

Donald J. D'Amico, MD

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1. What experimental lasers or other technologies for the surgical treatment of vitreoretinal disorders do you find the most exciting and promising?

Although there have been many improvements in mechanical instruments and visualization, certain cases of proliferative diabetic retinopathy, proliferative vitreoretinopathy, retinopathy of prematurity, and even some epiretinal membranes remain inoperable due to the inability to separate strong membranes from the delicate underlying retina. I performed early research on an Er:YAG laser system and found it to be capable of tractionless cutting and extremely precise membrane ablation due to its uniquely high absorption by tissue water. With this laser, a new method of tissue dissection is possible, in which a membrane may be gradually removed from above, eliminating the need to engage an instrument under the membrane or to peel it with mechanical force. However, the early prototype was slow and did not have fluidics incorporated into the system; with these limitations and the reorganization of the corporate partner, the project was tabled. Nevertheless, the need remains for higher surgical precision. Because this laser tantalizingly displayed its greatest promise in the most severe diabetic cases, I continue to work with the prototype in the lab. I am confident that the Er:YAG laser will become incorporated into vitreoretinal surgery in the future.

2. What was the most rewarding aspect of serving as President of the Retina Society from 2007 to 2009?

The opportunity to serve in a leadership role with a most prestigious group of brilliant, energetic, and generous colleagues was a great personal reward. Many issues face the retina community, such as the best regimens for vascular endothelial growth factor inhibitors, the burden of intravitreal injections, new imaging modalities, reimbursement challenges, and practice changes. I was continually impressed by the ways the members understood and developed these issues and discussed them in creative and productive ways. When help was required—speakers for symposia, committee work for the American Academy of Ophthalmology, assistance for fellow and resident education, etc.—the members always offered it in abundance.



My personal interest as President was to ensure that our annual meetings were successful on every level, which I would summarize as (1) designing a stimulating scientific program; (2) providing support for fellows to attend and participate and for young members to advance to leadership roles; (3) soliciting appropriate involvement not only with corporate marketing and sales, but also with the research innovators in these organizations, and (4) arranging for social events that develop and enhance the Retina Society's feeling of community. On a lighter note, I am proud of the innovation of presenting posters with a wine-tasting and dessert format, which has now become a fixture and high point of many society meetings.

3. How important is it to stay on the cutting edge of ophthalmic developments to effectively teach residents?

It is absolutely crucial for retinal surgeons to stay current. An educator is responsible for a combination of content and delivery, and both aspects are essential for the highest level of transmission. Surgery and the teaching of surgery, particularly in the OR, remain my greatest interests. I find myself repeatedly drawn to trying to understand how to improve my personal surgical results and how to improve as a surgical teacher. I must thank the 200 residents and 70 fellows who have passed through my OR for their irreplaceable help in exploring these interests in vitreoretinal surgery. Observing their subsequent successful careers is a joy not far from that of fatherhood.

Now that I am Chair, I have chosen to remain highly active in surgery. I readily concede that other Chairs who have greater talents for and attraction to administration or research may not remain active in surgery. Consistent with my own interests, I have recruited a young faculty in all the subspecialties. The faculty members, including my wonderful wife Kimberly Sippel, MD, our Cornea Service Director, are noted for their surgical skills and teaching generosity. Mentoring their development as surgeons and surgical teachers is among the most satisfying parts of my career. As a result of many shared efforts, some of the finest ophthalmic surgery and surgical training in the country is taking place within the Weill Cornell ORs.

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4. What important points of advice can you offer regarding how to be an effective presenter at clinical meetings?

I had the benefit of early training in public speaking and theater. It goes without saying that knowing your subject well is required, but it also helps to know your setting (room size, podium, computer, etc.), panelists, and audience equally well. Speak slowly and clearly, and make sure that your sentences end with a pause. Never race through a presentation because you have so much to say in a short time. Simply cut your material until it can be presented in a relaxed and articulate manner. Refrain from reviewing widely known material and eliminate repetition of material in all but the longest talks. Make sure that every slide is understandable just by looking at it. Do not use abbreviations, clearly label graphs and charts, and eliminate unreadable dense slides and words written in all capital letters. Parallel verbal construction, artistic visual elegance, and simplicity will help the audience follow along. Tell the audience something new, and, if you can, risk being appropriately humorous or even personal if the setting permits. Two fine points to remember: (1) avoid saying “I’ll discuss that later on in the talk” because the audience may groan at this reminder that you are far from done, and (2) never apologize to an audience for a busy slide; instead, do them a favor and do not include it in your slide deck in the first place. Most important, pay attention to every presentation you give and see—the good and the bad—and ask yourself what made it so.

5. What do you consider your greatest personal achievement outside your profession?

Apart from the immense satisfaction and warmth from my blended family and friends, and particularly my new daughter, Arianna, I would probably say it is learning to speak Italian later in my life. That is certainly one of the hardest things I have ever done. My Sicilian immigrant grandparents, who spoke only Italian, did not want my generation to grow up without strong English language skills, so they did not permit us to learn Italian as children. I am still awed by their sacrifice—never to be able to speak to your grandchildren directly, so that they become fluent in the language of the New World—but I always desired to learn and speak Italian. So, at age 49, I dove into every method of language learning known. I have reached a point of acceptable fluency that permits easy conversation and even medical lectures. I am honored to be active in Italian and European ophthalmology. But, more important, by fully Italianizing myself, my world has unexpectedly opened to include a wonderful array of Italian colleagues, friends, and cherished experiences. For example, Kim and I recently became padrini, or godparents, to the children of Guido Ripandelli, MD, and I also served as best man at the wedding of Fabio Patelli, MD. I continue my journey into the wonders of Italian language and culture, and I suspect my grandparents would approve. ■

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