

5Q WITH GEETA LALWANI, MD

Geeta Lalwani, MD, is a vitreoretinal surgeon at Rocky Mountain Retina Associates in Boulder, Colo.



1. How did you discover that retina was right for you?

I actually started out on a very different path. I was set on doing pediatric hematology-oncology. While applying for residency, I realized that, although I loved that field, it takes a heavy emotional toll on doctors. I changed course entirely and went toward

ophthalmology. I thought cataract surgery was brilliant—a very elegant surgery. I was drawn to the creativity involved in surgery and the “instant cure” such procedures provided. Patients were happy, and they loved visiting their doctor. However, shortly after beginning my ophthalmology residency, I was immediately attracted to retina—to the systemic associations of the pathologies, the intricacy and imagination involved in retinal surgery, and the development of long-term relationships with patients.

2. What resources do you use to prepare for particularly complex surgeries?

First, I think through the surgery, carefully visualizing the order of the steps needed and considering all possible complications. I commonly call or text my retina friends to discuss cases. There’s nothing better than finding someone who has encountered a similar situation; these colleagues can give you tips on what worked or warn you of possible pitfalls.

3. What is the most notable case you have encountered as a retina surgeon?

Recently, I had a case of a young guy who had been managed by an optometrist for a red eye for about 6 months. His vision was 20/20, but, upon consultation, I noticed that his irises were different colors and that he presented with an apparent pupillary defect. A previous field showed a dense superior hemifield defect.

When we retraced the patient’s steps, it seemed likely that he had an intraocular foreign body (IOFB) related to his work in construction; he had initially seen the optometrist for “a piece of dust” in his eye. Sure enough, an X-ray confirmed a 3-mm piece of metal.

His presentation was due to siderosis, or iron toxicity, from

the IOFB. The decision to operate was not easy—the patient had 20/20 vision—but we knew that surgery was necessary to prevent irreversible blindness.

The procedure was a bit tricky. The IOFB was very sharp and caused two retinal tears during its removal. I had elected to pre-place a scleral buckle, and I performed a vitrectomy with oil. The patient currently remains stable with oil, and a cataract, of course.

4. You sit on the executive committee of the Vit-Buckle Society (VBS). How does the VBS help young doctors adjust to the field of retina?

I had the luck to get involved with the VBS early in my career, through Thomas Albini, MD; Nina Berrocal, MD; and R. Ross Lakhapal, MD. I was drawn to their commitment to change the current concept of a meeting and their focus on mentoring young retina specialists.

The learning curve in the field of retina occurs over a lifetime, and the first 5 to 7 years are particularly steep. At VBS meetings, attendees are encouraged to discuss both complicated and routine cases (which to new retina specialists are not yet routine). Young attendees have the opportunity to discuss cases in a setting of peers and older colleagues who range from 15 years out of fellowship to the great mentors of our field. Most important, people are encouraged to talk about their surgical mistakes. Most meetings rarely discuss mistakes, and, if they do, it’s done in a condemning fashion. To talk about them allows attendees and speakers to learn from them. The fact is, everyone makes mistakes.

5. What is your favorite meeting to attend and why?

I’d be biased if I said the VBS meeting, wouldn’t I?

I love the Retina Society meeting, although I missed it last year—in Paris, of all places. I enjoy the history and intellect of the meeting, as well as the wonderful locations where it is held. If I had to pick a second, I would choose the Aspen Retinal Detachment Society meeting. It’s a similar forum to the VBS meeting, featuring a lot of surgical-based discussion. And, as a Colorado girl, I love to ski, so what better place to attend a meeting than Aspen? ■