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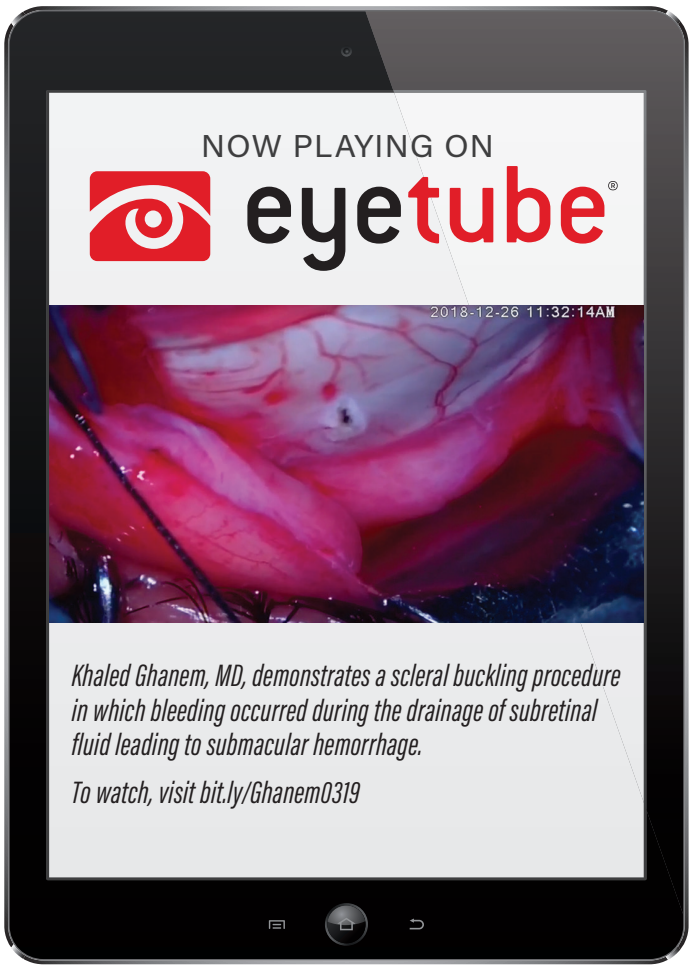
RT Retina Today Asks: Can you name the moment at which you realized that specializing in retina was the right decision for you?

I had not envisioned myself pursuing retina until my second year of residency, when I was fortunate to perform key portions of a primary vitrectomy and endolaser on a patient with hand motion vision due to a nonclearing diabetic vitreous hemorrhage. As I sat in the primary surgeon's chair at the operating microscope, I was thrilled and comforted to see the familiar landmarks of the underlying retina come into view with crisp visualization using the widefield viewing system as we removed the hemorrhage. I placed my first spots of round, white endolaser into the retinal periphery, and I couldn't believe I was actually performing retina surgery. As my retina mentor coached me through the surgical maneuvers, I experienced a feeling like walking on a high wire—just keep going, don't look down. I was nervous as I removed the patient's eye patch during the first postoperative visit the next day and was instantly relieved as she smiled and proceeded to read letters on the eye chart using the operated eye. I had thought of vitreoretinal surgery as complex, daunting, and unforgiving (all of which it is), but after that experience I allowed myself to consider that retina surgery is also beautiful, gratifying, and something that I could learn and do well.

— Adrienne Scott, MD

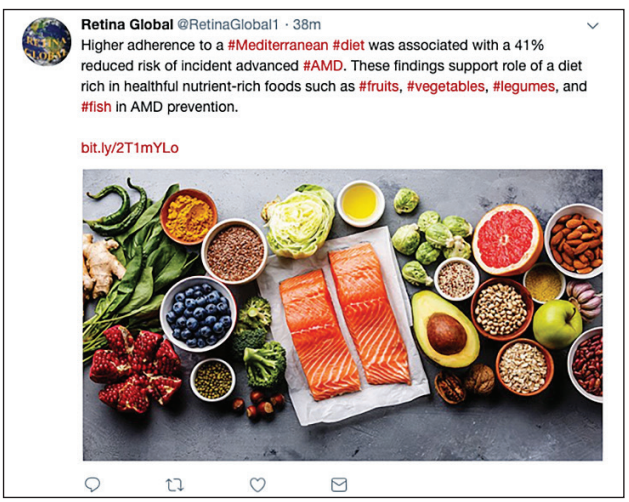
In each edition of @RetinaToday, the editorial team of* Retina Today *asks an Editorial Advisory Board member or other expert in the field a question.

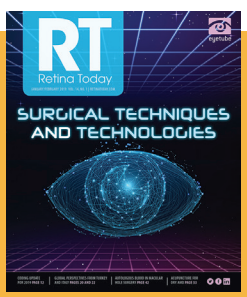


Khaled Ghanem, MD, demonstrates a scleral buckling procedure in which bleeding occurred during the drainage of subretinal fluid leading to submacular hemorrhage.

To watch, visit bit.ly/Ghanem0319

TWEETS OF NOTE





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By María H. Berrocal, MD; and Luis A. Acaba, BA

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