



Introduction

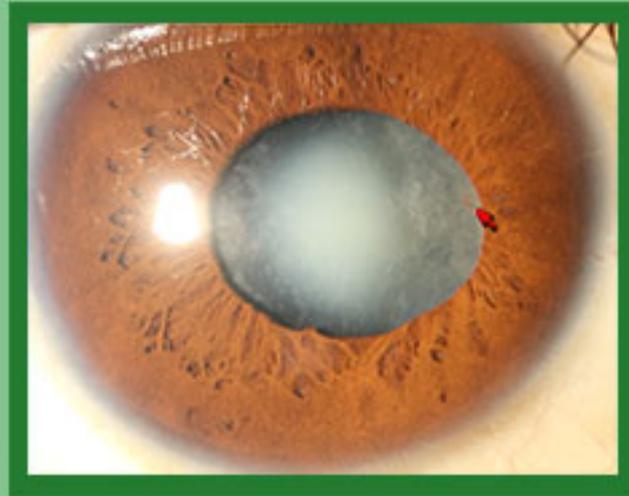
Welcome to the 22nd issue of Cornea Society University (CSU). This month's spotlight will highlight the Defined Scope Mentoring Program. The CSU VideoEd will focus on "Iris suturing." We will also feature an article on "Finding a niche."

✓ Mentoring program

Our newest initiative is a Defined Scope Mentoring Program being led by Peter Veldman, MD, and sponsored by CSU and the Cornea Society. [\(Read more\)](#)

✓ Finding a niche

When I finally finished training and started practicing on my own, I was so excited to see everything that walked in the door. [\(Read more\)](#)



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Mentoring program

Our newest initiative is a Defined Scope Mentoring Program being led by **Peter Veldman, MD**, and sponsored by CSU and the Cornea Society. The Defined Scope Mentoring Program will facilitate targeted mentorship engagements between junior and more senior members of the Cornea Society. Initially, the prospective mentee will complete a worksheet identifying a topic of interest and detailing their needs and goals for a mentor-mentee relationship. The mentee will then be paired with a volunteer mentor with expertise in the specific subject matter. Unlike a typical mentoring relationship, this pairing will have specific guidelines and a defined time frame, typically around four months in length. During that period, the pair will meet several times, either remotely or in person, with the goal of providing high impact and goal-oriented mentorship in a defined period of time. Our intention is to provide valuable guidance to our junior members and increased integration of junior and senior membership. Stay tuned for this exciting opportunity, which will be rolled out in the next 2 months.



Finding a niche

When I finally finished training and started practicing on my own, I was so excited to see everything that walked in the door. I wanted to build my practice quickly and was willing to see anything and anyone. Although I had spent an extra year specializing in cornea and external disease, it was hard for me to narrow my focus in those first few years. I remember worrying that I may pick the wrong focus. What if my focus became an obsolete problem or surgery 5 years from now or what if my focus changed? I came to realize

that just as I could adapt my practice when new problems arose or new surgical techniques developed, I could also adapt my focus. I wouldn't be pigeonholed or stuck with one focus forever. For many of us, having a comprehensive practice with a cornea bend is exactly the practice we want to have. It is a wonderful feeling to be able to handle almost anything that walks in the door without the need to continually refer out to another subspecialist. For others, subspecializing within a subspecialty is preferred. Luckily, within ophthalmology opportunities abound for all types of practices, and many times we can alternate between the two at different points in our career.

The geographic needs or the practice setup may dictate your practice composition. In a small town, where you are the only ophthalmologist or cornea specialist in the area, you have to see everything to be able to provide the population with the necessary expertise. In a large city with a wide range of ophthalmologists available, it is easier to specialize and is often a nice way to differentiate yourself in a sea of competent ophthalmologists. In a large academic department or a large practice with multiple cornea specialists, it is often desirable to have different subspecialists within the field of cornea so that you can offer a wide range of expertise among the group.

You may decide to find a niche within cornea if you are passionate or committed to a specific topic. If you pursued a PhD in virology, it may be a natural transition to focus your practice on viral infections of the cornea and continue bench or clinical research in this arena. If you are passionate about refractive surgery and spent time researching refractive outcomes in residency, you may naturally develop a practice with a refractive focus. Finding a niche can be rewarding because you gain expertise by seeing multiple patients with similar problems and often develop a unique treatment regimen based on your experience and expertise.

If you don't know what you are passionate about when you start out, don't worry. Often your passion finds you. I remember seeing a teenager with familial dysautonomia whose family administered artificial tears to the patient's eyes every 15 minutes to protect the corneas in the setting of neurotrophism and alacrima. I knew there had to be a better way to treat this patient, and I went on to fit the patient with scleral lenses, which changed her and her family's life. I used this success with my first patient to educate other members of the familial dysautonomia community and treating physicians so that future patients could receive escalated care earlier. I also used this opportunity to learn more about neurotropic corneal disease to help other patients with similar problems.

If you find a passion within cornea, don't be afraid to focus. Focusing on a particular disease or procedure allows you to make unique observations and gain valuable knowledge that may translate to advancements in the understanding of a particular disease or its treatment. Finding a niche can have many advantages for both the doctor and the patient.

CSU is meant to be an interactive platform where your questions and concerns are addressed. If you have a specific area or question you want us to concentrate on in future issues, please send an email to jessciralsky@gmail.com with the subject "CSU." Additionally, CSU is designed for all young cornea and anterior segment ophthalmologists, so if friends or colleagues want to be added to the listserv, please send an email to info@corneasociety.org.

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Iris suturing

The first thing to evaluate when you see a patient with an iris defect is if the iris defect needs to be repaired. Not all iris abnormalities need to be fixed. If the defect is symptomatic or if the iris abnormality will interfere with other surgeries planned, then repair should be pursued. There are many causes of iris defects including congenital abnormalities, trauma, surgical trauma, ischemic mydriasis, and other acquired conditions. Once it is decided that surgery is necessary, you next have to select the best surgery for the given defect. In this [video](#), you will hear **Gregory Ogawa, MD**, discuss different techniques for iris suturing with beautiful videos of pupillary cerclage for traumatic mydriasis, iridodialysis repair, and iris coloboma repair.

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