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1. How has practicing in both India and the United Kingdom broadened your view of the specialty of retina?

Immediately after my postgraduate work in India, I visited the United Kingdom for approximately 1 year. The goal of this trip was to gain insight into the teaching and clinical work in ophthalmology being conducted in the United Kingdom. I was also going to be taking the Royal College Ophthalmologists exam while visiting, and I wanted to be well versed in the local system. The emphasis given to basic teaching is much better organized in the United Kingdom compared with the available training in India. I acquired a new outlook as a result of being exposed to the training in the United Kingdom. Clinical work, on the other hand, is comparable between the two countries. However, there are only a few centers of excellence in India, which means the standard of care is not uniform throughout the country. Thanks to the National Health Service, care is standardized throughout the United Kingdom. However, there are downsides to this approach, such as long waiting periods for a simple cataract surgery. Even so, I think that there is no better place than the United Kingdom for medical students and residents to receive specialty training. Since returning to India, I have been fortunate to combine the basic foundations of what I learned while in the United Kingdom with an extremely high volume of clinical and surgical work. This gives me a lot of satisfaction.

2. What is most challenging about performing live surgery and laser demonstrations?

Live surgery is always challenging, especially vitreoretinal surgery. There are many variables that must be considered in terms of equipment and instrumentation. Therefore, it is important that a surgeon has an “operating comfort zone” before committing to perform live surgery. I am most comfortable doing live surgery at my own center because I have total control over all of the

variables. If I operate at another location, I make sure that I am familiar with the vitrectomy device and other equipment in the OR. I strongly believe that if a surgeon is not familiar or comfortable with the available instrumentation and staff support, then the overall outcome of the procedure may be compromised. The patient’s well being is my absolute priority; therefore, if I were not comfortable, I would prefer to show a high-quality video rather than put the patient at risk. In the case of laser surgery, there are fewer variables compared with vitrectomy. Also, lasers generally work in the same fashion, so there is less chance of encountering unfamiliar equipment in the OR.



3. What do you enjoy most about making surgical videos? What video-making tips can you offer?

When I operate, it is an absolute necessity for me to see on the display screen what I am seeing through the microscope. This also allows fellows to observe the surgery. Over the years, I have collected an enormous library of surgical footage for all kinds of surgical situations and techniques and unusual cases.

When I first started creating teaching videos, I was under the impression that a good video involved simply capturing good quality footage, but now I realize that a good video should be able to tell a story and include visual effects and photographs.

In my opinion, the learning curve for video making is steep; I would guess that I still have a lot more to learn. But I can offer some tips to those who are interested in creating videos. For vitreoretinal surgery, one needs a good quality three-chip camera that is sensitive in low-light conditions. It is also important to have the capability to control the gain settings and white balance, which can vary from case to case. Additionally, while recording videos of macular surgery, surgeons must be careful not to cause phototoxicity due to prolonged

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use of endo light focused near the fovea. This damage is irreversible.

4. What advice do you have for surgeons transitioning to minimally invasive vitreoretinal surgery (MIVS)?

In my opinion, becoming comfortable with incision-making is the most important step for surgeons transitioning to MIVS. Just like the transition from extracapsular cataract surgery to tunnel-based phacoemulsification, retinal surgeons are transitioning from 20-gauge-sutured surgery to MIVS, in which surgery is performed with smaller gauges and the conjunctiva does not have to be opened. During the transition to phacoemulsification, there were many concerns that the procedure would increase the incidence of leaky wounds and endophthalmitis. With time and improved techniques, all of these concerns gradually disappeared. As we are in the relatively early phase of this transition to MIVS, naturally there are concerns in the retina community. However, as the instruments and surgical techniques continue to improve, the incisions will also get better. Only if a surgeon gains confidence in leaving good stable ports at the end of surgery will he want to adopt MIVS. Moreover, the word "sutureless" should be discussed in depth with every patient prior to surgery, and patients must understand that in some cases a few sutures might be needed.



5. What inspired your love of photography, and what types of pictures do you like to take?

Photography is something I have always loved, but it has only been in the past 5 years that I have seriously started to explore nature, especially wildlife and birds, through photography. I have friends who are very good birders. After spending time with them, I realized that I too was interested in knowing more about birds. So I began to photograph them. My children (10 and 6 years old) also enjoy these photography trips, and they have learned about various birds and wildlife at a rapid pace. My wife, Kamal, and I sensed that these frequent trips into nature offered quality family time. These excursions are also great for relaxing and taking a break from the demands of my daily work routine. Photographing wildlife is slowly becoming an addiction of sorts, and my family and I try to take many small breaks now and then to explore nature together. I have slowly improved my camera and lens gear to capture better pictures. ■

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