

BUTCH JOHNSON
312 Oak Brook Drive
Columbia SC 29223
Tel: (803)-665-6807
Email: alconact@bellsouth.net

RECEIVED

AUG 03 2023

SC Court of Appeals

August 3, 2023

The South Carolina Court of Appeals
POST OFFICE BOX 11629
Columbia, South Carolina 29211
1220 Senate Street
Columbia, South Carolina 29201

Attention: V. CLAIRE ALLEN CHIEF DEPUTY CLERK

Re: Deutsche Bank National Trust Company v. Butch Johnson
Appellate Case No. 2022-001106

Dear Ms. Allen:

Please be advised that I have a medical condition that will cause me to be unavailable until September 15, 2023. My medical will require surgery and I will not be able to function. I am a pro se appellant and I cannot perform legally during the period of my recovery. I will have an additional retina eye surgery and I will be convalescing and under doctor's care, and I would appreciate your consideration of not setting any deadlines for document submission or hearings before September 15, 2023.

I have enclosed information from my doctor verifying my medical status and I am providing documentation about my upcoming surgery. I would be happy to provide any further documentation of my health status if needed.

Thank you for your consideration.

Respectfully


Butch Johnson, Pro Se



HIGH PERFORMANCE LAW™

John S. Kay
Attorney at Law
Phone: 803-726-2700
Fax: 803-252-6822
Email: John.Kay@hskplaw.com
HutchensLawFirm.com

Offices In:
FAYETTEVILLE, CHARLOTTE, WILMINGTON, NC | COLUMBIA, SC
240 Stoneridge Drive, Suite 400
Columbia, SC 29210-8013

P.O. Box 8237
Columbia, SC 29202-8237

July 27, 2023

South Carolina Court of Appeals
P.O. Box 11629
Columbia, S.C. 29211

RE: Deutsche Bank National Trust Company v. Butch Johnson
Appellate Case No. 2022-001106

Dear Court of Appeals:

I reviewed a letter dated July 21, 2023 from the Appellant in this case that was not provided to me by the Appellant. In this letter, the Appellant asks for a continuance in the matter until September 15, 2023. The Appellee respectfully requests that the court deny the continuance request. The Appellant has repeatedly engaged in conduct designed to delay the foreclosure that is the basis of this appeal. In addition, the Appellant has used the eye surgery reason before as a basis for another continuance. My client is anxious to have this matter concluded so the property in question may be sold in accordance with the lower court's Order.

My understanding of the rules is that the Appellant's initial brief is due no later than August 6, 2023, thirty days after the bankruptcy stay was lifted.

Please let me know if there is anything further that I need to provide on this case.

Sincerely,

A handwritten signature in black ink, appearing to read "John S. Kay", is written over a printed name. The signature is stylized and somewhat cursive.

John S. Kay

cc: Butch Johnson
312 Oak Brook Drive
Columbia, S.C. 29223

JSK/dim

**HUTCHENS
LAW FIRM**

HIGH PERFORMANCE LAW™

240 Stoneridge Dr, Ste. 400 | Columbia, SC 29210

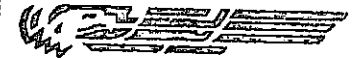
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28 JUL 2023

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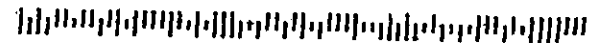
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JUL 27 2023

Butch Johnson
312 Oak Brook Drive
Columbia, S.C. 29223

Rec'd
7/31/2023
Monday

29223-811812



BUTCH JOHNSON
312 Oakbrook Drive
Columbia, South Carolina 29223
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Email: alconact@bellsouth.net

RECEIVED

JUL 21 2023
SC Court of Appeals

July 21, 2023

The South Carolina Court of Appeals
Attn: Chief Deputy Clerk
Post Office Box 11629
Columbia, South Carolina 29211

RECEIVED

AUG 03 2023
SC Court of Appeals

Re: Deutsche Bank National Trust Company v. Butch Johnson
Appellate Case No. 2022-002206

Dear Court of Appeals:

I am writing to advise you that the stay in the Chapter 13 bankruptcy has been lifted. In light of the status of the bankruptcy matter, I respectfully request that my pending case in the Court of Appeals be reinstated to the active docket.

As I have recently endured retina eye surgery and I am still convalescing and under doctor's care, I would appreciate your consideration of not setting any deadlines for document submission or hearings before September 15, 2023. I am happy to provide any further documentation of my health status if needed.

Thank you for your consideration.

Respectfully,


Butch Johnson, Pro Se

Palmetto Retina Center

W. Lloyd Clark, MD.
Barron Fishburne, MD.
Jeffrey G. Gross, MD., F.A.S.R.S.
Stephen M. Hypes, D.O.
David L. Johnson, MD.

John F. Payne, MD.
John A. Wells III, MD., F.A.C.S.
Krishi V. Peddada, MD.
Saad Y. Al-Kadhi, MD., M.S.
*Medical & Surgical Diseases
of the Retina & Vitreous*

Patient's Name: Butch Johnson DOB: 01/16/53

INFORMED CONSENT FOR VITRECTOMY SURGERY

WHAT IS A VITRECTOMY?

Vitrectomy is the surgical removal of the vitreous gel from the middle of the eye. This procedure may be done for several reasons. To remove scar tissue membranes from the retinal surface, to repair macular holes, to repair retinal detachments, to remove vitreous hemorrhage, as well as other less frequent indications. Patients with diabetes are particularly prone to retina problems for which a vitrectomy may be recommended (to remove blood in the vitreous gel caused by abnormal vessel growth and vessel hemorrhage). During a vitrectomy, the surgeon inserts small instruments into the eye, cuts the vitreous gel, and removes it by suction. After removing the vitreous gel, the surgeon may treat the retina with a laser (photocoagulation), cut or remove fibrous or scar tissue from the retina, flatten areas where the retina has become detached, or repair tears or holes in the retina or macula. At the end of the surgery, saline, air or a gas (perfluoropropane or sulfur hexafluoride), or silicone oil may be injected into the eye to replace the vitreous gel to restore normal pressure in the eye.

ALTERNATIVES TO SURGERY

The available alternatives, some of which include pneumatic retinopexy or a scleral buckling procedure for those patients who have a retinal detachment. The potential benefits and risks of the proposed procedure, and the likely result without such treatment have been explained to me.

HOW WILL THE VITRECTOMY PROCEDURE AFFECT MY VISION AND/OR CONDITION?

Vitrectomy has been shown to improve visual acuity in many people who have severe vitreous hemorrhage that has not cleared on its own. A vitrectomy can decrease the risk of severe bleeding complications in people who have begun to have bleeding into the vitreous gel. It can also reduce the risk of severe bleeding into the eye in people with growth of abnormal blood vessels in the iris. If the surgery is being done for a retinal detachment the visual result will depend on the extent of the detachment and absence of a secondary detachment later. If performed for epiretinal membrane or macular hole, there is a high likelihood of vision improvement, but there can be no guarantee.

INFORMED CONSENT FOR OBSERVATION AND FELLOW ASSISTANCE

I consent to allowing medical personnel, students, residents, trainees, and fellows to observe my operation or procedure for the purposes of advancing medical education, subject to the consent and approval of my Physician or Authorized Practitioner and only under such conditions and at such times as may be approved by my Physician or Authorized Practitioner. My surgical care will be provided by a surgical care team consisting of a Retinal Physician and sometimes a Fellow. Complications may occur regardless of the care, skill, experience, or training of my surgical care team.

WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE ITS MAJOR RISKS?

A Vitrectomy is performed under local (injection) or anesthesia, with sedation. General anesthesia may be used instead in some cases. It is typically performed as an outpatient procedure. In some cases, a hospital stay overnight may be required. There are some risks associated with anesthesia, whether general or local. Complications of anesthesia injections around the eye may include: perforation of the eyeball, injury to the optic nerve resulting in loss of vision, hemorrhage, retinal detachment, interference with retinal circulation resulting in possible vision loss, drooping of the upper eyelid, hypotension or lowering of the blood pressure, and respiratory

depression. General anesthesia can result in heart and breathing problems, and in a very unusual and rare instances, death or diminished brain function can occur.

WHAT ARE THE MAJOR RISKS OF VITRECTOMY SURGERY?

There is no guarantee that the surgery will improve your condition. Sometimes it doesn't work. In addition, surgery is risky. Sometimes it can make the problem worse, cause an injury, or create a new problem; if it does, this is called a complication. Complications can happen right away or not until days, months, or years later. You may need more treatment or surgery to treat the complications.

This document lists the major risks of vitrectomy surgery to help you decide whether you are ready to accept the risks. After vitrectomy surgery, you may have vision loss, blindness, loss of the eye, as well as bleeding, infection, and injury to the eye or nearby body parts. Other major risks can include:

- Retinal detachments that may require additional surgery or may be inoperable
- Elevated eye pressure (glaucoma)
- Poorly healing or non-healing corneal defects
- Corneal clouding and scarring
- Cataract, which might require eventual or immediate removal of the lens
- Double Vision
- Eye lid droop
- Loss of circulation to vital tissues in the eye, resulting in decrease or loss of vision
- Phthisis (disfigurement and shrinkage of eyeball)

Additional comments:

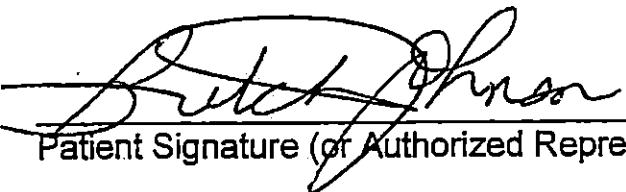
PATIENT'S ACCEPTANCE OF RISKS

I have read the above information (or it was read to me) and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed and that more treatment or surgery may be necessary. By signing below, I agree that my physician has answered all of my questions and that I understand and accept the risks, benefits, and alternatives of vitrectomy surgery. I have been offered a copy of this document.

I wish to have a vitrectomy operation on my left (state "right" or "left") eye.

Butch Johnson
Print Full Name

01/16/1953
Date Of Birth


Patient Signature (or Authorized Representative)

8/2/23
Date

Visit our web site to learn more about our ongoing clinical trials at www.palmettoretina.com

124 Sunset Court • West Columbia, SC 29169

(803) 931-0077 • Toll Free: 1 (888) 931-0077 • Facsimile: (803) 931-0076



W. Lloyd Clark, M.D.
 Barron Fishburne, M.D.
 Jeffrey G. Gross, M.D., F.A.S.R.S.
 Stephen M. Hypes, D.O.
 David L. Johnson, M.D.

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 Krishi V. Peddada, M.D.
 Saad Y. Al-Kadhi, MD., M.S.
*Medical & Surgical Diseases
 of the Retina & Vitreous*

Patient Request for Review/Copy of Records

Patient information:

Patient's Name Butch Johnson DOB 01/16/53

Name & address of covered entity authorized to release information:

Name & address of entity to receive/review information:

Palmetto Retina Center, LLC
124 Sunset Court
West Columbia, SC 29169

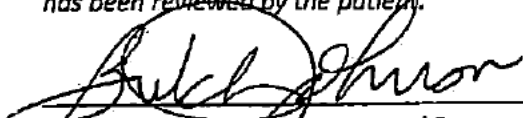
Description of information to be released/reviewed at the request of the patient:

Rights of the Patient

I understand that I have the right to revoke this authorization at any time by sending a written notification to the address below. I understand that a revocation is not effective in cases where the information has already been used or disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

This authorization shall be in force and effect until the requested items have been delivered or the information has been reviewed by the patient.


 Signature of Patient or Personal Representative

8/2/23
 Date

Butch Johnson
 Printed Name of Patient or Personal Representative

 Description of Personal Representative's Authority
 (Please attach necessary documentation.)

Visit our website to learn about our ongoing clinical trials at www.palmetto retina.com



W. Lloyd Clark, M.D.
 Barron C. Fishburne, MD.
 Jeffrey G. Gross, MD, F.A.S.R.S.
 Stephen M. Hypes, D.O.
 David L. Johnson, M.D.
 John F. Payne, M.D.
 John A. Wells, III, M.D., F.A.C.S.
Medical & Surgical Diseases of the Retina & Vitreous

PATIENT: Butch Johnson
 DATE OF BIRTH: 01/16/1953
 DATE: 08/02/2023 1:00 PM
 DOCUMENT TYPE: Ophthalmology Chart Note
 VISIT TYPE: Office Visit

General

Patient visit: Established patient

History of Present Illness:

1. 4 wk, OCT OS, dilate OS

The 70 year old male presents for evaluation of 4 wk, OCT OS, dilate OS. PT states harder to see due to difficulty opening eye since stopped taking drops 8 days ago. PT denies floaters, flashes and distortion OU. PT states some pain when he touches eye OS. PT denies use of gtts: OU. PT states BGL unknown and last A1C unknown. PT states HTN is controlled w/ medication.

Past Ocular History (excludes Intravitreal injections)

Disease	Eye	Date Dx	Procedure	Eye	Date Px	Surgeon
Asthma						
Diabetes						
bipolar						
			Pars plana vitrectomy	OS	06/26/2023	

Hypertension

Past Medical/Surgical History

Reviewed, no changes. Last detailed document date:07/05/2023.

Family History

Reviewed, no changes. Last detailed document date:07/05/2023.

Social History:

Reviewed, no changes. Last detailed document date: 07/05/2023.

Patient Status

Completed with information received for patient transitioning into care.
 Completed with information received for patient in a summary of care record.

Medication Reconciliation

Medications reconciled today.

Ocular Medications

Medication	Sig Description	Start Date	Stop Date
Cyclogyl 1 % eye drops	instill 1 drop by ophthalmic route 3 times every day into left eye	06/09/2023	
ofloxacin 0.3 % eye drops	Instill 1 drop OS QID beginning 3 days prior to surgery	06/09/2023	
Pred Forte 1 % eye drops,suspension	Instill 1 drop OS QID beginning after surgery	06/09/2023	

Systemic Medications

Medication	Sig Description	Start Date	Stop Date
metformin 500 mg tablet	take 1 tablet by oral route 2 times every day with morning and evening meals		

Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
CHLORPROMAZINE HCL		Thorazine	

Reviewed, no changes.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
ENMT	Negative	Hearing loss.
Respiratory	Negative	Cough and Wheezing.
Cardio	Negative	Chest pressure or discomfort and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea and Vomiting.
GU	Negative	Dysuria, Hematuria and Polyuria (Genitourinary).
Endocrine	Negative	Cold intolerance, Heat intolerance, Polydipsia and Polyphagia.
Neuro	Negative	Dizziness, Gait disturbance and Headache.
Psych	Negative	Emotional changes.
Integumentary	Negative	Rash.
MS	Negative	Arthralgias, Joint swelling and Muscle weakness.
Hema/Lymph	Negative	Bruising and Easy bleeding.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

Visual Acuity - Current Visit

OD Distance & Intermediate

SC	CC	PH	Super PH	Int sc	Int cc	Other
20/25	-2					

OD Near

SC	CC	PH	Other

OD Comments

Correction	Method	Taken By	Comments
	Snellen	Jessica Cain	

OS Distance & Intermediate

SC	CC	PH	Super PH	Int sc	Int cc	Other

HM @
Face

OS Near

SC CC PH Other

OS Comments

Correction	Method	Taken By	Comments
	Snellen	Jessica Cain	

Dilation and Other Medications

Date	Medication	Eye	Time	By	Comment
08/02/2023	dilated with Tropicamide 1% and Phenylephrine 2.5%	OS	1:47 PM	Jessica Cain	

All Side Effects

Patient and/or parent/guardian was advised of all side effects associated with dilation

Intraocular Pressure

IOP Summary:

Date	Time	OD	OS	Method	Measured by	Dilated	Comment
08/02/2023	1:48 PM	19	10	Tonopen	Jessica Cain		

Physical Examination

Patient's mood/affect is normal. Patient is oriented to person, place and time.

External Examinations

Pupils:

OD pupils equal, round, reactive, no APD
OS pupils equal, round, reactive, no APD
Size: bright dim
OD 4 mm
OS 4 mm

Confrontational Visual Fields:

OD confrontation fields full to finger counting
OS confrontation fields full to finger counting

Motility:

OD EOM is full
OS EOM is full

Adnexa:

OD adnexa normal
OS adnexa normal

Eye Lids:

OD lids and lashes normal
OS lids and lashes normal

Slit Lamp Examination:

Conjunctiva:

OD white and quiet
OS white and quiet

Cornea:

OD normal endothelium, epithelium, stroma and tear film
OS normal endothelium, epithelium, stroma and tear film

Iris:

OD iris normal
OS iris normal

Anterior Chamber:

OD anterior chamber is deep and quiet
OS anterior chamber is deep and quiet

Lens:

OD PCIOL
OS PCIOL

Fundus Examination

Vitreous:

OS S/P vitrectomy
approx. 30% gas

Optic Nerve:

OS flat, sharp, good color

CD Ratio:

OS
Horizontal: .3

Macula:

OS detached

Retinal Vessels:

OS PDR

Periphery:

OS
recurrent detachment, PVR, holes in laser inferiorly

Health Maintenance

IOP Check: 08/02/2023

Dilated Exam: 08/02/2023

OCT: 08/02/2023

Completed Orders (this encounter)

Addl Info:

Order	Ordered By	Reason
Impression/Pla	David L. Johnson MD	Puckering of macula, left eye
n		

Ophthalmology Impression/Plan

Detail Type	Description
-------------	-------------

Assessment	Puckering of macula, left eye (H35.372).
Impression	Puckering of macula, left eye: H35.372.
Plan	Pt had PPV EL C3F8 OS 5 weeks ago for vit hem due to PDR/RVO with fv traction. Unfortunately now has PVR with atrophic holes inferiorly and mac off RD. Guarded prognosis dw pt. I have advised repeat PPV with MP SO OS. RBA expectations prognosis etc dw pt. Pt consents.

Follow up:

Status	Diagnosis	Eye	Followup	Order
ordered	Puckering of macula, left eye		23 g ppv mp el silicone oil os 30 min mac block baptist 67113 OS	Follow up

Diagnostics

Status	Ordered Date	Completed Date	Order
obtained	08/02/2023		OCT today

Encounter Reviewed:

Other Tests - Oph Tech reviewed: Jessica Cain 08/02/2023 1:48 PM



Signature: David L. Johnson MD

Provider:

Johnson, David L 08/02/2023 3:01 PM

Document generated by: Brittany Alexander 08/02/2023



W. Lloyd Clark, MD
 Barron C. Fishburne, MD
 Jeffrey G. Gross, MD, F.A.S.R.S.
 Stephen M. Hypes, D.O.
 David L. Johnson, MD
 John F. Payne, MD
 John A. Wells, III, MD, F.A.C.S.
Medical & Surgical Diseases of the Retina & Vitreous

PATIENT: Butch Johnson
 DATE OF BIRTH: 01/16/1953
 DATE: 06/27/2023 9:15 AM
 DOCUMENT TYPE: Ophthalmology Chart Note
 VISIT TYPE: Post-Op Exam

General

Patient visit: Established patient

History of Present Illness:

1. POD1 PPV OS

The 70 year old male presents for evaluation of POD1 PPV OS in the left eye. Pt states he did have some pain last night and did take Tylenol twice with good relief. Pt po instructions discussed and given.

Past Ocular History (excludes Intravitreal injections)

Disease	Eye	Date Dx	Procedure	Eye	Date Px	Surgeon
Asthma						
Diabetes						
bipolar						
			Pars plana vitrectomy	OS	06/26/2023	

Past Medical/Surgical History

Reviewed, no changes.

Family History

Reviewed, no changes.

Social History:

Reviewed, no changes.

Patient Status

Completed with information received for patient transitioning into care.

Completed with information received for patient in a summary of care record.

Medication Reconciliation

Medications reconciled today.

Medication Reviewed

Adherence	Medication Name	Sig Desc	Elsewhere	Status
taking as directed	metformin 500 mg tablet	take 1 tablet by-oral route 2 times every	Y	Verified

taking as directed	ofloxacin 0.3 % eye drops	day with morning and evening meals Instill 1 drop OS QID beginning 3 days prior to surgery	N	Verified
taking as directed	atropine 1 % eye drops	Instill 1 drop OS BID beginning after surgery	N	Verified
taking as directed	Pred Forte 1 % eye drops,suspension	Instill 1 drop OS QID beginning after surgery	N	Verified
taking as directed	Cyclogyl 1 % eye drops	instill 1 drop by ophthalmic route 3 times every day into left eye	N	Verified

Ocular Medications

Medication	Sig Description	Start Date	Stop Date
atropine 1 % eye drops	Instill 1 drop OS BID beginning after surgery	07/20/2022	
Cyclogyl 1 % eye drops	instill 1 drop by ophthalmic route 3 times every day into left eye	06/09/2023	
ofloxacin 0.3 % eye drops	Instill 1 drop OS QID beginning 3 days prior to surgery	06/09/2023	
Pred Forte 1 % eye drops,suspension	Instill 1 drop OS QID beginning after surgery	06/09/2023	

Systemic Medications

Medication	Sig Description	Start Date	Stop Date
metformin 500 mg tablet	take 1 tablet by oral route 2 times every day with morning and evening meals		

Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
CHLORPROMAZINE HCL		Thorazine	

Reviewed, no changes.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
ENMT	Negative	Hearing loss.
Respiratory	Negative	Cough and Wheezing.
Cardio	Negative	Chest pressure or discomfort and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea and Vomiting.
GU	Negative	Dysuria, Hematuria and Polyuria (Genitourinary).
Endocrine	Negative	Cold intolerance, Heat intolerance, Polydipsia and Polyphagia.
Neuro	Negative	Dizziness, Gait disturbance and Headache.
Psych	Negative	Emotional changes.
Integumentary	Negative	Rash.
MS	Negative	Arthralgias, Joint swelling and Muscle weakness.
Hema/Lymph	Negative	Bruising and Easy bleeding.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

Visual Acuity - Current Visit

OD Distance & Intermediate

SC CC PH Super PH Int sc Int cc Other

OD Near

SC CC PH Other

OD Comments

Correction	Method	Taken By	Comments
	Snellen	Leslie Griggs	

OS Distance & Intermediate

SC CC PH Super PH Int sc Int cc Other
HM

OS Near

SC CC PH Other

OS Comments

Correction	Method	Taken By	Comments
	Snellen	Leslie Griggs	

Intraocular Pressure

IOP Summary:

Date	Time	OD	OS	Method	Measured by	Dilated	Comment
06/27/2023	9:53 AM		22		Leslie Griggs		Post-op IOP

Physical Examination

Patient's mood/affect is normal. Patient is oriented to person, place and time.

External Examinations

Pupils:

OD
OS pupils equal, round, reactive, no APD
Size: bright dim
OD 4 mm
OS 4 mm

Confrontational Visual Fields:

OS confrontation fields full to finger counting

Motility:

OS EOM is full

Adnexa:

OS adnexa normal

Eye Lids:

OS lids and lashes normal

Slit Lamp Examination:

Conjunctiva: **OS** 1+ subconjunctival hemorrhage
 Cornea: **OS** normal endothelium, epithelium, stroma and tear film
 Iris: **OS** iris normal
 Anterior Chamber: **OS** trace cell
 Lens: **OS** PCIOL

Fundus Examination

Vitreous: **OS** approx. 90% C3F8 gas
 S/P vitrectomy
 Optic Nerve: **OS** flat, sharp, good color
 CD Ratio: **OS**
 Horizontal: .3
 Macula: **OS** PHT/ERM - severity level: resolved
 Retinal Vessels: **OS** PDR
 resolved Old RVO OS with NV and localized traction, subhyaloid hem

Health Maintenance

IOP Check: 06/27/2023
Dilated Exam: 05/09/2023
OCT: 05/09/2023

Completed Orders (this encounter)

Addl Info:

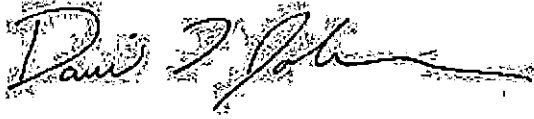
Order	Ordered By	Reason
Impression/Plan	David L. Johnson MD	Puckering of macula, left eye

Ophthalmology Impression/Plan

Detail Type	Description
Assessment	Puckering of macula, left eye (H35.372).
Impression	Puckering of macula, left eye: H35.372.
Plan	POD 1 Diabetic trd repair OS. Looks good today. Face down 3 days/nights. Usual post op gtt. s/s iop rd infxn etc dw pt.

Follow up:

Status	Diagnosis	Eye	Followup	Order
ordered	Puckering of macula, left eye		7-10days, dilate os, NO OCT	Follow up



Signature: David L. Johnson MD

Provider:

Johnson, David L 06/27/2023 10:26 AM

Document generated by: David L. Johnson, MD 06/27/2023



W. Lloyd Clark, M.D.
 Barron C. Fishburne, M.D.
 Jeffrey G. Gross, M.D., F.A.S.R.S.
 Stephen M. Hypes, D.O.
 David L. Johnson, M.D.
 John F. Payne, M.D.
 John A. Wells, III, M.D., F.A.C.S.
Medical & Surgical Diseases of the Retina & Vitreous

PATIENT: Butch Johnson
 DATE OF BIRTH: 01/16/1953
 DATE: 07/05/2023 1:00 PM
 DOCUMENT TYPE: Ophthalmology Chart Note
 VISIT TYPE: Office Visit

General

Patient visit: Established patient

History of Present Illness:

1. 7-10 days Dilate OS no OCT

The 70 year old male presents for evaluation of 7-10 days Dilate OS no OCT. Pt states OS doing better, some redness, very little pain, pt has HTN controlled w/MEDS, LBS unknown and using Prednisolone, Ofloxacin and Cyclo

Past Ocular History (excludes Intravitreal injections)

Disease	Eye	Date Dx	Procedure	Eye	Date Px	Surgeon
Asthma						
Diabetes						
bipolar						
			Pars plana vitrectomy	OS	06/26/2023	

Hypertension

Past Medical/Surgical History

(Reviewed, updated)

Disease/disorder	Onset Date	Management	Date	Comments
Asthma				
Diabetes				
bipolar				
Hypertension				

Family History (Reviewed, updated)

Social History: (Reviewed, updated)

Preferred language is English.

MARITAL STATUS/FAMILY/SOCIAL SUPPORT

Marital status: Divorced

Smoking status: Unknown if ever smoked.

Patient Status

Completed with information received for patient in a summary of care record.

Medication Reconciliation

Medications reconciled today.

Medication Reviewed

Adherence	Medication Name	Sig Desc	Elsewhere	Status
taking as directed	metformin 500 mg tablet	take 1 tablet by oral route 2 times every day with morning and evening meals	Y	Verified
taking as directed	Pred Forte 1 % eye drops,suspension	Instill 1 drop OS QID beginning after surgery	N	Verified
taking as directed	ofloxacin 0.3 % eye drops	Instill 1 drop OS QID beginning 3 days prior to surgery	N	Verified
taking as directed	Cyclogyl 1 % eye drops	instill 1 drop by ophthalmic route 3 times every day into left eye	N	Verified

Ocular Medications

Medication	Sig Description	Start Date	Stop Date
Cyclogyl 1 % eye drops	instill 1 drop by ophthalmic route 3 times every day into left eye	06/09/2023	
ofloxacin 0.3 % eye drops	Instill 1 drop OS QID beginning 3 days prior to surgery	06/09/2023	
Pred Forte 1 % eye drops,suspension	Instill 1 drop OS QID beginning after surgery	06/09/2023	

Systemic Medications

Medication	Sig Description	Start Date	Stop Date
metformin 500 mg tablet	take 1 tablet by oral route 2 times every day with morning and evening meals		

Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
CHLORPROMAZINE HCL		Thorazine	

Reviewed, no changes.

Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
ENMT	Negative	Hearing loss.
Respiratory	Negative	Cough and Wheezing.
Cardio	Negative	Chest pressure or discomfort and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea and Vomiting.
GU	Negative	Dysuria, Hematuria and Polyuria (Genitourinary).
Endocrine	Negative	Cold intolerance, Heat intolerance, Polydipsia and Polyphagia.
Neuro	Negative	Dizziness, Gait disturbance and Headache.
Psych	Negative	Emotional changes.

Integumentary	Negative	Rash.
MS	Negative	Arthralgias, Joint swelling and Muscle weakness.
Hema/Lymph	Negative	Bruising and Easy bleeding.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

Visual Acuity - Current Visit

OD Distance & Intermediate

SC	CC	PH	Super PH	Int sc	Int cc	Other
20/30 -1						

OD Near

SC	CC	PH	Other
----	----	----	-------

OD Comments

Correction	Method	Taken By	Comments
		Michele Stalnaker	

OS Distance & Intermediate

SC	CC	PH	Super PH	Int sc	Int cc	Other
HM						

OS Near

SC	CC	PH	Other
----	----	----	-------

OS Comments

Correction	Method	Taken By	Comments
		Michele Stalnaker	

Dilation and Other Medications

Date	Medication	Eye	Time	By	Comment
07/05/2023	dilated with Tropicamide 1% and Phenylephrine 2.5%	OS	1:14 PM	Michele Stalnaker	

All Side Effects

Patient and/or parent/guardian was advised of all side effects associated with dilation

Intraocular Pressure

IOP Summary:

Date	Time	OD	OS	Method	Measured by	Dilated	Comment
07/05/2023	1:16 PM	12	14	Tonopen	Michele Stalnaker		

Physical Examination

Patient's mood/affect is normal. Patient is oriented to person, place and time.

External Examinations

Pupils:

OD
OS pupils equal, round, reactive, no APD
Size: bright dim
OD 4 mm
OS 4 mm

Confrontational Visual Fields:

OS confrontation fields full to finger counting

Motility:

OS EOM is full

Adnexa:

OS adnexa normal

Eye Lids:

OS lids and lashes normal

Slit Lamp Examination:

Conjunctiva:

OS white and quiet

Cornea:

OS normal endothelium, epithelium, stroma and tear film

Iris:

OS iris normal

Anterior Chamber:

OS anterior chamber is deep and quiet

Lens:

OS PCIOL

Fundus Examination

Vitreous:

OS approx. 60% C3F8 gas
S/P vitrectomy

Optic Nerve:

OS flat, sharp, good color

CD Ratio:

OS
Horizontal: .3

Macula:

OS PHT/ERM - severity level: resolved

Retinal Vessels:

OS PDR
resolved Old RVO OS with NV and localized traction, subhyaloid hem

Health Maintenance

IOP Check: 07/05/2023

Dilated Exam: 07/05/2023

OCT: 05/09/2023

Completed Orders (this encounter)

Add Info:

Order	Ordered By	Reason
Impression/Plan	David L. Johnson MD	Puckering of macula, left eye

Ophthalmology Impression/Plan

Detail Type	Description
Assessment	Puckering of macula, left eye (H35.372).
Impression	Puckering of macula, left eye: H35.372.
Plan	POD 1 week for Diabetic trd repair OS with c3f8. Good post op appearance, IOP WNL. Patient was given post op drop taper, and reviewed in exam room. D.c ofloxacin and atropine as of today, taper pred 3-2-1 d.c Reviewed drop taper with patient 2x in room.

Follow up:

Status	Diagnosis	Eye	Followup	Order
ordered	Puckering of macula, left eye		3-4 weeks oct os, dilate os	Follow up



Signature: David L. Johnson MD

Provider:

Johnson, David L 07/05/2023 1:33 PM

Document generated by: David L. Johnson, MD 07/05/2023

PRE-OPERATIVE INSTRUCTIONS

Dr. David L. Johnson

1. Your surgery is scheduled at Prisma Health Baptist on 8/7/23.
Please **arrive** at 7:30 am.
2. There are two important telephone numbers that you will need to call prior to surgery.
 - Pre-registration: **(803) 296-5160**
 - Pre-surgical evaluation: **(803) 296-5419** → You will be interviewed by a nurse from Prisma Health Baptist regarding general health, medications, allergies, etc. Be prepared to tell them if you have had a physical which includes lab work and an EKG within the last 90 days. You may be asked to come in for lab work, EKG and to speak with anesthesia prior to surgery.
3. **Do NOT eat or drink anything after midnight the night before your surgery.**
4. The outpatient surgery nurse at Prisma Health Baptist will review your medications. She will inform you which of these medications you should take with a small sip of water the morning of surgery.
5. **DIABETIC PATIENTS:** Do not take your insulin or oral medications on the morning of your surgery since you will not be eating unless you are otherwise instructed.
6. **BLOOD THINNERS:** Blood thinners and/or medications containing aspirin may need to be held prior to surgery. Please check with your prescribing doctor before holding.
7. Bring all medications you are currently taking with you to the hospital in their original container.
8. Wear loose fitting, comfortable clothes, preferably a two-piece outfit that buttons/zips up in the front. Men should not wear t-shirts. Leave all valuables at home.
9. Bathe or shower the night before or the morning of surgery. Wash your face with soap the morning of your surgery. **DO NOT** wear any make-up, lotions, facial, or eye creams.
10. You must have an adult drive you home after surgery. You must also have someone at home with you the first night after surgery if done outpatient.
11. All patients must return to the office for a post-operative exam the day after surgery. Your appointment is on 8/8/23 @ 10:00am at:
 - 124 Sunset Court, West Columbia, SC 29169
 - 2611 Forest Drive, Suite 110, Columbia, SC 29204
 - 7620 Trenholm Road. Ext., Columbia, SC 29223
 - 1831 West Evans Street, Suite 315, Florence, SC 29501
 - 410 University Parkway, Suite 2360, Aiken, SC 29802
 - 125 Express Lane, Orangeburg, SC 29118
 - 645 W. Wesmark Boulevard, Sumter, SC 29150

☎ If you have any questions, please feel free to call:

- Beverly, Surgical Coordinator: **(803) 589-9144**
- Morgan, RN, Surgical Coordinator: **(803) 239-4864**

Postoperative Eye Drops

- You will be using **three** different eye drops **after** surgery.
- These prescriptions will be electronically sent to your pharmacy so that you can pick them up prior to your surgery date.
- Please bring them to your postop visit on the day after your surgery.
- **The only drop that you will use before surgery will be the antibiotic.** You will begin this drop **three days prior** to the surgery.
- You will go home with a patch on your operative eye. You will not need to start the other two drops until after the patch is removed at the post-op visit.

Start Friday

Antibiotic: Ofloxacin OR Polytrim
(Polymyxin B Sulfate/Trimethoprim)

Use: Aids in the prevention of bacterial infections.

Top Color: **Tan or White**



Tuesday

Dilator: Atropine OR Cyclogyl
(Cyclopentolate Hydrochloride)

Use: The anti-inflammatory properties facilitate healing and reduce the risk of complications or other adverse side effects related to inflamed eye tissue.

Top Color: **Red**



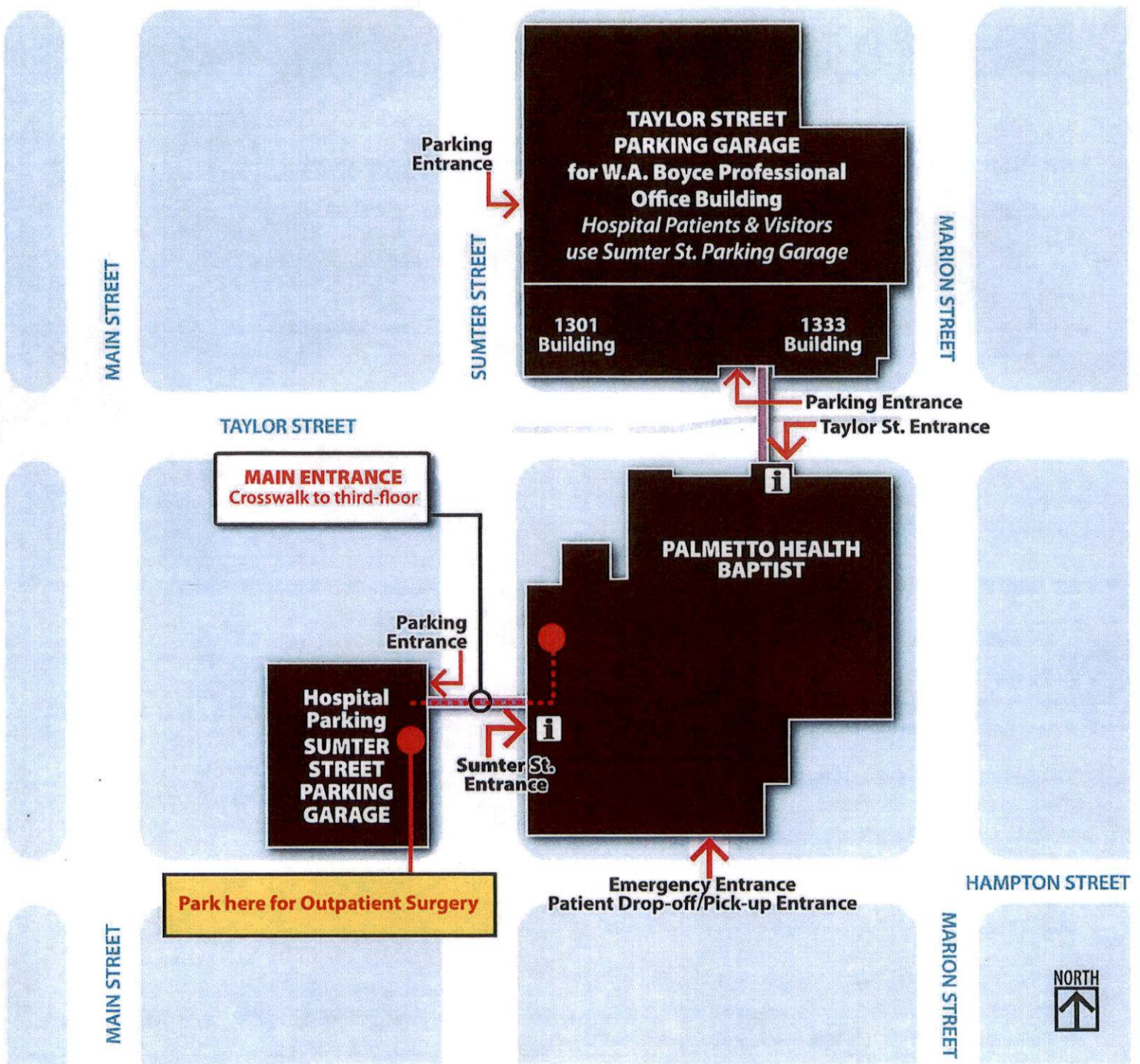
Tuesday

Steroid: Pred Forte (Prednisolone Acetate)

Use: Relieves redness, itching, and swelling caused by inflammation.

Top Color: **Pink**





Getting here

Parking for outpatient surgery is in the Sumter St. garage at **1501 Sumter St., Columbia, SC 29201** (where the Breast Center is located). Please use this address in your GPS or mapping program for directions from your location.

Outpatient surgery registration is located on the third floor, directly in front of elevator D. If you have already had your hospital pre-operative appointment, you may go directly to the surgery waiting room on the third floor to check in for surgery.

To surgery registration

Park in the Sumter St. garage, go across the **third-floor crosswalk**. Follow the signs to Surgery Registration on the third floor.

To surgery waiting room

Park in the Sumter St. garage, go across the **third-floor crosswalk**. Follow the signs to Surgery Waiting Room. It is located on the third floor near Elevator "D".



W. Lloyd Clark, M.D.
Barron Fishburne, M.D.
Jeffrey G. Gross, M.D., F.A.S.R.S.
Stephen M. Hypes, D.O.
David L. Johnson, M.D.

John F. Payne, M.D.
John A. Wells III, M.D., F.A.C.S.
Krishi V. Peddada, M.D.
Saad Y. Al-Kadhi, M.D., M.S.
*Medical & Surgical Diseases
of the Retina & Vitreous*

Patient's Name: Butch Johnson DOB: 01/16/53

INFORMED CONSENT FOR VITRECTOMY SURGERY

WHAT IS A VITRECTOMY?

Vitrectomy is the surgical removal of the vitreous gel from the middle of the eye. This procedure may be done for several reasons. To remove scar tissue membranes from the retinal surface, to repair macular holes, to repair retinal detachments, to remove vitreous hemorrhage, as well as other less frequent indications. Patients with diabetes are particularly prone to retina problems for which a vitrectomy may be recommended (to remove blood in the vitreous gel caused by abnormal vessel growth and vessel hemorrhage). During a vitrectomy, the surgeon inserts small instruments into the eye, cuts the vitreous gel, and removes it by suction. After removing the vitreous gel, the surgeon may treat the retina with a laser (photocoagulation), cut or remove fibrous or scar tissue from the retina, flatten areas where the retina has become detached, or repair tears or holes in the retina or macula. At the end of the surgery, saline, air or a gas (perfluoropropane or sulfur hexafluoride), or silicone oil may be injected into the eye to replace the vitreous gel to restore normal pressure in the eye.

ALTERNATIVES TO SURGERY

The available alternatives, some of which include pneumatic retinopexy or a scleral buckling procedure for those patients who have a retinal detachment. The potential benefits and risks of the proposed procedure, and the likely result without such treatment have been explained to me.

HOW WILL THE VITRECTOMY PROCEDURE AFFECT MY VISION AND/OR CONDITION?

Vitrectomy has been shown to improve visual acuity in many people who have severe vitreous hemorrhage that has not cleared on its own. A vitrectomy can decrease the risk of severe bleeding complications in people who have begun to have bleeding into the vitreous gel. It can also reduce the risk of severe bleeding into the eye in people with growth of abnormal blood vessels in the iris. If the surgery is being done for a retinal detachment the visual result will depend on the extent of the detachment and absence of a secondary detachment later. If performed for epiretinal membrane or macular hole, there is a high likelihood of vision improvement, but there can be no guarantee.

INFORMED CONSENT FOR OBSERVATION AND FELLOW ASSISTANCE

I consent to allowing medical personnel, students, residents, trainees, and fellows to observe my operation or procedure for the purposes of advancing medical education, subject to the consent and approval of my Physician or Authorized Practitioner and only under such conditions and at such times as may be approved by my Physician or Authorized Practitioner. My surgical care will be provided by a surgical care team consisting of a Retinal Physician and sometimes a Fellow. Complications may occur regardless of the care, skill, experience, or training of my surgical care team.

WHAT TYPE OF ANESTHESIA IS USED? WHAT ARE ITS MAJOR RISKS?

A Vitrectomy is performed under local (injection) or anesthesia, with sedation. General anesthesia may be used instead in some cases. It is typically performed as an outpatient procedure. In some cases, a hospital stay overnight may be required. There are some risks associated with anesthesia, whether general or local. Complications of anesthesia injections around the eye may include: perforation of the eyeball, injury to the optic nerve resulting in loss of vision, hemorrhage, retinal detachment, interference with retinal circulation resulting in possible vision loss, drooping of the upper eyelid, hypotension or lowering of the blood pressure, and respiratory

depression. General anesthesia can result in heart and breathing problems, and in a very unusual and rare instances, death or diminished brain function can occur.

WHAT ARE THE MAJOR RISKS OF VITRECTOMY SURGERY?

There is no guarantee that the surgery will improve your condition. Sometimes it doesn't work. In addition, surgery is risky. Sometimes it can make the problem worse, cause an injury, or create a new problem; if it does, this is called a complication. Complications can happen right away or not until days, months, or years later. You may need more treatment or surgery to treat the complications.

This document lists the major risks of vitrectomy surgery to help you decide whether you are ready to accept the risks. After vitrectomy surgery, you may have vision loss, blindness, loss of the eye, as well as bleeding, infection, and injury to the eye or nearby body parts. Other major risks can include:

- Retinal detachments that may require additional surgery or may be inoperable
- Elevated eye pressure (glaucoma)
- Poorly healing or non-healing corneal defects
- Corneal clouding and scarring
- Cataract, which might require eventual or immediate removal of the lens
- Double Vision
- Eye lid droop
- Loss of circulation to vital tissues in the eye, resulting in decrease or loss of vision
- Phthisis (disfigurement and shrinkage of eyeball)

Additional comments:

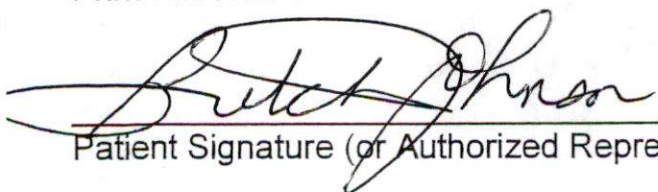
PATIENT'S ACCEPTANCE OF RISKS

I have read the above information (or it was read to me) and have discussed it with my physician. I understand that it is impossible for the physician to inform me of every possible complication that may occur. My physician has told me that results cannot be guaranteed and that more treatment or surgery may be necessary. By signing below, I agree that my physician has answered all of my questions and that I understand and accept the risks, benefits, and alternatives of vitrectomy surgery. I have been offered a copy of this document.

I wish to have a vitrectomy operation on my left (state "right" or "left") eye.

Butch Johnson
Print Full Name

01/16/1953
Date Of Birth


Patient Signature (or Authorized Representative)

8/2/23
Date

Visit our web site to learn more about our ongoing clinical trials at www.palmettoretina.com

124 Sunset Court • West Columbia, SC 29169

(803) 931-0077 • Toll Free: 1 (888) 931-0077 • Facsimile: (803) 931-0076



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Patient Request for Review/Copy of Records

Patient Information:

Patient's Name Butch Johnson DOB 01/16/53

Name & address of covered entity authorized to release information:

Name & address of entity to receive/review information:

Palmetto Retina Center, LLC
124 Sunset Court
West Columbia, SC 29169

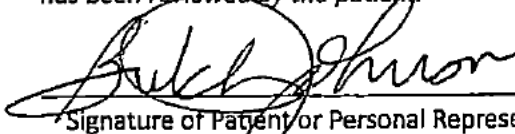
Description of information to be released/reviewed at the request of the patient:

Rights of the Patient

I understand that I have the right to revoke this authorization at any time by sending a written notification to the address below. I understand that a revocation is not effective in cases where the information has already been used or disclosed but will be effective going forward.

I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law.

This authorization shall be in force and effect until the requested items have been delivered or the information has been reviewed by the patient.


 Signature of Patient or Personal Representative

8/2/23
 Date

Butch Johnson
 Printed Name of Patient or Personal Representative

 Description of Personal Representative's Authority
 (Please attach necessary documentation.)

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