

Robert J. Weinstock, MD

Dr. Weinstock explains how his background in the social sciences influences his approach to clinical practice.

Why did you decide to study anthropology and sociology as an undergraduate?

When I was growing up, I saw how much my father enjoyed practicing ophthalmology, and I admired my grandfather's dedication to his pediatric patients. I knew I would pursue a career in medicine, but I wanted to explore a wider variety of subjects before I immersed myself in the medical curriculum. I enjoyed the softer scientific aspects of anthropology as well as its historical focus. I was so interested in the subject that I just kept taking classes, and before I knew it, I had enough credits for a major. I also took a lot of sociology courses and ultimately graduated with a double major in this subject and anthropology. I prepared for medical school by completing a postbaccalaureate program that covered the required pre-med courses.



How has your background in the social sciences affected your approach to ophthalmology?

I learned that we humans are still evolving and are constantly developing strategies for improving our lives. I have embraced this philosophy by becoming an early adopter of ophthalmic technologies that I believe will benefit my patients. Clinicians always have to weigh the risks and benefits of a new treatment or procedure before they try it on patients. If I trust the published data, and I think that a technology will improve my patients' vision without harming their health, I will not hesitate to try it.

For example, I adopted microincisional bimanual phacoemulsification soon after it was introduced and have been using this technique exclusively for the past 5 years. I look forward to trying new phaco technologies that allow us to match the sizes of the wound and the instruments. I would also like to use a system that relies on vacuum power versus ultrasound to remove the cataractous lens from the capsule. Such a system has the potential to inflict less trauma on the eye than traditional phacoemulsification.

I was also pleased with the first-generation Crystalens accommodating IOL. The lens was not perfect, but I felt that the designers were on the right track toward develop-

ing an IOL that mimicked the accommodation provided by a young crystalline lens. I am glad that later generations of the Crystalens have fulfilled its early promise. I quickly adopted the Tecnis and Akreos AO IOLs based on my early experiences with these aspheric lenses, and I continue to be pleased with their design and the quality of vision they offer.

Will you provide an example of a technology or technique that you decided not to use after an early trial?

Having heard about the problems with the Array multifocal IOL, I cautiously tried the AcrySof Restor and the ReZoom lenses. Ultimately, I found that they did not provide the quality of vision that my patients and I expected, and I reduced the frequency with which I implant them. I am not sorry I tried these multifocal IOLs, because I believe that keeping an open mind is crucial to the development of new technologies.

What new devices are you currently trying in your practice?

I am working with the ORange intraoperative wavefront aberrometer. This device allows me to measure patients' refractive status and to use this information to make intraoperative decisions on their treatment. I can evaluate the effect of limbal relaxing incisions or ensure that a toric IOL is implanted along the correct axis. In an unpublished study, my colleagues and I found that evaluating patients with the ORange only added an average of 37 seconds to our total operative time. I am also helping to develop the TrueVision 3D HD microsurgical system, which promises to refine and improve the precision of cataract surgery.

What do you like to do when you are not working?

I enjoy outdoor adventures with my friends and family. We like to be near the water, whether we are fishing, waterskiing, or just having a picnic at the beach. Hiking, skiing, snowboarding, and camping are also favorite family activities. ■

Dr. Weinstock serves on the advisory boards of Bausch & Lomb, Truevision Systems, Inc., and WaveTec Vision.