FIVE QUESTIONS WITH...
ADRIENNE SCOTT, MD

Adrienne Scott, MD, is an Assistant Professor of Ophthalmology at the Wilmer Eye Institute, Johns Hopkins University School of Medicine, in Baltimore, Md.

1 Tell us what it was like the first time you peeled an internal limiting membrane (ILM).

Magic! I was in the first year of my fellowship and we were operating on a patient with a macular hole. The case was ideal for a beginner: a right-eyed pseudophakic patient who was comfortably snoring throughout the procedure. The steps went quickly: core vitrectomy, confirmation of posterior hyaloid separation, more vitrectomy, partial fluid-air exchange, then dye placement. Around the time when a first-year fellow is usually switched out of the primary surgeon chair, my attending just calmly kept calling for the technician to hand me tool after tool, including the macular contact lens and the ILM forceps. Things went well, and I was able to slowly peel a sheet of ILM around the macular hole. Waiting for the patient to heal was quite nerve-wracking, and I was nervous every time the patient returned for a postop visit. I was so relieved when optical coherence tomography confirmed a closed macular hole and the patient reported improved vision.

2 How often do you contact your mentors for surgical advice?

I treasure the training I received in both ophthalmology residency and vitreoretinal fellowship. My mentors are like family, and the fellowship is like a brotherhood (with a few of us sisters…). In vitreoretinal surgery you never stop learning. Even the most routine case can present unexpected twists or challenges. These days, it is not often that I seek surgical advice from my mentors, but I know that they are available if I need them. Even though I am several years out of training, I can still identify techniques or pearls I picked up from every one of my mentors, from consenting a patient to managing complications of silicone oil, for example. I hope that the individuals I have trained, am training, and have yet to train will consider me in a similar way.

3 Who or what drew you toward ophthalmology? What about retina?

I had thought I was pediatrics-bound in my early med school years. My best friend and I chose our clinical rotations first. We thought the general surgeons would be nicer to us if they knew we were just starting out. To my surprise, I loved surgery! Ophthalmology was the ideal surgical subspecialty for me because it allows me to maintain long-term relationships with my patients and offers a more flexible lifestyle than one would have as a general surgeon.

I was close to pursuing a glaucoma fellowship, a tribute to the strong influence of the renowned glaucoma faculty at Duke, including Leon W. Herndon Jr, MD, and the late David Epstein, MD. Retina ultimately won me over because I found it to be the most dynamic and versatile subspecialty. The amazing powerhouse vitreoretinal faculty at Duke made retina look fun. Surgically, to be a vitreoretinal specialist one has to be comfortable working on all parts of the eye. Also, retina surgeons are like the SWAT team of ophthalmology—we are the ones who get the call when things go wrong, so we can't let any part of the eye scare us.

4 How should a young retina doctor decide between entering private practice and working in academia?

There are several personal factors that go into this decision, which may be driven by the available opportunities at the time one is in the job market. These factors include geography, family considerations, financial circumstances, and overall career interests. Private practices these days are often academically productive. Many private practice retina physicians are thought leaders in our field, involved in training fellows, enrolling significant numbers of patients in pivotal clinical trials, and contributing to high impact factor peer-reviewed manuscripts. Also, many academic centers are expanding into satellite clinics, many of which have environments similar to those of private practices. Personally, I enjoy the collaborative nature of academic medicine, the regular exposure I have to medical students, residents, and fellows, and the daily opportunity to learn from colleagues, not only in ophthalmology, but in all fields of medicine. I also enjoy the challenge of seeing the most complex patients sent to our large tertiary referral center.

5 It's Sunday at 10:30AM. Where can we find Adrienne Scott, MD?

I'm having family time with my husband and three little ones, nothing glamorous. Probably multitasking, as usual—signing notes on my laptop, putting away laundry, and watching a seemingly never-ending stream of Disney Junior shows with my kids. (Some of them are actually quite entertaining!) Or I could be plotting how to sneak away to go back to sleep. ■