

Thomas Albini, MD

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Why did you choose to become an ophthalmologist?

I ultimately chose ophthalmology because it offered a mixture of technology, medicine, surgery, quick patient improvement, and rapid progress in the standard of care. Initially, I was also

attracted to the fact that ophthalmologists seemed universally content in their professional lives. I had the great luck of studying medicine at Johns Hopkins University, where I had the freedom to choose a few rotations in ophthalmology during my third year. I spent a month with a number of Wilmer Eye Institute faculty in an elective, supremely well organized by Susan Bressler, MD, followed by a month with Neil Miller, MD, and another month with Richard Green, MD. After those rotations, I couldn't have imagined choosing anything else.

What inspired you to specialize in the treatment of uveitis?

I developed an interest in immunology from my father, who was a research immunologist, and, consequently, I spent a year of medical school performing bench research in transplantation immunology. On the clinical side, I figured out that I wanted to do retina during medical school after working with retina specialists during my rotations. When I arrived at the Doheny Eye Institute for my residency, Narsing Rao, MD, combined these interests—ie, research immunology and posterior segment disease—with ocular pathology. As I finished residency, I was drawn to the wide differential diagnoses and diagnostic dilemmas often encountered in a uveitis clinic. I was especially drawn to patient-tailored treatment plans. This was as far as I could get from cookie-cutter medicine. I wound up staying at Doheny an extra year to finish a fellowship in uveitis with Dr. Rao. That year set the stage for everything since.

What is your most memorable experience in surgery?

When I started as faculty at Bascom Palmer Eye

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Institute, I took over the care of a mentally challenged adult patient with bilateral dense white cataracts and chronically active Vogt-Koyanagi-Harada syndrome. She had been treated with steroids on and off for years by residents in the emergency room. Somehow, she often missed her appointments and had a difficult time following up, so she had never been started on steroid-sparing therapy. She was cushingoid, diabetic, and obese—not a great candidate for more oral steroids.

With the help of her parents and her primary medical doctor, I was finally able to get control of the Vogt-Koyanagi-Harada syndrome with azathioprine and then was able to remove her cataracts by means of pars plana lensectomy and vitrectomy (with the help of chief residents Tom Harper, MD, for 1 eye and James Major, MD, PhD, for the other, as I recall). We restored her vision from hand motions to 20/40 in 1 eye. That was an early example where my uveitis training and the surgical retina training I subsequently received at Baylor College of Medicine came together to help this patient with a dramatic improvement in her quality of life.

Can you tell us about your motivation to cofound the Vit-Buckle Society (VBS)?

As a surgical retina fellow, I loved it when I would meet fellows at other programs and we would compare notes on how things were done at different institutions. The most interesting differences were surgery-based; case selection, instrumentation, sequence of surgical

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steps, adjunctive intraoperative therapies, and vitreous and/or internal limiting membrane stains varied significantly. At that time, I didn't see many forums where these differences were discussed.

A few of the fellows from my year met at the Bausch + Lomb Fellows' Forum in Chicago and decided that we should meet as a group to discuss the nitty-gritty of surgery using surgical video as the starting point for discussion. So we started doing that, and every year more people would show up. Many young and more established surgeons have found the meetings helpful in their approach to surgery.

What really kept the group going was that the original organizers—we eventually labeled ourselves the VBS Executive Board—were all great friends, enjoyed each other's company, and worked well together. We got things done and had fun in the process. I talk to pretty much everyone on the VBS Executive Board weekly, and it is one of the most gratifying things I do. I look forward to our next meeting in Las Vegas in March 2014.

In what hobbies do you partake when you are not working?

To be honest, I don't have a lot of spare time. My wife, Frances, and I have 3 children ranging from 3 to 14 years old. Frances was my med school sweetheart and is an oncologist, so we are both very busy with work. Outside of ophthalmology, I spend a good amount of time reminding my children to finish dinner and take a bath, and then playing with Legos with the toddler and reviewing world history with the teenager. I enjoy working around the house as a handyman and gardener. I enjoy reading history and rereading classic American literature. By "reading," I mean listening to audiobooks on my long commutes. Recently, I started doing a fair amount of traveling (almost always for lectures and meetings), which has given me the opportunity not only to meet new people and see new places but also to keep up with old friends. ■

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