Letters

The YO Committee Honors Senior **Ophthalmologists**

I enjoyed Ruth D. Williams' August Opinion, "Ophthalmologist the Elder," and fully agree about the critical role of mentors. It reminded me that during Dr. Williams' term as Secretary for Member Services, the Academy initiated its EnergEYES Award, which the Young Ophthalmologist (YO) Committee annually selects. Created in 2009, the



EnergEYES Award recognizes and honors an ophthalmologist who demonstrates exemplary leadership skills by energizing others to improve ophthalmology. This individual is one who mentors young ophthalmologists, serves as a strong role model, and displays high energy that motivates YOs to get involved. The YO Committee is so proud to have had the opportunity to select an amazing group of

"elders" as EnergEYES Award recipients. The YO Committee looks forward to announcing its 2021 recipient during the Senior Ophthalmologist Special Program at AAO 2021 in New Orleans.

This year's recipient will join the following honor roll:

2009 - Stanley M. Truhlsen, MD

2010 - Bruce E. Spivey, MD

2011 - David W. Parke, MD

2012 - Susan H. Day, MD

2013 - H. Dunbar Hoskins Jr., MD, FACS

2014 – William C. Lloyd III, MD

2015 - Michael W. Brennan, MD

2016 - Jean E. Ramsey, MD, MPH

2017 – Mark J. Mannis, MD

2018 - Julia A. Haller, MD

2019 - Paul Sternberg Jr., MD

2020 - Mildred M.G. Olivier, MD

Janice C. Law, MD Chair, Young Ophthalmologist (YO) Committee Vanderbilt Eye Institute, Nashville, Tenn.

Editors' note: To guide members through every stage of professional life, the Academy offers resources for both young and senior ophthalmologists. Learn more at aao.org/ young-ophthalmologists and aao.org/senior-ophthalmolo gists.

The Startle Response in Ophthalmic Surgery

Perhaps everyone can recall the day in January 2009 when 57-year-old Captain Sully Sullenberger landed his Airbus A320 on the Hudson River, without loss of life, after both engines were knocked out by a bird strike. Captain Sullenberger, a seasoned pilot, described his reaction: "The startle effect was huge in those first seconds . . . My blood pressure shot up. My pulse spiked. We all got tunnel vision as our perceptual fields narrowed because of the stress."1

Many, if not most, ophthalmic surgeons, even seasoned surgeons, have experienced or will experience a startle reaction in the operating room when faced with a sudden, rare, and intense adverse event. This reaction could include confusion, fear, narrowed focus, cognitive impairment, paralysis, flushing, rapid heart rate, trembling hands, decreased motor skills, and impulsive actions.

Indeed, complication management is widely discussed in ophthalmology (including rare—perhaps only once in a career—events that could induce startle, such as aqueous misdirection/rock hard eye syndrome and expulsive choroidal hemorrhage). However, the following have not been adequately addressed (if at all): occurrence of startle, the need for preparation for such events every time one enters the OR, steps to mitigate the startle response as it happens, and tips on how to deal with the aftermath of startle.2

By writing this Letter to the Editor, we hope to open a dialog to address surgeon startle, including discussion of preparation and avoidance, mitigation, and dealing with the aftermath of the startle response. Residency training programs should consider teaching how to handle startle. And in clinical practice, more emphasis could be placed on maintenance of recency (frequent review of protocols and use of simulation for managing rare serious events). Startle mitigation management includes breathing techniques (controlled, box, diaphragmatic, and tactical breathing), preoperative planning, creating standardized protocols and checklists for startle events, and involvement of the entire OR staff.

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1 www.inc.com/leigh-buchanan/sully-sullenberger-leadership-lessons.html. 2 Chang A et al. Eye (Lond). Published online July 29, 2021.

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