

LIFESTYLE AND LONGEVITY



We surgeons are trained to evaluate risk. It is how we approach decisions about treatment, equipment purchases, hiring staff, and expanding our practices. I would argue, however, that we as a group forget our training when it comes to assessing our own health and lifestyle.

All day long, we talk to patients about the importance of a healthy lifestyle and of protecting their vision with vitamin supplements and sunglasses. We address how cardiovascular disease, diabetes mellitus, hypertension, or other systemic illnesses affect their eyes. Meanwhile, many of us get up early, eat poorly, and rush to clinic or the OR. We remain inactive most of the day, skip meals, engage in stressful meetings, and make little time for ourselves and even less time for sleep. We spend most of our day slouching in a chair looking at patients through a slit lamp, or we hunch over a microscope in the OR with our legs wedged under a bed while we strain to see the surgical field.

Studies have shown that more than 50% of all ophthalmic surgeons suffer from chronic neck and back problems.^{1,2} How many of us have gone on short- or long-term disability or have been forced into early retirement by these issues? I myself have received two spinal injections to address sciatica, which fortunately led to resolution. It is frightening to

consider the risks to our practices and our families if we ourselves develop diabetic retinopathy, macular degeneration, or a retinal vascular event.

I recently listened to an amazing lecture by John Sheppard, MD, during which he discussed our greatest asset: our health. He went on to cite a book by Dan Buettner entitled *The Blue Zones*. Mr. Buettner researched extraordinarily long-lived communities around the world. The commonalities he found among them, in no particular order, included not smoking, maintaining a strong network of friends and family, exercising daily, keeping stress low, and eating a diet high in fruits, nuts, and vegetables. How many of us subscribe to this way of living?

Each of us can, however, attempt to make positive changes. At work, I always try to position the chair and the slit lamp such that my back and neck are straight. In the OR, I do heads-up 3-D surgery so that I am always sitting up straight and looking at a screen instead of hunching over a microscope. I could certainly eat better, but I do my best to exercise at least three times per week. I now also take at least half a day off each week to clear my mind and focus on myself.

Adopting a healthier lifestyle is not easy. It takes work, planning, and commitment, but the reward is a longer career and lifespan. ■

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1. Chatterjee A, Ryan WG, Rosen ES. Back pain in ophthalmologists. *Eye (Lond)*. 1994;8(pt 4):473-474.
2. Dhimitri KC, McGwin G Jr, McNeal SF, et al. Symptoms of musculoskeletal disorders in ophthalmologists. *Am J Ophthalmol*. 2005;139(1):179-181.