When the doctor becomes the patient

by Liz Hillman Staff Writer

Ophthalmologists gain new insights, empathy after undergoing ocular surgery themselves

“One of the best decisions that I’ve ever made.”
“’I couldn’t have done it soon enough.’
“I was delighted to be rid of the glasses.”

Ophthalmologists are no strangers to comments like these from happy refractive surgery patients, but these quotes come from surgeons themselves who have made the decision to become the patient.

Not only did these ophthalmologists have excellent outcomes freeing them from glasses and contacts, but they found turning the tables and becoming the patient gave them insight into the surgical experience, not to mention a level of credibility.

“I looked around at refractive surgeons wearing glasses trying to recruit patients, and it seemed absurd,” said John Sheppard, MD, Virginia Eye Consultants, Norfolk, Virginia, who had PRK in the 1990s. He called his decision to have refractive surgery the “ultimate endorsement” for the procedure.

But he did it first and foremost to ditch his glasses.

“It was extremely annoying wearing glasses in the operating room. My glasses would fog up and I would have to get right up against...
the slit lamp oculars in the office,” Dr. Sheppard said, adding that they were problematic in sports as well.

Likewise, Michael Greenwood, MD, Vance Thompson Vision, Fargo, North Dakota, dreamed of having refractive surgery for years. Wearing glasses starting in the first grade before later transitioning to contacts, he ended up with his prescription being –13.00 –1.00 in both eyes.

“When you’re talking about refractive surgery, my options got pretty limited because I’m pushing the extremes of laser surgery with how much tissue you would need to remove and how much you can treat,” he said.

Phakic IOLs, however, were a good option, and when the timing was right after medical school and residency, he had the procedure in December 2015.

“My vision now is better than it ever was in contacts or glasses,” he said. “It was so much fun walking around the clinic, talking to everyone, and knowing I never had to put contacts back in.”

John Berdahl, MD, Vance Thompson Vision, Sioux Falls, South Dakota, couldn’t tolerate contacts well due to dry eye, but he didn’t mind his glasses. Patients were asking him though, “If LASIK is so good, how come you’re still wearing glasses?” This, and the fact that his wife said he looked better without glasses, led him to go under the laser.

“I had access to tremendous surgeons and I knew the risk-benefit was in my favor, so I went ahead and did it,” Dr. Berdahl said.

When the tables are turned

Finding himself lying on the table instead of sitting at the laser was a poignant moment for Dr. Berdahl.

“It’s really hard for data to trump the human emotion of fear,” he said, recalling how he at one point questioned taking this “very small risk.”

“I was nervous before I had LASIK even though I know almost everyone does great, and I had total confidence in my team and the technology we were using.”

Dr. Greenwood also said he experienced some nerves before each of his phakic IOL procedures, which were performed two days apart.

“My blood pressure was a little higher than normal, but as soon as I started having the sedation, that helped. When it was time to go back for the surgery, I trusted my surgeon and I knew I was in good hands,” he said.

In the recovery room, Dr. Greenwood asked to sit near the window. “I could see so well already. It was just incredible,” he said.

Lessons learned

Drs. Sheppard, Greenwood, and Berdahl said they have been able to apply their own surgical experience to their practice, if for nothing else but genuine empathy.

Dr. Greenwood said the confidence he had in his team for the procedure emphasized how important that is to establish with patients.

“When I talk to patients, I want to make sure they trust me and that I earn that trust. I want them to know that I’m going to take care of them,” he said.

Dr. Berdahl said he describes his decision-making process to patients, helping guide them through their own from the perspective of someone who truly understands what they might go through. But he has found the experience helpful in more specific ways as well.

“It helped me understand what the postop care is like, what glare and halos really mean. I tell my patients, ‘After surgery your eyes will be dry. You will have glare and halos and you’ll be light sensitive, but that will all go away with time. If the dryness lingers, we’ll treat it,’” Dr. Berdahl said, explaining that his own glare and halos lasted for 6 months and he had punctal plugs placed 1 week postop.

“It has caused me to be more aggressive with punctal plugs in my LASIK patients if they are feeling uncomfortable,” Dr. Berdahl said.

Dr. Sheppard said he experienced some symptoms—photophobia—after PRK, and the postop regimen made him appreciate how hard it is to remember to keep up with drops. He also delayed having his dominant eye operated on for 6 months, giving him the “enlightening” experience of anisometropia and reversed monovision. “We were still marginally paranoid that some bizarre haze or delayed healing complication might occur in the early days of PRK. I personally connect with the fear factor and can now counsel with empathy,” he said.

Another takeaway for Dr. Berdahl came during the placement of the lid speculum. Dr. Berdahl said his doctor told him that while his eye was numb, his eyelids weren’t, and warned he would feel some pressure there. This is something Dr. Berdahl now says to all of his patients as well to help alleviate some anxiety they might experience at this point.

“When the procedure was done and the doctor said everything went great, I remember the relaxation that overcame me. That’s an important celebratory moment for us,” Dr. Berdahl said. “Now I lean down and whisper into [the patient’s] ear and say, ‘Congratulations, everything went perfect.’ I can see, every time, their shoulders relax.”

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