



FIVE QUESTIONS WITH...

ROHIT ROSS LAKHANPAL, MD, FACS

Rohit Ross Lakhanpal, MD, FACS, is a Managing Partner and Surgeon at Eye Consultants of Maryland in Owings Mills, Md.; Vice President of Membership of the Vit-Buckle Society; and a member of the *Retina Today* editorial advisory board.



1. What are the most challenging aspects of being a vitreoretinal surgeon?

Time and efficiency. The practice of vitreoretinal surgery has changed dramatically in the past 10 to 15 years, in that most of us are spending more time in the office doing intravitreal injections and less time in the OR. There is a fair amount of our volume that is still based in emergency surgery, however, and, therefore, we need to have room on our schedule for those patients as well. We need to have an efficient OR (or preferably an ambulatory surgery center) that can accommodate these emergencies easily. Running the clinic efficiently, making room for inevitable emergencies, and seeing the maximum number of patients while keeping them and our referral partners happy are the keys to a successful practice.

2. What individuals have most influenced your career path in ophthalmology?

My father is a vitreoretinal surgeon, but he did not push me into ophthalmology. He allowed me to find my own path, which led me to retina. My father has played an important role in my drive to succeed, and he taught me the importance of empathy for patients.

During my residency, my most influential mentor was Charles P. Wilkinson, MD. C.P. was old-school, which was good because he taught me the basics of a good retina examination and how to do a good scleral buckle. After my residency, I was fortunate enough to work with two incredibly innovative individuals, Mark S. Humayun, MD, PhD, and Eugene de Juan, MD. Their vision of small-incision vitreoretinal surgery—more specifically, 25-gauge vitreoretinal surgery—shaped my view of surgery once I started working with them in 2000. They taught me that innovation and technology can improve efficiency in the OR and improve patient outcomes.

Alice R. McPherson, MD, and Eric R. Holz, MD, taught

me the best ways to deal with complex vitreoretinal pathology. By my second year of fellowship at Baylor University, I felt so comfortable that I was doing 90% of my surgery without supervision, with excellent outcomes. Drs. McPherson and Holz were warm and welcoming hosts who entertained us superbly during our time in Houston. They made it very difficult to leave my wife's home state of Texas.

3. What is your role with the Vit-Buckle Society?

One of the greatest aspects of the Vit-Buckle Society is that I get to work regularly with some of my best friends. Those of us who founded the society were fellows in training at the time, and we felt there was a need for something different in a meeting format. We wanted outside-the-box thinking, such as participative debate and video sessions without lecture slides. Because we started the society when we were fellows, we also wanted the meeting to be for fellows, by fellows. We are proud of the camaraderie, the excitement, and the following our meetings have created, as well as the accolades we have received for our cutting-edge scientific programs.

I am currently the vice president of membership, which means I am fully available to all members for any questions or concerns. I have also been the primary organizer for two of our standalone meetings in Las Vegas. Of course, there is a great deal of work that goes into these annual meetings for all of us, but there is also a sense of accomplishment, camaraderie, and friendship throughout the year.

4. What novel therapeutic approaches or surgical techniques do you anticipate will improve microincisional vitrectomy surgery over the next few years?

There are several new visualization and surgical techniques that will be important in the coming years. With the recent advent of 3-D vitrectomy surgery, I believe we

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will see advances in visualization, and, hopefully, that will translate into better patient outcomes. I have been fortunate enough to work with Alcon surgical for the past several years to make that a reality. I have test-driven the company's Ngenuity 3D Visualization System, and I look forward to using it more in the future.

I believe intraoperative optical coherence tomography (OCT) will also be helpful for certain pathologies, such as dense macular puckers, macular holes, and traction retinal detachments. Intraoperative OCT will help us to visualize whether the surgical technique being implemented is working in real time. Additionally, there is a great deal of hope around stem cell treatments for disorders such as macular degeneration—specifically, the geographic atrophy subtype, for which we have no treatment options.

5. You were a three-sport athlete in high school (and still graduated magna cum laude). How did those experiences prepare you for your career and your personal life?

I was fortunate enough to attend a prestigious private school where academics and athletics were stressed equally. Being a scholar-athlete taught me about balancing my passions with focus, dedication, and persistence.

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Pursue what you are passionate about, and you will be successful. I am passionate about retina and staying on the cutting edge in order to be the most excellent physician I can be for my patients. I started an incredible society with a great group of friends, and I thoroughly look forward to continuing the challenges of planning our meetings together.

My passions for food and wine are (hopefully) balanced by my passion for working out. I am passionate about my lovely wife, Mia, and I ensure that I make time for her despite our busy schedules. We were both lucky enough to have parents who instilled a love for travel in us very early on. I am excited to be in the field of retina, which allows us to enjoy traveling and meeting with friends all over the world as well as here in beautiful Baltimore. ■