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To Whom It May Concern:

I have reviewed the records and testimony regarding the treatment rendered to Ms. Marla Ringer Smith by Dr. Roy Ebihara,

After careful evaluation of the sequence of events starting with the symptom of a haze (the term "veiling shadow" was used. by Dr. Ebihara) in the patients' left temporal field, to the complete eye examination and referral by Dr, Ebihara, and finally to the surgery itself, I have come to the following conclusions regarding the treatment rendered,

Assuming the patient requested an eye examination by me because she had noticed a periodic haze or shadow like changes in her left eye, I would proceed as follows,

After a complete history, her best corrected visual acuity would be measured, followed by an external examination of the eye, specifically the afferent pupillary reflexes, extraocular movements and an examination of the anterior segment with a biomicroscope, The pupils would be widely dilated and a thorough search for any vitrious or retinal abnormality would be performed with a Direct and Binocular Indirect Ophthalmoscope, Because of the possibility of a retinal detachment being present, a thorough search for retinal tears or disinsertion would be made in the central and peripheral areas of the retina. All of this was correctly performed by Dr. Ebihara,

If there was no evidence of pathology,, as in this case, I would make it crystalclear that because she was free of any disease process at the present time, this did not guarantee that a detached retina or other diseases could not occur the next day,, week or months ahead. In these symptomatic cases approximately 2-4% of the population will experience a retinal detachment. Obviously 96-98% will not,, (Sigelman,J., "Vitreous Base Classification of Retinal Tears", Survey of Ophthalmology, 25(2):59-74, 1980) It is as unpredictable to know which one of these patients will fall into the 2-4% category as it is for a well trained Internist to guarantee a patient, who has no symptoms of cardio-vascular disease, that he or she will not suffer a stroke or heart attack that evening.

In my opinion, this patient experienced a symptomatic Posterior vitreous detachment. Traction on the retina persisted from the remaining attached vitreous which subsequently created a hole which led to the detachment. She had been— adequately warned about this possibility. To illustrate how rapidly a retina can be pulled off, several years ago I examined a young boy with a history of two prior detachments and found no evidence of any abnormal retinal changes. Three days later he complained to me of seeing "twisted materials" in his left eye. After another careful examination, my worst fears materialized. This time he did have a retinal detachment and I placed him immediately in the care of his previous retinal specialist, a world renowned surgeon at the Ohio State University, He consoled my anxiety by pointing out to me that had he been the one to examine the patient three days earlier, he too would have found the retina attached as traction of this nature acts like a spring hinge. A traction of this nature can pull the retina off any time, immediately or several years later. I was assured by him, that he was convinced, that I had been as thorough in my examination as anyone could have been and more so in view of the fact that the patient was my son.

Both optometrists and ophthalmologists have the training and availability of the same diagnostic instruments, utilize the same diagnostic drugs and are well trained in diagnosis of both ocular and systemic diseases that affect the eye. Referral to a medical specialist would be indicated in the presence of an eye disease or systemic disease, This was clearly not the situation in this case as the disease did not manifest itself for several months at which time the referral was made.

As a member of the faculty at the College of Optometry, The Ohio State University, assigned to the Disease Evaluation Clinic, I am more that casually familiar with the training that is received in the area of eye pathology by the senior students. This course is taught by staff members that are licenced Optometrists and by Certified Board members of the Department of Opthalmology at the Ohio State University. Many of these staff ophthalmologists are retinal specialists and give each student personal tutorship both in the Clinical setting and in their private practices. The students are thus exposed to the skills of both disciplines in the diagnosis of eye and systemic diseases. This is the type of excellent training that was experienced by Dr. Ebihara, This training would certainly qualify him to detect and diagnose disease of the eye and related systemic diseases,

After reviewing the records, I conclude that Dr. Ebihara acted in the best interests of this patient by performing a complete and thorough eye examination, utilizing all of the techniques, instruments and drugs available to elimate any disease process. Upon not detecting any anormality, he gave clear instructions to the patient as to the possibility of the of a retinal disinsertion. When this possibility did materialize, he immediately referred her to a medical specialist for consultation, This was the appropriate procedure to follow.

I find in this case no evidence whatsoever of a breach in professional conduct.

Sincerely,

Arthur Z. Kovesdy

Arthur Z. Kovesdy, O.D.,F.A.A.O.

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