

James P. Gills, MD

Dr. Gills shares his most challenging case and his experience as the author of a series of books.



Why did you choose ophthalmology as a profession?

I had considered several different specialties. I specifically looked at fields that were progressive, medically interesting, and surgical in nature and that involved pharmacology as well as mathematics and engineering. I actually thought I would be a neurosurgeon, but I was discouraged by the grim outcomes for many of the patients. I happened to be working on neuro-ophthalmological physiology when I decided that ophthalmology would be a good field for me, and I subsequently received a recommendation to go to the Wilmer Eye Institute at Johns Hopkins University in Baltimore. Ophthalmology was a perfect fit, and I found that patients' outcomes appeared to be better than in any other field of medicine. The concept that performing cataract surgery could dramatically change people's lives became very important to me.

What has been your most challenging case?

My most challenging case occurred in 1978. I performed a corneal transplant, cataract extraction, and cyclodialysis on the eye of a patient with congenital interstitial keratitis, glaucoma, and a totally mature cataract. The cataract was completely brunescenscent, the IOP was uncontrolled, and the patient's prognosis was poor.

The case began uneventfully. I removed the cornea and created the capsulorhexis. When the cataract had been extracted, the pupil was nicely round and dilated, and I placed a three-piece Sinsky IOL in the bag. I performed a 1.5-mm cyclodialysis cleft superiorly temporally. At that point, the bleeding started, but I was able to control it with gentle pressure. I had just released pressure and was preparing to suture the corneal graft when the bleeding began again, and the choroid began to hemorrhage. In just a couple of seconds, the IOP skyrocketed, the posterior capsule came forward, and the IOL was expelled through the trephine opening. The anterior chamber flattened, and the eye became as hard as a rock. I quickly placed my thumb on the trephined area and applied firm pressure. With considerable and careful dissection, I opened the conjunctiva and performed a sclerotomy at the equator behind the cyclodialysis.

The hemorrhage slowly resolved after about 20 minutes of steady, firm pressure and drainage. Once I sutured the graft and the pressure returned to normal, I was able to replace the IOL in the posterior capsule. Everything seemed to be coming together when, suddenly, the bleeding resumed. The eye became hard again, as the IOP rose, expelling the IOL for a second time. Amazingly, the posteri-

or capsule was still intact, so I reapplied even pressure to the incision for about 30 minutes, while I drained the kissing choroidal hemorrhage three times. Finally, I inserted the IOL, the IOP stabilized, and I sutured the cornea into place. I was able to reform the anterior chamber.

Despite the eventful surgery and the patient's poor preoperative prognosis, her postoperative vision was as good as I could have hoped. Amazingly, the choroidal hemorrhage did not result in any significant reduction in the patient's final visual acuity.

How have you learned to manage patients' rising expectations?

Managing patients' expectations has always been a challenge. I use products that I believe are the very best for each individual. I check and double-check the math and provide the highest-quality surgical care possible. My staff and I explain everything in detail, and we are firm believers in the "underpromise and overdeliver" motto. Through this method, my goal is to meet or exceed every patient's expectations.

What is something most people are surprised to learn about you?

I live a very simple life. I bike to work most days. I love books of jokes, and I love the company of my big dog, Kipper. My wife, Heather, is fantastic. She is beautiful, warm, loving, and the most wonderful part of my life. I have also written 20 books on Christian living, with more than 8 million copies in print. Today, these books are among the most widely requested books in the US prison system.

As a former ultradistance athlete, what motivated you to begin participating in marathons and triathlons?

It is all about balance. Physical conditioning was very important to me, and running, biking, and swimming became my physical outlet. I grew to love the challenge of marathons and triathlons, and because I put so much time and effort into work, it gave me the balance I needed.

I have been known to be a bit competitive, both personally and professionally, so these races were perfect for me. I am still competitive, although I can no longer do the long-distance runs. The last double Ironman I ran was on my 60th birthday in 100° weather in Huntsville, Alabama. That bit of brilliance just about ended my running career, but it was really taking a bad fall and breaking some bones that did it for me. We all age, and it is difficult to stop doing the things we love so much. I still bike long distances and love it just as much as ever. ■