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Eye Surgery on Eye Surgeons: What's It Like?

I've often compared our community of ophthalmologists to a large, extended, occasionally dysfunctional family. The annual meeting is our yearly reunion and provides—in addition to great education—friendship, socializing, gossip, and always a little drama. There are 19,216 active ophthalmologists in the United States, and we spend most of our adult life training together, working together, publishing together, and learning together. Not surprisingly, some of us develop eye disease ourselves and need surgery. What goes through a surgeon's mind and emotions when the patient is an ophthalmology colleague and perhaps even a friend? I posed this scenario in a previous Opinion piece, and many of you have shared poignant and sometimes humorous stories about operating on ophthalmologists.

Perhaps the easiest part of treating our colleagues is obtaining informed consent. They already understand risk and know the alternatives. Susan MacDonald acknowledges the expertise of the ophthalmologist-patient and asks what issues they would like to discuss. Matthew Thomas, using a bit of humor, tells the patient that the “number one risk factor for a complication is being the spouse of an ophthalmologist, and the number two risk factor is being the ophthalmologist.”

Most surgeons express feeling a little extra pressure before operating on a colleague. Rick Lewis, recounting his experience of performing surgery on a monocular, high-profile cataract surgeon, described feeling slightly nervous until starting the case, “and then I hyper-focused on my work, just as I would for any other patient.” Marian Macsai-Kaplan talked about a similar dynamic, saying that in some ways the stakes are higher, but that “I detach from the colleague-patient the second I look through the scope.” Mat MacCumber repaired a retinal detachment in the eye of a comprehensive ophthalmologist whose son is a retinal specialist and a good friend. He advised, “Stay in the moment and take one step at a time, just as you would for any challenging case.”

Matthew Thomas said that although his fellows can perform a vitrectomy as ably as he can, he always tells his ophthalmologist-patients, “There will be two of us at the microscope, and I'll be the surgeon.” In case there is a complication, he wants to take on the responsibility himself.

There's an apocryphal belief that physicians make terrible

patients. In contrast, though, every person I talked to said that ophthalmologists are terrific eye patients. Uday Devgan reported that he's operated on a number of colleagues and that they “are great patients because they know so much.” He takes anterior segment and fundus photos so the ophthalmologist can examine his or her own eyes. Eye physicians already know what they want or what they need. For example, Rick Lewis' patient sought him out, requesting canal-based surgery because he wanted to avoid a bleb. “He wasn't really seeking my advice about what to do; rather, he wanted an experienced technician for the procedure he'd already decided he wanted.”

We have great camaraderie—and sometimes banter—with the patient who is also a colleague. When a retired department chair was discussing cataract surgery with Susan MacDonald, he said, “I can't believe I am letting a girl operate on me.” She instantly retorted, “You're a smart guy; this is the best decision you've made in a long time.” Later, he sent her a bottle of great cabernet with a note attached: “Best decision I've made in a long time.”

Performing surgery on our colleagues is a particularly meaningful, memorable experience. We often recall specific details about those cases, unlike the thousands of other routine cases we perform. Ultimately, though, providing superb surgery for our colleagues is no different from what we do every day: Eye surgeons bring their expertise, experience, commitment, and sense of responsibility to every single surgery. Marian Macsai-Kaplan represents us all when she says, “The patient has entrusted me with their vision and I have the skill set to provide a great result. I take that trust very seriously, so every patient has my complete attention when I am operating.”



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