Professorship Celebration

Wilmer Eye Institute congratulates Dr. Michael X. Repka, the inaugural recipient of the David L. Guyton, M.D. and Feduniak Family Professor in Ophthalmology. “It is a privilege to be the first occupant of a chair established to honor both a mentor and a family with an intense interest in children’s welfare,” Dr. Repka noted during the installation ceremony. This Professorship was established by Robert and Maureen Feduniak, members of the Wilmer Advisory Council, in order to support patient care and research related to amblyopia, strabismus and eye diseases of children. In addition to their work with Wilmer, the Feduniaks are involved in providing support for children in foster care who face especially daunting challenges. In recognition of their long friendship and to show their admiration of his work, the Feduniaks requested that the endowed professorship they funded also bear the name of Dr. Guyton.

In an event to celebrate this Professorship on October 21st, Peter McDonnell, M.D., Director, Wilmer Eye Institute said in his remarks, “Pediatric ophthalmology is a field in which the Wilmer Eye Institute has always had great strength, and it is crucial that this strength be maintained. This gift from the Feduniaks is so valuable and so appreciated because it will do that.”

Dr. Repka is a Professor of Ophthalmology and a Professor of Pediatrics at the Johns Hopkins University School of Medicine. He is nationally and internationally known for his contributions in the fields of pediatric ophthalmology, strabismus, retinopathy of prematurity, and pediatric neuro-ophthalmology.

Wilmer Accepts Donation

The Greek Orthodox Ladies PhilochoS Society made a generous contribution to Dr. Michael X. Repka’s research in honor of the care Savas Michael Emanuel received at Wilmer. Savas (pictured right) and his sister, mother and grandparents proudly presented the check to Dr. Repka during an appointment.
A Patient’s Story: Zachary Sandklev

Frustrated by visits with two different doctors and with no adequate course of action to address his son’s condition, Doug Sandklev found what he was looking for at the Wilmer Eye Institute.

Six-year-old Zachary Sandklev had told his parents that he couldn’t read the blackboard at school. He tilted his head hard to the left and also complained of headaches. Six months later, after receiving glasses, Zach continued to struggle, and the Sandklevs were soon back in the doctor’s office to see what more could be done. During an exam with the optometrist, Zach was asked to focus on the head of a pen. As the pen approached Zach’s nose, one of his eyes drastically deviated vertically. It was so unexpected that the doctor literally leapt back in her chair.

Next, the Sandklevs went to an ophthalmologist for a deeper medical evaluation and received the diagnosis of strabismus, specifically SOP (superior oblique paresis).

An engineer by profession, Doug Sandklev approached the situation methodically. He scoured the Internet to learn all he could on strabismus, SOP, lazy eye, and the like. When he contacted an expert in California and indicated that they could be on a plane the next day out of Virginia, the doctor assured him that excellent care was nearby and suggested they go to the Wilmer Eye Institute to see Dr. David Guyton.

Mr. Sandklev recalled, “Dr. Guyton was very patient in his explanation of the diagnosis. He explained the options and built our confidence. Never once in any of our interactions with Dr. Guyton or his team did we ever feel rushed or pressured.”

Doug recalled that the day of the procedure was nerve wracking for him and his wife, but added, “Dr. Guyton was a pillar of strength; his confidence got us through.” When seeing Dr. Guyton surrounded by medical students, Doug asked Dr. Guyton just who would actually perform the surgery. Dr. Guyton’s answer confirmed for Doug that they had made the right decision in coming to Wilmer when Dr. Guyton replied, “This procedure takes four hands. My two and two others; but I am responsible for all four of them.”

Dr. Guyton actually did a much larger muscle procedure that is commonly done, based upon how weak the superior oblique muscle felt at the time of surgery – a diagnostic procedure that bears his name. Six months later the Sandklevs returned to Wilmer for the postoperative check-up. The Sandklevs and Dr. Guyton were thrilled with the results. Since then, Zach made Principal’s Honor Role for the first time and has continued every semester. He is now in the top academic level at his school. Zach was the star on his flag football team as wide receiver (evidence of his improved stereoscopic vision). “Zach’s life has been absolutely changed forever,” said Doug, “and we owe this to Dr. Guyton and to Wilmer.”

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Making a Contribution Through a CGA

All her life Helen Leighton was told “We can’t help you” or “There’s nothing more we can do.” When she was 66, Helen discovered Wilmer through the Internet and came to see Dr. David Guyton, Director of the Zanvyl Krieger Children’s Eye Center at the Wilmer Eye Institute. Helen finally heard the words she longed to hear: “I can help you.”

Now 86, Helen was born with strabismus (misaligned eyes). Due to lack of early diagnosis and treatment, her condition resulted in severe amblyopia (poor vision) in her right eye. Helen’s condition greatly affected her quality of life. In 1992, Dr. Guyton performed eye muscle surgery on Helen’s right eye, achieving significant improvement in the alignment, enabling her to look others in the face with confidence for the first time in decades. But cataracts developed, and the turning out of her right eye began to recur.

Upon referral from Dr. Guyton, Dr. Walter Stark, Director of the Stark-Mosher Center for Cataract and Corneal Diseases of The Wilmer Eye Institute, then performed cataract surgery on each eye. Her vision improved in both eyes, and her eyes spontaneously straightened again, to the delight of all.

When Helen and her husband David (also a patient of Dr. Stark’s) determined that they had funds with which to make a gift to Wilmer, they chose to make their commitment through a charitable gift annuity (CGA). The Leightons were also looking for balance in their donations as they shifted to a retirement-based income. Mr. Leighton describes what led him and his wife to invest in a CGA. “When you retire, there are few ways to increase your income except for investments,” says David. “There are advantages in making outright donations while alive, but one cannot count on an income after retirement. The CGA is a win-win situation. The donor has the ability to give away money to a useful cause, and it also gives the donor financial security.”

Helen and David Leighton chose to contribute to the Wilmer Eye Institute through a CGA because of their meaningful relationships with Drs. David Guyton and Walter Stark; their belief in Wilmer’s mission to prevent blindness; and, because the CGA was mutually beneficial to the Leightons and to Wilmer.

A CGA allows the donor the option to make a gift to the charity of his or her choice, while receiving an income for the donor or others. This arrangement typically applies to spouses looking to augment their future retirement incomes. An individual transfers cash or marketable securities to a charitable organization and in exchange, the charity makes fixed annuity payments to the beneficiary for life. Donors can increase their income while attaining considerable tax reductions.

Wilmer Welcomes Dr. Hee-Jung Park

The Wilmer Eye Institute welcomes Hee-Jung Park, M.D., M.P.H as Assistant Professor of Ophthalmology at the Zanvyl Krieger Children’s Eye Center. Her subspecialty training is in pediatric ophthalmology and adult strabismus. “We are pleased to welcome Dr. Park to our team of skilled providers,” says Peter McDonnell, M.D., Wilmer’s Director. “Her addition enhances the care available to our patients here at Wilmer. My residents have already told me that she is a great teacher.”

Dr. Park graduated from Wellesley College, joined Teach for America and taught biology and chemistry at Southwestern High School in Baltimore City. She subsequently earned her M.D. from the Albert Einstein College of Medicine and a master’s of public health in Population and Family Health from the Columbia School of Public Health.

After interning at the Long Island Jewish Medical Center in New York, Dr. Park completed her ophthalmology residency at the University of Florida. She also completed a fellowship training in Pediatric Ophthalmology and Adult Strabismus at the Jules Stein Eye Institute of the University of California Los Angeles. During her spare time, Dr. Park enjoys volunteer work in places like Mother Theresa’s Missionaries of Charity in Ethiopia and Tibetan monasteries in Himalayan villages in India. Dr. Park sees pediatric ophthalmology and adult strabismus patients in the hospital at Wilmer’s east Baltimore campus and at the Bayview medical center campus.
Of all the vision disorders, amblyopia—sometimes referred to as “lazy eye”—may be one of the most frustrating for clinicians and public health officials. It is both relatively common, affecting as many as 380,000 children in the United States alone, and relatively easy to address if treatment is initiated before age three. If not detected and treated early, amblyopia leads to lifelong debility.

In 2009 Boris Gramatikov, assistant professor in Pediatric Ophthalmology at Johns Hopkins’ Wilmer Eye Institute, received a Hartwell Individual Biomedical Research Award to develop the final electronic and computer interfaces for a noninvasive, automated, rapidly administered, accurate screening instrument to identify children at risk for amblyopia. Gramatikov is one of only 10 recipients in the country to receive the grant of $100,000 per year for three years. Researchers will begin testing the prototype Pediatric Vision Screener later this year. Dr. David Guyton, Director of the Krieger Children’s Eye Center and early pioneer and optical designer of the Pediatric Vision Screener, stated that “this award to Dr. Gramatikov has been critical to bringing the Laboratory’s creation to fruition, completing years of work by the faculty and students alike in their Laboratory of Ophthalmic Instrument Development.”

The screening device that Gramatikov and colleagues are developing will be held about 12 inches from the eyes, allowing remote examination of a child without head restraint. The child can sit in a parent’s lap or in a high chair. In a semi-darkened room, the operator will activate a small flashing light and beeping sound that will draw the child’s attention and eye focus. As the child looks at the light, the device will assess alignment and focus of both eyes simultaneously each half-second, and will signal the operator when a successful measurement is completed.

It is expected that the innovative hand-held device will enable non-specialists at schools, day care centers, clinics, and other locations to detect thousands of young children with early amblyopia each year who are not being identified currently.