

Susanne Binder, MD

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1. What surgical cases do you find most enjoyable to perform and rewarding once successfully completed?

I am trained in vitreoretinal and anterior segment surgery. Combined surgical procedures, such as modern phacoemulsification and IOL implantation with simultaneous pars plana vitrectomy, are, for me, the most rewarding procedures to perform. They provide patients with rapid visual rehabilitation and give surgeons insight into the interactions and connections between the anterior and posterior segments. Because there is less surgical trauma with small incisions and sutureless techniques, these are now part of my standard approach for most macular pucker and macular hole surgeries as well as for primary retinal detachment repair. The ability to perform both anterior and posterior segment surgery is also helpful in the reconstruction of severe trauma cases and in patients with diabetic eye complications.

2. What technologies are essential to your surgical technique?

Good phaco and vitrectomy machines are the basis of my surgical technique. I use high-speed cutters for vitrectomy and 2-mm small incisions for cataract surgery. My standard size for simple vitrectomy is 23-gauge. I reserve 20-gauge instrumentation for complex cases such as advanced proliferative vitreoretinopathy and trauma. In this surgical scenario, both hands are used for vitrectomy, and a fourth sclerotomy is created for an additional light source. I use angled subretinal instrumentation when needed. I always suture the sclerotomies if a silicone oil tamponade is necessary because I want to avoid subconjunctival silicone efflux in the postoperative course.

3. What challenges have you had to overcome being a woman in a male-dominated profession?

At the time when I started performing microsurgery at the University Clinic in Vienna in 1974-1975, surgery was reserved for men. The woman's role in the operating room was to patiently assist the surgeon. I was determined to defy these boundaries and become a surgeon. Fortunately, during medical school I had a professor who had four daughters and was willing to let me try. I did many intracapsular cataract surgery cases with the Graefe knife. My colleagues scrutinized and commented on my surgeries, and this motivated me to prepare the best I could for every case. I performed a lot of Friday afternoon cases, but I never refused one case because I

gained more experience. At that time, vitreous surgery was not well known in Austria. Buckle procedures for retinal detachment cases were routine. I persevered, and finally, in 1979, Ronald G. Michels, MD, invited me to Johns Hopkins University in Baltimore to study vitreous surgery. In 1980, I spent some time at Duke University in Durham, NC, with Robert Machemer, MD, finishing my thesis on proliferative vitreoretinopathy. Coming back from the United States, I continued my work in Vienna. I had to work and write on my own for a long time while male colleagues worked in groups.



4. What are your responsibilities as Secretary of the Austrian Ophthalmological Society, and how has this leadership role had an impact on your career?

I am happy to be the Secretary of the Austrian Ophthalmic Society after serving 4 years as the organization's President. Every year we organize a national meeting, and the Secretary is responsible for the program. I have also been the Editor-in-Chief of the Austrian ophthalmic journal, the

Spektrum für Augenheilkunde, for more than 8 years. Both functions give me the opportunity to help young ophthalmologists during their training and to find new talent. Also, through these roles I build international connections. I was invited to be an examiner for the European Board of Ophthalmology, and I am now responsible for the Retina Program for the European Society of Ophthalmology. I am a member of the board of trustees of the International Council of Ophthalmology. The Austrian society works closely with the American Academy of Ophthalmology to promote the importance of ophthalmology in medicine and to strengthen the position of ophthalmologists. I have introduced an Austrian Association for Research in Vision and Ophthalmology Day (AARVO) at our national meeting, a project initiated by Martine Jäger, MD, PhD, the 2008 President of ARVO.

5. If you were not an ophthalmologist, what profession would you pursue?

If we did not age, I would have become a dancer because I love movement and music. If I were part of an orchestra, I would want to be the conductor because I never fear responsibility. But, these dreams aside, I would study medicine again, and I am convinced that ophthalmology is one of its finest branches. ■