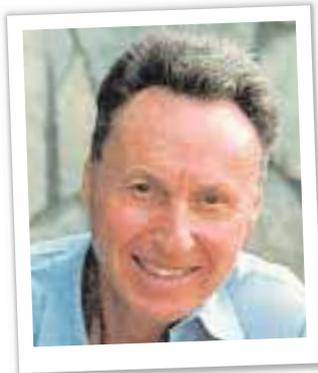


Robert M. Sinskey, MD

Dr. Sinskey discusses the early days of phacoemulsification, implanting IOLs in pediatric patients, and why he enjoys making wine.



What was your role with the Atomic Bomb Casualty Commission in Hiroshima, Japan?

We did not know very much about the effect of radiation on the human body at that time, so in 1951, I was sent to Japan to study the eyes of people who were in Hiroshima when the atomic bomb was dropped. In addition to examining approximately 4,000 people who were exposed to the bomb, I evaluated another 4,000 individuals (matched for age and gender) who were not in the city at the time of the explosion. We found a higher incidence of posterior capsular cataracts among the individuals exposed to the bomb, which suggested that the crystalline lens is very sensitive to radiation. The data we collected in Hiroshima contributed to our understanding of radiation-induced cataracts and how they differed from other types of lenticular opacities.

As an early pioneer of phacoemulsification, did you expect it to become the standard of care for cataract surgery?

When I started performing phacoemulsification in 1972, I thought it was a wonderful, if challenging procedure, and the most controlled way to perform cataract surgery. I knew that we could modify the procedure and improve the equipment and instrumentation to make it easier to perform.

Phacoemulsification encountered early resistance among surgeons, especially in the mid-1970s when the US government declared it an experimental procedure and therefore, not reimbursable by Medicare. Interestingly, the introduction of the ACIOL also delayed the acceptance of phacoemulsification in the US, because surgeons still had to enlarge the incision to insert the lens into the eye. The invention of the foldable IOL by Thomas Mazzocco, MD, in 1984 finally made it possible to introduce the implant through the 3-mm incision we created during phacoemulsification and made the procedure more popular.

What obstacles did you need to overcome to start implanting IOLs in pediatric patients?

Before 1980, we did not implant IOLs in children, because

the procedure was considered to be fraught with complications. The PCIOL that I invented in that year was easy to insert and had such a low complication rate, that I felt it was time to reopen the issue and use these lenses in children. I petitioned the FDA to allow me to implant an IOL in a 6-year-old girl who developed cataracts after she was born with normal vision. The girl's mother was a nurse, and she knew that her daughter would have to wear very thick eyeglasses or contact lenses for the rest of her life. Because of my reputation as a phaco pioneer, and the safety record of my PCIOL, I finally received permission from the FDA to implant an IOL into one of the child's eyes. The procedure was successful, and I began using IOLs off-label in pediatric patients.¹ After my original patient turned 18, she came back and asked me to implant an IOL into her other eye, and she now has very good vision.

How did you become involved in working in Ethiopia and later, in the clinic that was named after you?

One of the last surgical fellows I worked with before I retired from practice was from Ethiopia. I had developed a surgical treatment for nystagmus, but it was not well received in the US. I successfully eliminated nystagmus in several patients in Ethiopia by extirpating their medial and lateral rectus muscles² at what is now the ASCRS Foundation's Robert M. Sinskey Pediatric Eyecare Clinic in Addis Ababa. This facility is run by one Ethiopian surgeon who is currently being trained to perform phacoemulsification. He performs approximately 40 cataract extractions per month. The situation in Ethiopia remains dire, however, because there are only 81 ophthalmologists (none of whom are retina specialists) to treat the 71 million people who live in the country.

What do you enjoy most about making wine?

Wine is wonderful, because it is good for your health if it is consumed in moderation. Also, if you ruin a bottle of wine, nobody's vision or life is in danger. Running my vineyard gave me the opportunity to work with my son, who turned out to have a wonderful palate and a good business sense. Winemaking became a career for him and profitable for me! My true love has always been medicine, however, because it can change people's lives. I never thought about medicine as making money. I always tell young surgeons, "Don't worry about money. If you do a good job, the money will come anyway." ■

1. Sinskey RM, Stoppel JO, Amin P. Long-term results of intraocular lens implantation in pediatric patients. *J Cataract Refract Surg.* 1993;19:405-408.

2. Sinskey RM, Eshete A. Maximal subtotal extirpation of the horizontal rectus extraocular muscles for the treatment of nystagmus with no null point. A report of four successful human cases. *Binocul Vis Strabismus Q.* 2002;17:297-302.