Bridges in Glaucoma Care

BY MENG LU, MD

The aim of Glaucoma Today*'s new "Residents and Fellows" column is to expose us battle-hardened glaucoma specialists to the perspectives of fresh minds. The residents and fellows of today will shape the future of our field.*

Glaucoma is unique in that many of its treatments have evolved very little over the years. Short of a few minor modifications, for example, trabeculectomy is essentially the same procedure performed for decades. Because our armamentarium is not nearly good enough, we glaucoma specialists are constantly challenged to improve on what we do and to find alternate, better ways of treating this disease.

The innovations underway make it likely that future generations of ophthalmologists will use very different treatments than we do. It is up to them to make those innovations more effective and safer for patients.

Those of us working with current and recently graduated residents and fellows need to understand their expectations and goals. This forum allows them to express what is or has been important in their training and what has affected their decision to enter the field.

—Albert S. Khouri, MD, section editor

Fellowship is the jumping-off point to a subspecialty career. For me, it was a bridge to becoming the type of doctor I wished to become. I wanted to be not only a well-trained glaucoma specialist but also an elegant anterior segment surgeon. Throughout my residency and fellowship, I met excellent mentors who taught me the art of glaucoma and instilled in me a lifelong commitment to elegance in the clinic and the OR.

Early in my training, I realized that glaucoma is a disease best treated via a team approach. The diverse patient population I encountered as a resident at Rutgers New Jersey Medical School in Newark taught me how to connect with patients from all walks of life. I learned to explain disease manifestations to first-time visitors and to earn the trust of recent immigrants who had no idea that female doctors existed before I sat down. Showing patients that I was on their team strengthened our patient-doctor bond and made the discussion of treatments possible.

For glaucoma fellowship, I was lucky to match at the John A. Moran Eye Center, University of Utah, Salt Lake City. There, my surgical technique was broken down and rebuilt brick by brick. Basics such as hand positioning were criticized. Initially, I felt like I was learning how

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Figure. Dr. Lu teaching local doctors in the OR.

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"Time after time in the OR, I heard, 'If you can do a simple case perfectly, then you can do a difficult case elegantly.'"

to operate all over again, but at the microscope, I began to think about how I could optimize the position of my hands to perform the next steps of a procedure. This practice quickly became crucial, because Utah happens to be a hotbed for pseudoexfoliation. Wobbly capsules and barely present zonules became the expected. The new emphasis on proper hand positioning minimized my fatigue and eased challenging cases.

Time after time in the OR, I heard, "If you can do a simple case perfectly, then you can do a difficult case elegantly." I came to regard this statement as a credo by which a surgeon should operate. At an attending's house every couple of months over pizza, fellows and attendings gathered to critique our surgical videos. Watching well-established, world-renowned ophthalmologists analyze how a certain step could have been executed more gracefully one night made me realize that this continual search for perfection leads to lifelong improvement and learning.

The icing on the cake of my glaucoma training, so to speak, was a medical outreach trip to the Komfo Anokye Teaching Hospital in Kumasi, Ghana (Figure). My colleagues and I were there to teach the local doctors about phacoemulsification technology and glaucoma surgery, but the villagers who traveled for days to see us revealed to me the joy of connecting with someone I otherwise would never have met. The medical staff that worked tirelessly and with poise through blackouts and water shortages taught me what it means to be dedicated to one's field. I hope such experiences are a part of my future in ophthalmology.

Now, I have crossed another bridge to the next stage of my career. I have joined a multisubspecialty practice in Seattle, and I look forward to bringing my training and services to the Pacific Northwest. ■

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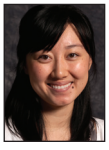

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