

# William B. Trattler, MD

Dr. Trattler explains why he enjoys practicing with his father and discusses his research on dry eye syndrome in cataract surgery patients.



## What is unique about the Center for Excellence in Eye Care, a practice you share with your father and 12 other doctors in Miami?

A unique aspect of our group is that, despite being 14 doctors in size, we can individually choose to focus on the

areas in which each of us is most interested. For example, after attending meetings and seeing state-of-the-art research being conducted by surgeons in private practice, I set the goal of making our center excel at conducting clinical studies. Aside from a great supporting staff, we now have numerous doctors (including Carlos Buznego, MD) in our practice who are instrumental in making our center a trusted site for clinical trials.

I have also been fortunate to work with my father, and I have learned too much from him to mention in a short article. If I had to pick a few things that I admire about him, they are that my father truly loves what he does, looks forward to seeing patients, and provides excellent surgical outcomes. He showed me the importance of being a good teacher to peers, to medical students and residents, and, most importantly, to patients, who often have little understanding of their ocular conditions.

## What are some of the most promising developments in anterior segment surgery?

The reason I love anterior segment surgery is that we ophthalmologists are changing how we care for patients almost every month, whether using new medications, new IOLs, or new technologies. This evolution improves outcomes.

Aside from the progress toward using femtosecond lasers for cataract surgery, the technology that I would like to see next in the United States is topography-guided excimer lasers. Such platforms can reconstruct irregularly shaped corneas caused by keratoconus or corneal scars. The data from the Canadian and European centers regarding the therapeutic use of topography-guided excimer lasers have been very positive.<sup>1</sup>

Other exciting technologies that may soon become available are glaucoma stents such as the iStent (Glaukos Corp., Laguna Hills, CA) and TearScience's (Morrisville, NC) Lipi-Flow device for meibomian gland dysfunction.

## What do you enjoy most about conducting research, and what is your current focus?

My involvement in research has allowed our practice and our patients to have access to new and exciting technologies.

In a current cross-linking study, sponsored by the CXL-USA Study Group, my colleagues and I have started providing epithelial-on cross-linking treatments based on work done by Brian Boxer Wachler, MD, and Roberto Pinelli, MD. Some of our patients have experienced dramatic improvements in their uncorrected vision in just a matter of days, and I look forward to having enough long-term data to compare our results with another cohort of patients who have been treated with the epithelial-off technique.

## What is your advice to young ophthalmologists who are new to practice?

My first piece of advice is to attend a lot of meetings and be prepared to learn new surgical techniques and new approaches to patients. All ophthalmologists receive great training during their residency and fellowships, but one quickly realizes that there are different approaches and different techniques. Since my training, I have become able to offer patients femtosecond LASIK, implantable contact lenses, Intacs (Addition Technology, Des Plaines, IL), selective laser trabeculoplasty, Descemet's stripping endothelial keratoplasty, presbyopia-correcting and toric IOL implants, corneal collagen cross-linking, intraoperative wavefront aberrometry, the Malyugin Ring (MicroSurgical Technology, Redmond, WA), and amniotic grafts (I guess this dates me a bit). In the next few years or so, I hope to be treating patients with a device for femtosecond cataract surgery as well as providing dual-optic accommodating IOLs and microstents for glaucoma patients at the end of cataract surgery.

My second piece of advice is not to compete with local doctors in your community. There are plenty of patients. Working together and being positive about local colleagues will be far more valuable than having a competitive, cutthroat attitude.

## Many people comment on your late hours, that you send e-mails at 2 or 3 AM. Why is that?

Diet Coke (The Coca-Cola Company, Atlanta, GA) is the secret. You know, recently a lot of people have been switching over to Red Bull (Red Bull USA, Santa Monica, CA), but I don't believe the data support that as a smart choice. I have an upcoming article that shows that the caffeine in Diet Coke (47 mg/\$) is a much better value than Red Bull (40 mg/\$). Of course, it appears in the other *JCRS*, the *Journal of Coke and Refreshment Studies*. ■

1. Kanellopoulos AJ. Comparison of sequential vs same-day simultaneous collagen cross-linking and topography-guided PRK for treatment of keratoconus. *J Refract Surg*. 2009;25(9):S812-818.