Vail Vitrectomy: Controversial Elitism or Educational Masterpiece?

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In the spring of 1975, Robert Machemer, MD, and a handful of early vitrectomy pioneers launched a retinal surgery meeting series in Vail Colorado called the Vail Vitrectomy meeting. The mid-1970s marked the heyday of vitreous surgery evolution. Everything was new, no fellowships existed, and new concepts were being developed. Instrumentation was being invented, and, often, these new instruments were tried first in patients rather than in animals, resulting in an abundance of surgical complications. Although many eyes were saved, countless others were being blinded. Because many eyes were indeed being helped, however, enthusiasm for this new technique, vitrectomy, was at fever pitch.

As with any new scientific endeavor, the ability to think outside the box was a great driver of thought. Dr. Machemer, always a visionary, recognized that a powerful way to facilitate ideas was to pull together a select group, seal them together in a retreat-like atmosphere, encourage out-of-the-box thinking, and protect the discussions from premature dissemination. And the concept worked. The early Vail Vitrectomy meetings were exciting and facilitated fruitful think-tanks. The luminaries who attended those meetings included Tom Aaberg Sr., Ron Michels, Steve Charles, Nick Douvas, Steve Ryan, Helmut Buettner, Buzz Kreiger, and Jay Federman, among others. Although each of these great names in vitreous surgery has contributed individually to the evolution of our craft, the ability to bring them together in 1 room served to create a chemical reaction of ideas. From that chemical reaction emerged an explosion of innovation in techniques for vitreoretinal surgery.

Vail Vitrectomy 2013 Scientific Program and Organizing Committee (from left to right): Michel E. Farah, MD; Tarek S. Hassan, MD; G. William Aylward, MD, FRCS, FRCOphth; Kirk H. Packo, MD (Chair); Fumio Shiraga, MD; Sherif M. Sheta, MD; Allen C. Ho, MD; and Cynthia A. Toth, MD (not pictured).

THE DESIGN OF VAIL VITRECTOMY

Dr. Machemer believed that if he was to create this vibrant chemical reaction of ideas, he had to add together the right ingredients, namely by pulling together people who might be the best to facilitate this thought reactor. For that reason, he initiated the most controversial aspect of the Vail meetings: its invitation-only exclusivity. Dr. Machemer knew that vitreoretinal surgeons had a variety of disparate research interests and talents. It was his goal to capture those individu-

PAST VAIL VITRECTOMY PRESENTATIONS

- *Scissor Delamination of Membranes* – Steve Charles, MD
- *An Automated Air Pump for Air-Fluid Exchange During Vitreous Surgery* – Thomas Aaberg Sr., MD
- *The Surgical Resection of Optic Nerve Drusen* – H. Michael Lambert, MD
- *MiniVit 25-gauge Vitrectomy Probe for Transconjunctival Vitreous Surgery* – Eugene de Juan Jr., MD
- *Enzymatic Vitreolysis for Vitrectomy Surgery* – Michael Trese, MD
- *23-gauge Vitrectomy Probe* – Stanley Chang, MD
- *The Erbium YAG Laser for Membranectomy During Vitreous Surgery* – Donald D'Amico, MD
- *Resection of Intraretinal and Subretinal Lipid During Diabetic Vitrectomy* – Yuichiro Ogura, MD
- *Autologous Serum as an Adjuvant for Macular Hole Surgery* – Peter Liggett, MD
- *Fluocinolone Acetonide Sustained Drug Delivery Device to Treat Severe Uveitis* – Glenn Jaffe, MD
- *tPA and Gas for Displacement of Subretinal Hemorrhage* – Wilson Heriot, MD

als who at that time were active solution seekers. If too many people were allowed to attend, he thought, discussion would be stifled. Recognizing that the discussion of a presentation is often more important than the presentation itself, he wanted to ensure that the right number of people was present, and that each person truly had ideas to contribute. This was not a forum to teach, but rather a forum to learn. In the early days of the meeting, this concept worked.

Attendees of the Vail Vitrectomy meeting were required to present a paper on a topic that had never been presented before at a prior national or international meeting (see inset, *Past Vail Vitrectomy Presentations*). That requirement continues today, with the hope that the program will showcase the latest, state-of-the-art of ideas. Some of the ideas presented at the Vail meetings over the past 35 years have been real game-changers. Other ideas have been found to be unnecessary or outright wrong. Through it all, however, the craft of retinal surgery has continued to evolve, and the Vail meetings served as an important source of ideas.

To be invited to the Vail Vitrectomy meeting was perceived as a mark of distinction. At 1 level, it was Dr. Machemer's stamp of approval in that you were worthy of being selected to attend this exclusive meeting. At another level, it was membership into an elite group of

lecture-circuit speakers. And to some, it was an insult not to receive an invitation.

FIRST-HAND PERSPECTIVE ON VAIL VITRECTOMY

I remember receiving my first invitation to attend the meeting in 1991, being only 6 years out of my fellowship. I thought, "Wow, I made it! I can't believe Robert Machemer knows who I am." Attending the meeting was a mix of emotions, as I was in awe of meeting many of the people in the room. Watching Ron Michels and Steve Charles argue was extraordinary, understanding the enormous breadth of thought and expertise that each possessed. I was a bit frightened too, hoping that my comments and presentation would be worthy of the meeting's purpose. After giving my presentation, which involved a video presentation of vitreous surgery as viewed from the inside of the eye in high magnification of the pars plana, I wondered if it had passed the Machemer test. When Dr. Machemer came to me at the break, and asked if he and I could have lunch together because he was fascinated by my talk and wanted to learn more, I felt that I was on my way to being a contributor.

My next moment of worry came 4 years later, wondering if I would be invited back to the next Vail meeting. The letter arrived. I knew, however, that if I expected to continue to play in the majors, I had to make sure that every talk I gave at this meeting was at the highest level. Although I take seriously any presentation I give at any meeting, I knew the Vail meeting was special. It had to be my best.

CONTROVERSIES OF VAIL VITRECTOMY

The exclusivity of the invitation-only format of the meeting has been a point of great controversy over the years. To be left off the invitation list was often very upsetting. After all, what right did Dr. Machemer have to determine who was worthy of attending? If you were in private practice, were you held in the same regard as those in university employ? If you were doing great research that had not yet reached the eyes of the organizers, it seemed unfair to be excluded. Politics was involved. Some surgeons who were no longer at the top of their game were still being invited. If you ever had criticized the wrong person or idea in public, you might be blacklisted.

So why does the Vail Vitrectomy meeting continue as an invitation-only event?

All meetings are not the same, and thus cannot serve the same purpose. In the early days of the Vitreous Society (now American Society of Retina Specialists) meetings, the events were small, allowing great discussions at the microphone. Everyone was allowed to talk, no matter what one's background or source of employment. Now, the meeting has become so large that it has evolved, making intimate discussions of each paper difficult. The American Academy of Ophthalmology subspecialty meetings are so large that discussions of each paper are impossible. And yet, each meeting serves a niche.

The Vail Vitrectomy meeting was designed to bring together people who have demonstrated that they are trying to think out of the box. In order to maintain the ability to foster discussion—the most important aspect of the meeting—the number of people in the room must be limited. For the Vail meeting to have 500 attendees would destroy its raison d'être. Even with that realization, it has been very difficult to keep the Vail meeting at a manageable level. The number of those invited has slowly enlarged over the years in large part to avoid leaving deserving people off the list.

Since Dr. Machemer's retirement from the meeting in 1996, the designation of invitees has been by committee and has involved an international panel for the selection process. Serving on the organizing committee now for 2 cycles, I can tell you that it is one of the most difficult duties I have had to perform. Although it is the committee's hope to capture the best and the most innovative surgical minds, it is not an attempt to offend or exclude anyone. It is recognized that some egos will be bruised in the process, and that will always be unfortunate. But not every truly talented athlete can play in every game.

The abstracts and summaries from the Vail Vitrectomy meetings are not published or disseminated publicly, and these are also sources of controversy. Why are the talks kept secret? Is it a desire to hold the information to only a select group of people and hide it from the practicing retinal surgeon who might benefit from the information? An important aspect of the meeting is the desire to keep the presentations new and at the start of the scientific design. Because the material has never been presented or published, it is felt that the information typically is not yet ready for prime time. Knowing that the discussion will not be published also opens up the floodgates for critique during the meeting. In all, it allows for the best evolution of the ideas, assisting in the natural selection of the thought process, hoping that those ideas that do have merit will find their way into the public eye in a timely manner.

LOOKING AHEAD: VAIL 2013

The upcoming Vail Vitrectomy meeting has introduced several new aspects in an effort to continue

to serve the Vail philosophy, but to do it as fairly as possible. A group of senior surgeons that has been selected as "Vail Thought Leaders" will be invited to attend but without the requirement of having to present a paper. They will be there to participate in the discussions, recognizing their enormous contributions to the fund of knowledge of retinal surgery in the past. Not only will this help keep the paper discussions lively and at the highest level, but it also opens more spots on the podium to allow more invitations. Also, for the first time, a Call for Papers is being introduced, opening up the meeting for those not initially invited to submit a topic title and brief description. The committee will review the submitted papers and extend a number of additional invitations. In this way, young, possibly unknown surgeons with great ideas will have a chance to attend. More new ideas will be introduced, and the think-tank will thrive even more.

The structure of the Vail meeting will likely always be controversial. It is not perfect, but its design has a carefully metered purpose. Its invitation-only structure pushes attendees to give the meeting their best, and the fact that the meeting is held only every 3 to 4 years further brands its importance. The upcoming meeting's invitation list is lengthy and attempts to bring together surgeons from around the globe. More than 60% of those invited are from outside the United States. More than 10% will be first-time invitees.

If you receive an invitation to Vail Vitrectomy 2013, we hope you will attend and actively participate in the process. If you are not on the initial list and would like to present a topic for consideration, we invite you to submit your topic title and brief description via the Vail Vitrectomy Call for Papers process. To obtain more information on paper submission, send an email to vail-vitrectomy@medconfs.com.

Dr. Machemer was a visionary in his concepts on vitreous surgery, as he was with the creation of the Vail Vitrectomy meeting. It is hoped that the next meeting will ultimately result in at least a handful of new ideas and concepts that will become game-changers for the field. ■

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