

## Dr Yankelove's personal journey

Realizing my childhood dream of becoming a physician was one of my proudest accomplishments, when I received my doctorate in medicine from the **University of Maryland School of Medicine** in 1976.

During my college preparations, I was inspired by the dramatic scientific and medical achievements of the late 1960's, exemplified by the Apollo moon missions, Watson and Crick's discovery of DNA and Dr. Christian Bernard's successes in heart transplantation, to pursue undergraduate studies in engineering and mathematics at **Drexel University**. This background gave me a strong foundation, but since my passion was (and still is!) clinical practice, I gladly accepted an early entrance to medical school at age 19,

How wonderful it was to study both medical and surgical disciplines. I loved preparing differential diagnoses and problem solving. 'Fixing' things surgically offered both patients and me instant gratification, and besides, I have always been told that I was very good with my hands.

The discipline of Ophthalmology offered to me. both the challenge of problem solving and a chance to use my dexterity in the then new field of microsurgery. In the 1970's, cataract patients were kept in the hospital for several days. Making rounds with my mentor, **Dr. Leeds Katzen** was so inspiring. These patients were some of the first to have a prosthetic lens implant and were so grateful to have their vision restored that rounds were invariably delayed by their hugs and expressions of appreciation.

As a prerequisite to ophthalmology residency, I performed a straight medical internship at **Union Memorial Hospital** in Baltimore. As this was affiliated with Johns Hopkins Medical School, it gave me the chance to study with some of the greatest minds in the fields of nephrology, pulmonary, cardiology, neurology and internal medicine. This experience cultivated my clinical analysis skills and highlighted how the special patient – doctor relationship should be revered. Although my studies always came first, for relaxation, I enjoyed television's portrayal of doctors and my fictional heroes were Dr Ben

Casey, Dr Joe Gannon, Dr Marcus Welby and Captain Benjamin Franklin “Hawkeye” Pierce.

At the start of my ocular surgery training, cataract surgery was performed with two surgeons, employed a freezing probe to remove the cataract and surrounding tissues and was not accompanied with restoring the focusing power of the removed natural lens. To see, treated patients had to use extremely thick ‘fried egg’ appearing spectacles. As rudimentary as this sounds, distorted functional vision was generally a better alternative than advanced cataract visual loss. Encouraging a strong foundation in developing eye surgery techniques, this conservative university training program allowed introduction to a radically different approach, that although challenging, gave patients an opportunity for a much easier recovery and visual outcome.

Thanks to the efforts Leeds Katzen, MD, an early adopter of this new technique, I had the opportunity to visit **Charles Kelman, MD**, the inventor of **phacoemulsification**. Dr Kelman was a bigger than life personality, who had previously developed the older generation freeze method and now created a technique in which cataracts could be removed with an incision so small, it would not need to be stitched. Dr Kelman was gifted in music, played saxophone at Carnegie hall, flew his own helicopter and even entertained us with a stand up act in a New York City night club. Despite his genius, he was vehemently admonished by our conservative peers ,but bravely pursued his vision, which turned out to be the preferred method for the next 40 years and has given all modern day cataract surgeons the ability to dramatically improve patients’ lives. What a lesson to me in persistence and having a vision! During these early phacoemulsification years, complication rates were high and witnessing its deployment gave me perspectives on how to evaluate the adoption of a new procedure. Over the last 3 decades, I have gained wisdom from seeing firsthand the advantages and pitfalls of early adoption of a new technology. This historical perspective gives my patients the advantage, that my recommendation for a treatment are based on years of experience, their unique needs and the appropriate utilization for each method.

Continuing education and maintaining proficiency in surgery has always been a priority to me. When I was tri-certified in refractive surgery, cataract surgery and in LASIK by the **American Board of Eye Surgeons**, it was validating to know, that not only my outcomes, but also videos of my consecutive surgical cases were witnessed and approved by my peers. I was certified as a diplomat and fellow of the **American Academy of Ophthalmology**, and hold memberships in the **American Society of Cataract and Refractive Surgery** as well as in the **Texas Medical Association, Houston Ophthalmological Society**, and **Harris County Medical Society**, where I served as chairman of the public grievance committee.

With technological evolution, additional training and certifications have been received in virtually all designs of lens implantation procedures including the **Crystalens, Restor, Technis Multifocal**, and the **Implantable Collomar Lens**. I am committed to giving patients not only satisfactory outcomes, but also a comfortable and excellent experience. For this reason I have invested in having our own laser vision correction operatory, right in our office suite, and am pleased to bring the most advanced **iLasik** methods to our refractive clients, including the **Visx Star 4** excimer **with Iris Registration**, **Customvue wave scan** and the **Intralase FS** fempto second lasers. Since establishing my private practice in 1980, I have been privileged to care for thousands of patients and am proud to have brought the cataract and refractive surgery patients superior results. Listening to the patient's needs, being familiar with the different ways folks communicate and having the wisdom, acquired by a vast clinical experience, to determine an individual's candidacy for a given treatment will be an advantage I shall continue to give those kind enough to trust me with their care.