Profile of a Medical Retina Specialist

Shedding light on a new breed of clinicians.

BY JORDANA G. FEIN, MD, MS; AND HEERAL R. SHAH, MD

To newly trained retina specialists, the term medical retina specialist is nothing new, but to those who have been in practice for more than a decade, it may seem a bit foreign. What was once considered a field focused primarily on inherited retinal disorders has changed dramatically over the past 20 years. The medical retina fellowship, which itself is relatively new, began as a distinct training program in response to dramatic changes in the treatment paradigms for many retina disorders. As treatment options and technologies have evolved, the majority of retinal diseases can be successfully treated in the outpatient office setting with procedures such as intravitreal injections, laser, and cryotherapy.

The widespread use and success of intravitreal injections for diabetic retinopathy, diabetic macular edema, age-related macular degeneration, and macular edema related to retinal vein occlusion have not only revolutionized patient care but have also dramatically increased the burden of treatment for retina specialists, as many of these patients require treatment every 4 to 6 weeks. Retina specialists are in high demand given this treatment burden.

What Is a Medical Retina Specialist?

A medical retina specialist completes a 1-year fellowship in vitreoretinal disease. Obtaining a medical retina fellowship is competitive, as there are only a handful of spots available at elite programs in the United States. A surgical retina specialist completes a 1- or 2-year fellowship, depending on the program, with the second year generally spent in the OR. There is no significant difference in the medical retina training between the two fellowships.

The medical retina specialist model, which allows the

The International Society for the Advancement of Medical Retina

The International Society for the Advancement of Medical Retina (ISAMR) is a nonprofit organization cofounded in 2014 by Heeral R. Shah, MD, and Jordana G. Fein, MD, MS. It is the first dedicated medical retina society in the United States. Drs. Shah and Fein saw a need for a forum that would allow medical retina specialists to discuss diagnostic, therapeutic, and practice-related issues. ISAMR was created to fill this need.

The society is completely self-funded and receives no monetary support from any industry sponsor; consequently, ISAMR maintains control over the content of its meetings. The society meets during retina subspecialty day at the American Academy of Ophthalmology’s Annual Meeting, but the plan is to eventually organize a standalone ISAMR meeting.

To date, members have been added only by invitation. The goal is to keep ISAMR an intimate group of leaders in the medical retina field and to grow by one to two new members per year. There are currently 15 members of the society, and ISAMR has decided this year to accept membership through an application process, accessible on its website: www.medicalretinasociety.com.
Patients who visit a multispecialty office with a medical retina specialist on staff enjoy the convenience of receiving treatment in the same office where they receive all of their ophthalmic care.

Medical retina specialists can also play an important role in retina-only practices. A medical retina specialist can increase the practice’s patient volume and generate increased surgical caseload for his or her surgical colleagues.

SAME INTENT, DIFFERENT ANGLE

Medical retina specialists have the same goals in mind as their surgical counterparts: to successfully treat patients in a safe and efficient manner. Whether as part of a multispecialty or retina-only practice, medical retina specialists offer the latest in-office treatment for retinal diseases.

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