FIVE QUESTIONS WITH...
EHSAN RAHIMY, MD

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1 Tell us how you manage a stressful day in the OR.

I remind myself to remain calm and not rush. I find that stretching between cases helps me to stay loose. Also, good music is always a plus. Afterwards, I find it useful to reach out to colleagues and mentors to discuss any challenging aspects from the day and to get their input on how they would have approached the situation. Their responses can be both validating, if they concur with my course of action, but also enlightening, as they may offer a new perspective or approach for similar cases in the future that I may not have previously considered.

That being said, I honestly don't find days in the OR to be stressful. It is actually quite the opposite: I feel most relaxed and at peace during surgery, even while working through complex cases. Stressful days happen in the clinic when there is a full schedule of patients, emergency add-ons walking through the door, photography backed up, and I'm being pulled in every direction to do an injection here, a laser there, take a call from an outside doc, or stop by a colleague's lane for a quick consult. And at that point, it is just 9:30 am! Not in the OR though. The OR is almost therapeutic in defusing the inevitable stress that can build up in the nonstop clinic environment.

2 How do you keep yourself focused during routine cases that might otherwise induce boredom?

First, I feel compelled to say that there are no boring cases in retina! A mentor and close friend from medical school who inspired many in our field to pursue careers in ophthalmology (R.I.P. Frank L. Kretzer, PhD) was fond of saying that the retina was "the most positively elegant structure" in the human body. And he was right. We are fortunate to practice within a specialty of medicine that offers such a broad array of surgeries to begin with, but in addition to the diversity, no two macular holes, vitreous hemorrhages, or retinal detachments are the same. Each case is unique and presents an opportunity for you to improve your abilities, no matter how skilled a surgeon you may be. We owe it to our patients to approach every operation with that mindset so that the task at hand has our undivided attention. To us, this may be the umpteenth hundred macular pucker, but to the individual on the operating table, it is their first and only one.

3 What is your favorite medium for communicating with colleagues?

Nothing beats face-to-face communication—that's always my first choice. It is a big reason why I commit to attending as many of our societal meetings as possible in order to catch up with friends from around the country and abroad. Otherwise, I am a big texter. To this day, there is an ongoing group text I am a part of that includes my previous cofellows and attendings from fellowship. We discuss everything from diagnostic unknowns, to the management of challenging cases, to Steph Curry's newly released dad shoes, to Game of Thrones episode recaps. Anything and everything is fair game. It's a great way to stay in touch while still feeling like you are an active part of your fellowship family.

One of my cofellows actually didn't have unlimited texting on his cellular plan, and would get charged per text. You can imagine he was pretty upset with the surcharges on his monthly bills. By pretty upset, I mean that he asked us very politely (he's Canadian) to not text him as much. That didn't last long, and he eventually caved in and upgraded to an unlimited plan. In the end, they always give in.

4 Were you attracted to any other specialties during medical school?

For a period of time during my third-year clinical rotations I thought I was headed towards a career as a pediatric cardiothoracic surgeon. I have a great deal of admiration and respect for that profession, given the complexity and delicacy of congenital heart defect surgery. As a medical student in the OR, you obviously do not get to do much other than fight back the urge to fall asleep with your eyes open while standing up. But I distinctly remember my residents, fellows, and attendings on the rotation keeping me engaged, interested, and feeling like an active member of the team. And it is those types of experiences that really stick out as a medical student. Oftentimes with rotations, it is not so much about the actual subject matter, but more about the people you are interacting with that make or break the experience and can inspire you to pursue it as your own career calling.

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I mentioned him earlier, and I’ll mention him again. I remember sitting in Dr. Kretzer’s office during our weekly meetings at the end of my third year and talking about residency options. He was unabashedly pro-ophthalmology and suggested I at least try the rotation as an elective. It was already getting late in the process, and I contacted the elective rotation coordinator to see if something could be arranged. She immediately shot me down, and said there were no spots available. At this point, I was ready to move forward with thoracic surgery. At the 11th hour Dr. Kretzer somehow created a makeshift ophthalmology experience for me to individually shadow some faculty.

You need to understand something here. I never once did a general ophthalmology rotation. My first day of this “elective” was on a Monday morning going to the retina operating suite at 7:00 am. I had no idea what was going on or what I was looking at. But I remember watching on the overhead display as the surgeon peeled the internal limiting membrane around a macular hole. Game over. That was June 2008. I knew for the next 5 years through the rest of medical school, internship, and residency that I was going to be a retinal surgeon. And it is an absolute certainty that without Dr. Kretzer’s guidance and support, I would not be where I am today.

5 If you could choose only two meetings to attend per year, which two would you attend?

The annual American Academy of Ophthalmology meeting is a must, if for no other reason than the fact that it brings together all the subspecialties within ophthalmology, giving you the chance to link up with many colleagues who pursued careers outside of retina. The social alumni events for different programs are also a lot of fun to attend. With regard to the meeting itself, I especially like how efficient the two-day Retina Subspecialty day is in presenting the most salient, up-to-date information for retina specialists.

For a retina-specific meeting, I have heard a lot of great things about the Vit-Buckle Society (VBS), especially for younger retina surgeons who are recently out of training, but I would not personally know because the selection committee did not accept my surgical video submission as a fellow (no hard feelings, VBS!). Hopefully I will be able to attend the next meeting. I have also heard the retina program at Hawaiian Eye has a lot of great content, panel discussions, and presentations. If only it were in a better location … . ■