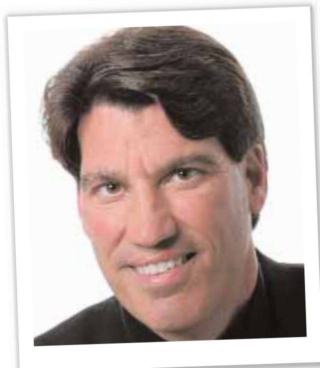
Karl G. Stonecipher, MD

Dr. Stonecipher offers advice for building a happy staff and dealing with surgical complications.



What is unique about the way you run your facility in Greensboro, North Carolina?

My partner, Neil McMackin, OD, and I try to make our office a fun place to work by including our staff in every aspect of our practice. Because we often spend more time around our co-workers than our family members, we encourage them to treat the office like it is their home. If they feel like they belong, they will pay attention to the details that make our patients comfortable, such as replacing out-of-date magazines in the reception area and answering questions cheerfully.

Recently, Dr. McMackin's and my decision to improve our physical fitness by working with a trainer inspired a "Biggest Loser" campaign among the staff. One of my patients noticed the sense of community fostered by this and other shared activities when he complimented my staff not only for their efficiency, but also because they made him laugh and contributed to an overall pleasant surgical experience.

I also make an effort to call all my patients in the evening after they have surgery to ask how they are feeling. They appreciate my concern, and I can make sure they are not having any problems.

What measures do you take to prevent infection after refractive surgery?

In 2002, I started pretreating my patients with antibiotics and ophthalmic steroids q.i.d. for 3 days prior to surgery. I think this regimen improves the patients' tear films and allows us to collect more accurate diagnostic and wavefront information.

Recently, I added an extra step to my preoperative regimen for patients who work in hospitals or inpatient facilities. Anyone who works in these settings potentially carries methicillin-resistant *Staphylococcus aureus* and can develop postoperative infections that do not respond to treatment with broad-spectrum fluoroquinolones.[1] Therefore, I add trimethoprim sulfate and polymyxin B sulfate ophthalmic solution (Polytrim) to these patients' regimens perioperatively to prevent infection by bacteria that are not covered by my usual prophylactic regimen.

What advice would you offer your colleagues about dealing with postoperative complications?

I would tell them not to ignore complications. No matter how good a surgeon you are, complications are going to occur, and you need to know how to manage them.

I confront complications head-on by assessing patients' problems and discussing how I can resolve them. If I feel like I cannot help a patient, I will refer him to the appropriate specialist. I still stay involved in his care, however, and check in occasionally to see how he is doing.

Some doctors panic when a patient develops complications because they are afraid of lawsuits. The best action they can take to prevent a patient from hiring a lawyer is to keep the lines of communication open. A patient who feels ignored is more likely to sue his physician than one whose doctor makes an effort to meet his psychological and physical needs.

What do you think are the most promising developments in refractive surgery?

I am intrigued by corneal inlays such as Revision Optics, BioVision, and AccuFocus and feel that they may be a reasonable treatment for presbyopia. We have tried to reverse presbyopia with cornea-based procedures such as conductive keratoplasty or various excimer laser platforms, but these approaches have some limitations. Inlays are promising because (1) refractive surgeons can easily implant them with a LASIK-like procedure and (2) they can be removed if the patient experiences unwanted side effects.

The idea of using an inlay to change the shape of the cornea is not new. It is really an old idea that is possible because we now have polymers that are biocompatible with the cornea. I think that this approach will change the way we think about presbyopia and expand the corrective options available to anyone who is looking for an alternative to reading glasses.

What is the oddest experience you have had while traveling?

On more than one occasion, I have helped fellow airline passengers. Earlier this year, I performed CPR on a woman who stopped breathing and assisted another one who went into labor prematurely. Another time, I was asked to check if one of the passengers had died. Fortunately for both of us, he was just fast asleep. ■

1. Solomon R, Donnenfeld ED, Perry HD, et al. Methicillin-resistant *Staphylococcus aureus* infectious keratitis following refractive surgery. *Am J Ophthalmol.* 2007;143:629-634.