John W. Kitchens, MD

Dr. Kitchens is a vitreoretinal surgeon with Retina Associates of Kentucky in Lexington and a member of the *Retina Today* Editorial Board.

1. What drove your decision to choose the specialty of ophthalmology and the subspecialty of retina?

My journey into retina involves fate, luck, and hard work. The fact that I made it into medical school was a bit of a miracle, actually. As a freshman at the University of Evansville, I really didn't take much seriously. It was only halfway through my sophomore year, earning a 2.8 grade point average and dropping organic chemistry (which I was failing at the time), that I "woke up" and realized that there wouldn't be any second chances. I didn't want to look back and say that I could have made it to medical school but never tried hard enough. This combined with the tremendous impact that meeting my future wife, Sarah, had on my life led me to a 180° turnaround. I had to double up on almost every course for the remaining 2.5 years but ended up with degrees in biology and chemistry and acceptance to the Indiana University (IU) School of Medicine.

I did well in medical school but couldn't find a passion in a specific area. It was only after I failed to get the proper elective schedule my fourth year that I switched my focus from internal medicine to 1 of the surgical subspecialities. My first rotation of the fourth year was ophthalmology. After a week in the pediatric eye clinic at IU, I was ready to give orthopedics a try. By fate, I had an opportunity to watch a couple of retina surgeries by Ron Danis, MD. In the first 5 minutes of seeing a vitrectomy with laser, I knew what I wanted to do.

Probably the biggest "break" of all came with the residency match when I had the opportunity to go to the University of Iowa. The training there was second to none. Learning from teachers such as Ed Stone, MD, PhD, and Culver Boldt, MD, along with the other great retina faculty, was invaluable. One thing I underestimated at the time but appreciate now is the tremendous benefit that great glaucoma and neuro-ophthalmology training can have in a busy retina clinic. Iowa provided a strong foundation in both of these areas.

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2. How did you end up at Bascom Palmer Eye Institute as a Chief Resident?

Bascom Palmer traditionally selects 2 of its own residents for the chief position for good reason: The chief residents help supervise all of the residents in addition to providing most of the ocular trauma coverage. It helps to have someone familiar with the Bascom Palmer/Jackson Memorial system to do it effectively. In my case, the institute was forced to take someone from outside of Bascom Palmer, as they had only 1 resident (Luma Al-Attar, MD) who was interested in staying for the fellowship and chief year. When the opportunity became available, it was too good to pass up.

My time spent at Bascom Palmer was really special with so many great things happening. Having Carmen Puliafito, MD, as the chair put an emphasis on retina. It was also right as anti-VEGF therapy was being introduced. Obviously, the work Philip Rosenfeld, MD, PhD, did at that time with bevacizumab (Avastin, Genentech) was groundbreaking. Janet Davis, MD, was a fantastic teacher of uveitis. From the surgical side, William Smiddy, MD, (efficiency) and Harry Flynn, MD, (wisdom) were fantastic mentors. Timothy Murray, MD, and Nina Berrocal, MD, gave the most hands-on experience and really prepared me for the rigorous chief residency year. During the chief year, Luma and I tackled more challenging diabetic patients than I would face in my first 5 years of practice. My co-fellows were fantastic, and the residents were the most talented group of young people I have ever encountered.

3. How did you end up in Kentucky?

Another bit of fate. One of my co-fellows at Bascom Palmer and best friends was Andrew Moshfeghi, MD. Andrew has an older brother (Darius) who is a retina specialist at Stanford. Darius went through the fellowship interview process a few years prior with my future partner Thomas Stone, MD. Tom had mentioned to Darius that 1 of their partners was retiring, so Darius connected Tom and me. Given that my wife and I are both from southern Indiana and that I was looking for a retina-only practice with a great reputation, clinical studies, and a fellowship, Retina Associates of Kentucky was the perfect match. It was an even better opportunity than I had imagined. In my first couple of years, I learned a tremendous amount about scleral buckling from Rick Isernhagen, MD, (a fantastic buckler) and about life from our senior partner William Wood, MD. Things came full circle when Andrew joined us this summer.

4. Can you tell us about your involvement with the Vit-Buckle Society (VBS)?

The VBS was started at the 2007 American Society of Retina Specialists (ASRS) meeting in Palm Springs by a group of like-minded young vitreoretinal folks who wanted a forum to show great surgical cases, novel techniques, and the like. The founders were Thomas Albini, MD; Ross Lakhanpal, MD; Derek Kunimoto, MD; Andrew Moshfeghi; Charlie Mango, MD; Paul Chan, MD; and Nina Berrocal. Since that first dinner meeting, we have held free dinners at most American Academy of Ophthalmology and ASRS meetings. VBS had its first standalone meeting last year in Miami, and more than 100 retina specialists attended. It is an open society intended to give young retina folks an open and comfortable place to share their ideas and cases and to get to know their colleagues.

5. What are your favorite activities outside of retina?

The obvious answer is spending time with my family. Beyond that, I am a real technophile. I love anything tech-related (cameras, computers, video editing, etc). Putting together presentations is also something that I feel skilled at; it lets me explore the creative side of what we do. ■