Garry P. Condon, MD

Dr. Condon discusses the challenges of providing patient-centric care and reflects on the rewards of conducting research.

Since you first entered practice, which surgical technique has had the biggest impact on vision?

The evolution and refinement of small-incision clear corneal cataract surgery has undoubtedly had the biggest impact on improving vision for those of us in the anterior segment realm. From my perspective, in the field of glaucoma, this technical achievement has had no greater effect than on the management of glaucoma patients. The tremendous advantages of moving the approach to cataract surgery away from the superior limbus in patients with a preexisting bleb or in those who might undergo glaucoma surgery in the future cannot be overemphasized. Gone are the days when it was a requirement to combine a filtering procedure with a classic extracapsular cataract removal. The flexibility we now have in timing a cataract procedure and a glaucoma filtering procedure has greatly enhanced the safety and visual outcomes of patients who may eventually require both of these surgeries at some point in their lives. I do not miss the early days of my clinical practice, when I would operate over the patient's chest in an attempt to perform inferior extracapsular surgery because of a preexisting bleb.

What is the most exciting surgical development in which you have been involved?

I vividly remember attending lectures by Malcolm McCannell, MD, as a resident. He described novel retrievable suturing techniques for managing a dislocated IOL as well as problems related to the iris in the ciliary body. Many years ago, with the development of the acrylic foldable IOL, I applied modifications to Dr. McCannell's technique as well as those of Steven Siepser, MD, to develop a method of suturing an IOL to the peripheral iris in the absence of capsular support via a small clear corneal incision. This was an exciting development, because it created another avenue for managing aphakic patients without capsular support who were not good candidates for ACIOLs. Having a large glaucoma practice, I have taken advantage of this technique, and with valuable input from colleagues, I have studied the results and strived to simplify and refine the approach.

How would you describe your approach to treating patients and to medicine in general?

Having trained in Boston with Richard Simmons, MD, I learned very early the importance of treating every patient as an individual and attending to his or her concerns and needs and to the specific details of the case. Today, pressure from governmental regulations and third-party payors to promote generalizations and limitations to patients' care has made it more difficult to maintain an individualized, patient-focused approach. Add to this the more recent burden of incorporating electronic health record systems primarily to serve regulators and payors without the advantages of compatibility and portability for the patients' caregivers, and I feel I am working in an environment that increasingly challenges my ability to provide patient-centric care. I would be strongly in favor of delegating the creation of a universal, virtually protected, electronic health record system to Google, Inc., Microsoft, Inc., or Apple, Inc., rather than be held hostage by a multitude of small, proprietary, and too often transient entities. (This is starting to sound like a personal political agenda.) Although all of this is less about the patient and more about regulation, I try not to let these distractions dilute or detract from the time I spend face to face with my patients, and I make every effort to treat them as I would a family member.

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

Undoubtedly, the most enjoyable aspect of conducting research for me has been the exchange of ideas with colleagues in the fields of cataract and glaucoma whose opinions I value and whose friendships I cherish. The big reward is applying what I learn to enhance the care of patients. I am currently focused on trying to better understand and improve microinvasive glaucoma surgical procedures that can be performed safely and effectively during small-incision cataract surgery. In addition, I have a strong interest in refining techniques and instrumentation to better manage late in-the-bag IOL dislocation.

If you were not an ophthalmologist, what profession would you pursue?

I have never given this question serious thought. I entered medical school with a passion for photography and a sharp focus on becoming an eye surgeon from the outset (excuse the pun). It was a great calling, it has been a great ride, and I could not imagine doing anything else (except being a famous rock and roll drummer). ■