlargement

## Slit Lamp Examination

**Lids/Lashes**

OD: wnl

OS: wnl

**Conjunctiva**

OD: white and quiet

OS: white and quiet

**Cornea**

OD: clear

OS: clear

**Anterior Chamber**

OD: deep and quiet

OS: deep and quiet

**Iris**

OD: round and regular, no rubeosis

OS: round and regular, no rubeosis **Lens**

OD: clear lens, cortex and nucleus

OS: clear lens, cortex and nucleus

**Anterior Vitreous**

OD: clear

OS: clear

**Posterior Segment Exam** Dilation OU @ 01:27 pm **[x]** Neo 2.5% **[\_]** Neo 10% **[x]** Mydriacyl

1%

refer to paper medical records for drawings

**Vitreous**

OD: syneresis

OS: syneresis

**Optic Nerve**

OD: tilted, sharp, good color, PPA

OS: tilted, sharp, good color, PPA

**CD Ratio**

Vertical: 0.4

Vertical: 0.3

**Macula**

OD: flat, no hemorrhages, exudates, or pigment changes.

OS: central pseudohole and ERM, inferotemporal macular laser around subretinal fluid

**Vessels**

OD: normal vessels

OS: normal vessels

**Periphery**

OD: inferior atrophic holes with barricade laser

OS: superior retinal detachment with atrophic holes, temporal detachment and inferior detachment. laser barricade around extensive detachment including around inferotemporal macula fluid.

## Testing

OCT:

OD central foveal thickness 200 um nl foveal contour. No SRF/Intraretinal Fluid

OS central foveal thickness 166 um nl foveal contour. Pseudohole with ERM, developed after 12/6/17 laser

## Impression/Plan and Discussion

1. Rhegmatogenous Retinal detachment left eye. s/p barricade laser around subretinal fluid. Irecommend that we proceed with scleral buckle to treat detachment and prevent futher posterior

PVR (epiretinal membrane) from developing. I discussed staged procedure with scleral buckle with small gas bubble initially, and possible membrane peel in the future. I recommend that we proceed with surgery 12/29/17 with buckle and small gas bubble with 3-4 days of face down positioning to help with resolution of macular subretinal fluid. I discussed that it is unclear whether her scotoma is related to the detachment or the laser, but that fixing the detachment will minimize the progression of ERM

1. Limited peripheral rhegmatogenous retinal detachment right eye. s/p laser barricade 12/6/17. No further tears noted. plan dilated exam OD at the time of surgery OS.

1. High myopia both eyes.

The clinical findings noted were reviewed in detail. Printed information was provided. The patient expressed an understanding of this explanation and further expressed a desire to proceed in the manner outlined.

Follow up scheduled for 12.29.17 cryo, scleral buckle with gas left eye.

**Allergies, Medications and Problem list**

## Problems

**Medical History:**

None

**Allergies**

**NKA** - Active, Allergy ( None Documented )

## Outpatient Medications

**Prescriptions:**

**(R)=Refill Review**

**--None**

**Historical/Other Medications:**

**-- FISH OIL (omega-3 polyunsaturated fatty acids): Oral**

Start date/time:04/1/2014

**-- multivitamin with fluoride: Daily**

Start date/time:04/1/2014