

Jérôme C. Vryghem, MD

Dr. Vryghem is head of Brussels Eye Doctors and Chief of the Department of Ophthalmology at St-Jean Clinic.

1. What do you enjoy most about ophthalmology?

One of the first things that attracted me to ophthalmology is that surgeons offer a full service to their patients, from diagnosis to surgery. This is not always true in other specialties. Second, cataract and refractive surgery dramatically improves patients' quality of life. On top of that, we are lucky that no other specialty in medicine has enjoyed more progress in technology.

If you want to offer patients better results, you must strive to (1) keep an open mind and be curious about new techniques, (2) continually evaluate new techniques by being critical toward what companies tell you, trusting your judgment, discussing with colleagues, and choosing those best suited for the needs of your patients, (3) enhance your surgical skills by visiting colleagues, and (4) create an environment that allows you to improve upon your techniques and results. When these elements are achieved, ophthalmology can be a rewarding field to work in.

I also enjoy the diversity of what I get to do—I perform cataract, refractive, and corneal surgery.

2. You direct an annual ESCRS instructional course, *Prevention and Management of Complications in LASIK*. Can you give advice to surgeons who wish to become more involved and/or make their way to the podium?

If someone is interested in becoming a presenter, one of the first things to do is pinpoint a subject that allows him to offer an innovative approach that is interesting for himself as well as his colleagues. Having good contacts within the industry can help. Once you have chosen an area of interest, you need to have a systematic approach. Know what you are looking for and what information you have to obtain. It is essential for the potential presenter to have enough patient follow-up, which helps to establish nomograms and truly understand data. Computer software compiles data into results that are easy for other surgeons to understand.

Typically, surgeons who have made their way to the podium are able to network and exchange ideas with other opinion leaders. Because of that, they further progress as surgeons.

3. What has been your most difficult case to date?

The most traumatizing case for a surgeon is choroidal hemorrhage, which occurred, rarely, in the earlier days when

we were using large-incision cataract surgery. The eye's contents are extruded, and it is a challenge to close the eye; often it cannot be saved.

It should be clear to patients that even with extensive surgical experience, we cannot always control all the elements of surgery. With experience comes a lower complication rate. When complications occur, the consequences are minimized.

Through contact with Theo Seiler, MD, PhD, of

Switzerland, I developed experience in retreating patients who were unhappy with their post-refractive surgery results. Now, I receive a lot of referrals from several universities in Belgium and Holland.



4. How important is it to stay on the cutting edge of ophthalmic developments?

Using cutting-edge technology allows you to be confident that you are offering patients top-quality results, and your job is more satisfying. I introduced several new techniques

in Belgium: topical anaesthesia, foldable IOLs, multifocal IOLs, ICLs, microincision cataract surgery, UV crosslinking, and Descemet's stripping endothelial keratoplasty. I am now offering visual rehabilitation techniques for patients with keratoconus. After the cornea has been crosslinked, we have been able to perform topography-guided treatments or implant the Artisan toric phakic IOL (Ophtec BV, Groningen, Netherlands) to enhance UCVA with satisfying results for patients.

5. What is the one thing that most people are surprised to learn about you?

I think most people would be surprised to know that I obtained a degree in tropical medicine. Afterward, I started a charity, Oog voor de Tropen-Oeil sur les Tropiques, with the purpose of training general physicians in Africa to perform basic cataract surgery. From 1984 to 1992, we took residents to tropical countries, including the Congo, Ethiopia, and Haiti, and staged repeat training courses to teach local physicians how to operate independently. Although I no longer have the time to devote to such a project, I would like to start it again in the future.

I strongly believe in a good organization where quality of medicine, patient services, human relations, and staff training are equally important. At Brussels Eye Doctors, we obtained ISO 9001/2000 certification in 2006, confirming our constant striving for quality at all levels in our organization. ■