

YOSHIHIRO YONEKAWA, MD

When were you first interested in becoming a retina specialist? What led you to pursue specialized fellowship training in adult and pediatric retina surgery?

My first exposures to ophthalmology as a medical student at Cornell were in pediatric retina with R.V. Paul Chan, MD. I often tagged along for retinopathy of prematurity (ROP) rounds in the NICU. My “wow, this is the most amazing thing ever” moment was seeing stage 3 ROP with a 28 D lens. Being able to see physiology in action and feeling the VEGF swirling in the hot eye was a profound moment. And then, watching Paul and the team talk to the parents and saving the child’s vision for potentially the next 100 years was simply inspirational, and I never looked back after that.

What are some of the challenges and rewards of treating pediatric patients?

There are many challenges and many rewards. But the challenges become rewarding, and the rewards outweigh the challenges! The surgeries are technically challenging, very high risk, and never “just a vit.” Pediatric vitreoretinal surgeries require creativity and thinking outside the box, and the usual tenets of adult surgery can take you down the wrong path. Not only are the eyes smaller, but also the anatomic proportions are different, and you’re dealing with a whole different set of diseases. Also, not only are you treating the child in front of you, but the parents require healing as well.

There’s nothing like releasing the traction on a persistent fetal vasculature stalk and watching the eye snap open. Being able to diagnose and treat genetic diseases for an entire family can save the vision of generations to come, or telling a mother that her baby will be able to see, there’s nothing better than that.

You have an ongoing visiting faculty position with Kyorin University in Tokyo. What have you learned from your colleagues there?

Japanese retina specialists have contributed numerous groundbreaking techniques to our field, from the first descriptions of laser to treat ROP, to pioneering intraarterial chemotherapy for retinoblastoma, to the first open-sky vitrectomy, and even closed-eye vitrectomy.

There are so many things that we can learn from our international colleagues. Every time I participate in an international meeting, I come away with ideas that may be unorthodox from a US perspective but may result in interesting studies or better surgical techniques. For example, when I have difficult myopic macular cases, I usually reach out to my friends in Asia and ask them about the latest techniques they are using. We also have ongoing research collaborations and stay connected at the society levels.



Halloween is a favorite time of year for Dr. Yonekawa's family. 2020 was the year of the mask.

What are some of the latest techniques that most excite you?

There’s never a dull moment in our ORs. At Wills Eye Hospital we take care of a tremendous volume of surgical patients, both adult and pediatric. My partners and fellows are amazing, and we’re always learning new techniques from each other. I’m also fortunate to be on several editorial boards of retina journals, and I follow the literature closely for creative and new approaches. Some new techniques that I’m looking forward to employing include repositioning of the internal limiting membrane (ILM) for macular holes (ie, peeling the ILM off and then placing it back), using the hypersonic vitreous cutter, trying some new scleral buckling acrobatics, pushing the envelope on 27-gauge surgeries, and hopefully in the near future performing more surgeries for gene therapies and implantable devices.

What is a favorite family tradition you have?

I’m blessed with a wonderful wife and four awesome kids. Our parents and extended family now live in Tokyo, so we try to visit as much as possible. When we do, we try to sneak in a trip to the hot springs. We never fail to fit in a trip to a local *kaiten* sushi place. That’s where sushi comes down a circular conveyer belt and you pick up what you want. It’s always a hit with the kids, although to be honest, it’s probably not the most COVID-friendly concept right now. But hopefully the pandemic will be in better control next time we visit. ■

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- Financial disclosure: Consultant (Alcon, Alimera, Allergan, Genentech)