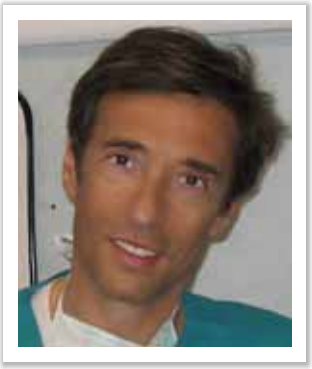
Stanislao Rizzo, MD

Dr. Rizzo is a vitreoretinal surgeon at the Eye Surgery Clinic, Santa Chiara Hospital, in Pisa, Italy.

1. What is the most challenging aspect of being a vitreoretinal surgeon?

In my opinion, keeping up with the fast-paced evolution of technological developments in order to provide my patients the best therapeutic options available is the most challenging aspect of being a vitreoretinal surgeon. I strive to constantly refine my knowledge, surgical technique, and performance rather than simply follow trends of the past. I also find it challenging to practice science in this field. The multicenter studies often reach completion when the surgical technique under evaluation is no longer cutting edge. Regardless, we must conduct our scientific studies with maximum effort and value the findings of other experts in the field. I believe the most exciting aspect of vitreoretinal research is that we can often achieve the same final results in various ways by using different techniques and approaches, which are usually influenced by the surgeon's personality and cultural background.



2. How has vitreoretinal surgery changed since you started practicing?

When I began practicing in the 1980s with my mentors, Professor Luigi Barca, MD, and Relja Zivoinovich, MD, scleral buckling surgery was popular and vitreoretinal surgery had many disadvantages. The introduction of vitreous highlighters and vitrectomy machines allow us to safely work close to the retina have made it possible to remove all of the vitreous. The advent of heavy liquids and panoramic vision systems and smaller, less invasive tools that reduce patient discomfort and increase surgeon efficiency have also fundamentally altered the field of vitreoretinal surgery.

However, it is a pity that scleral buckling surgery is practiced less and less. I wish to mention surgeons from this school of thought who have contributed to my professional training: Harvey A. Lincoff, MD; Charles L. Schepens, MD; Ingrid Kreissig, MD; and, in Italy, Luigi Pannarale, MD; Mario Stirpe, MD; Vito De Molfetta, MD; and Angelo Schirru, MD. I believe that this procedure continues to be an effective treatment for retinal detachment. Moreover, the complexity of scleral buckling surgery challenges surgeons to practice careful procedural rigor in combination with intuition, experience, and creativity.

3. As someone who has organized several international ophthalmic meetings, what advice can you give regarding how to plan a successful meeting?

A successful ophthalmic meeting is one that is an interactive exchange of views among highly skilled participants with varying cultural and medical backgrounds. The participants must leave with an update on ideas presented by experts. Time for the audience to ask questions and debate answers must be built into the schedule. Evidence-based medicine is lacking in vitreoretinal surgery. Thus, the task of each scientific meeting is to make clear that evidence does exist for our field (eg, the Submacular Surgery Trials or Early Treatment Diabetic Retinopathy Study), and we must always refer to these data as milestones from which we can improve our results.

4. What are some surgical techniques that residents and physicians can learn about in your book, *Vitreoretinal Surgery* (2009)?

Leading surgeons offer their insights about the sutureless techniques of their choice in the textbook. Residents and physicians can learn basic 23- and 25-gauge techniques for combination cataract-vitrectomy and macular hole procedures, epiretinal membrane removal, diabetic retinopathy, retinal detachment, and endophthalmitis. A small-gauge approach is also demonstrated for trauma, pediatric vitreoretinal surgery, and uveal biopsy. Sutureless 20-gauge techniques are demonstrated as well.

5. What do you enjoy most about living in Italy?

I come from southern Italy. My soul is deeply Italian, rich with creativity and imagination. I find that Italy, for the time being, is a very stimulating place to live because it values scientific rigor and skilled surgeons while preserving a warm approach to patients' feelings. The powerful Italian imagination and appreciation for irony, together with a pinch of fun, creativity, and unpredictability, makes living in Italy enjoyable. I work near the Leaning Tower of Pisa, and, living in Lucca, I often admire the sublime expression of love that wins over death on the statue of Ilaria del Carretto, or cycle around the beautiful ancient town walls of the Arborio Circle. ■