

# chapter 3

## 1992–2001: The ISRS Comes on New Heights

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With increased acceptance and understanding in the 1990s, refractive surgery began to find a place in a greater number of ophthalmic practices as a safe and effective approach to vision correction.

As refractive science continued to develop with evolving techniques and technology, the Society dramatically expanded its role as an international leader in refractive surgery education, fostering open debate and discussion. Dr. Durrie remembers the free-flowing exchange of ideas at the ISRK events as “honest science...truly developmental medicine at its very best.”

Technological advances in the 1990s took the subspecialty—and the Society—to new heights. As former executive director Ms. Jaci M. Lindstrom recalls, “Technology made refractive surgery available to a greater number of ophthalmologists who, in turn, joined the ISRK dramatically increasing membership in the 1990s.”

Thus, an environment ripe with the promise of new technology and continued progress, the Society was poised for growth. With board approval, the ISRK began to expand its agenda with increased global participation and educational offerings.



Dr. Lindstrom

### Growing Membership and Benefits

In 1993, ISRK president Dr. Lindstrom outlined several ambitious goals designed to expand the Society. These included growing the ISRK membership and offering member benefits to facilitate member retention, as well as elevating the Society’s image with improved publications and expanded meetings in the United States and abroad.



Ms. Lindstrom



The ISRK logo



In Focus Newsletter

Dr. Lindstrom also sought to create a stable home base for the ISRK. Ms. Lindstrom was recruited to serve as the Society's Executive Director and, with office space donated by the Phillips Eye Institute and a staff of four employees, she established a well-organized central office. Ms. Lindstrom steered the Society through significant changes that included the creation of official bylaws, a policy and procedures manual, improved member communications, computerized member records and a new logo.

The ISRK continued to provide members with the *Journal of Refractive Surgery* and a timely, informative newsletter, *In Focus*, edited by Dr. Peter J. McDonnell and later by Dr. Kerry Assil.

Membership benefits also expanded to include two new consultative programs. The Medicolegal Support Program, a group of experts willing to consult with colleagues on medical and legal issues pertaining to refractive surgery, and the Colleagues in Refractive Surgery, a "peer information network" that offered members opportunities to discuss or review clinical concerns with an "on-call" colleague.

The objective was to stimulate discussion of clinical procedures, find new ways to approach clinical issues and enhance future clinical education. By 1995, this initiative grew into an international network that included refractive surgery leaders from Asia, Europe, the Middle East and North and South America.

## Global Presence

From 1992 to 2001, the Society's active role in global refractive surgery education led to greater involvement and participation in educational courses and meetings worldwide.

The Society had an international board consisting of leaders elected from nearly every continent and reached out to affiliate societies throughout the world.

The ISRK continued to conduct its Annual Meeting prior to the American Academy of Ophthalmology's Annual Meeting and added a second meeting in 1992, the ISRK Mid-Summer Symposium. Attendance for this meeting grew from approximately 120 attendees in 1992 to more than 500 in 1996.

## 1993-1994

The 1993 Mid-Summer Symposium, held in Minneapolis, attracted a diverse group of attendees that included novice refractive surgeons who wished to establish their own refractive practices and experienced refractive surgeons interested in learning new and advanced techniques, along with the latest information on clinical trials.



There were hundreds of attendees from Argentina, Australia, Brazil, Canada, China, Germany, Japan and the United States and 22 exhibitors—all key suppliers of refractive surgery instruments and accessories, corneal topography mapping systems, calibrating microscopes and diamond knives. A veritable “Who’s Who” in refractive surgery attended, and respected thought leaders taught sessions and instructional workshops.

In 1993, the Society also cultivated its presence in the Middle East through an association with the Pan Arab African Council of Ophthalmology (today known as the Middle East African Council of Ophthalmology) during the Second Annual International Pan Arab African Congress held in Damascus, Syria.

Dr. Akef El-Maghraby noted that the Damascus meeting provided “an opportunity for different countries to share their culture and scientific progress in ophthalmology with each other, as well as invited surgeons from throughout the world.”

Three months later, the Society held its first European Satellite Symposium during the European Society of Cataract and Refractive Surgery (ESCRS) meeting in Innsbruck, Austria, attracting more than 250 attendees. In 1994, the ISRK participated in seven major educational programs, including the CLAO Annual Meeting, the Royal Hawaiian Eye Meeting and the Second International Congress of the Brazilian Society of Refractive Surgery.

Several months later, Dr. Binder served as program chair for the Aegean Cornea II Meeting in Greece, which included an “evaluation of new techniques in refractive surgery and corneal pathology.” A five-day boat cruise followed the meeting, allowing attendees to discuss meeting topics in small scientific sessions.

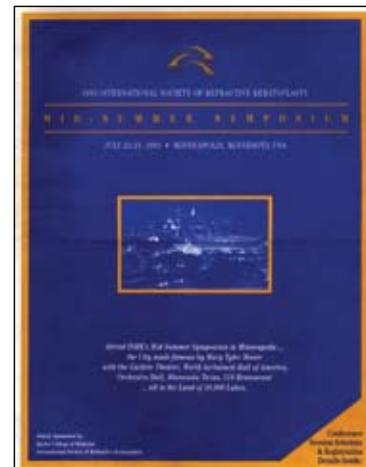
At the 1994 ISRK Pre-American Academy of Ophthalmology’s Annual Meeting in San Francisco, attendees from 36 countries enjoyed sessions on refractive and cataract surgery, interactive refractive keratotomy, advanced radial keratotomy, lamellar refractive surgery comparisons and excimer laser complications.

A significant part of the program included symposia chaired by Drs. Robert Osher, Curtin Kelley, Slade, Waring, Durrie, Jeffery Machat and Virgilio Centurion and presentations by Drs. Seiler, Arthur Steele, Roberto Zaldivar, Ruíz, Pallikaris, Buratto, Tarek Salah and Marc Mullie.

The Meeting also included a new session, the “Friday Evening Refractive Surgery Extravaganza”, which included presentations by worldwide refractive surgery leaders on topics including hyperopic management with refractive surgery, intrastromal corneal ring and IOLs, as well as laser and lamellar procedures.

There was also an “International Forum: Highlights of Refractive Surgery,” which offered presentations by practitioners and researchers in their own language. During the meeting, the Society also conducted the first audience-speaker Interactive Refractive Surgical Sessions.

In a 1995 *In Focus* article, Program Chair Dr. Kelley noted, “All seats in the well-attended programs were wired for audience response to questions, with immediate data tabulation and presentation.” Sixty-two percent were U.S. surgeons while 38 percent were international and 48 percent were general ophthalmologists, while only 15 percent were refractive surgeons.



Mid-Summer Symposium (1993)



Drs. Waring and Kaufman



Drs. Binder and Pallikaris during Aegean Cornea Congress



Dr. Waring with students



The ISRS logo



Dr. Robin, Ms. Torres and Dr. Lindstrom



Ms. Torres and Dr. Centurion during Chilean Congress



Ms. Torres with Dr. Assaf

## 1995–1996

In 1995, to reflect the subspecialty's growth and evolution, the Society changed its name from the ISRK to the more all-encompassing International Society of Refractive Surgery or ISRS.

ISRS president (1995-1996) Werblin wrote, "The drumbeat of change surrounds us. You do not have to listen very hard to realize that almost every aspect of our professional lives is undergoing a series of exponentially increasing changes."

To prepare for refractive surgery's changing landscape, Werblin solicited support from ISRS members in a number of key areas, including international research, government advocacy and public relations, as well as increased membership programs. He also noted that international colleagues performed a great deal of innovative refractive surgery research, and the ISRS would increase its emphasis on international research.

ISRS members hailed from more than 49 countries, and 38 percent practiced in locations outside the United States. Nine affiliate ISRS societies included the Argentina Society of Refractive and Cornea Surgery, Brazilian Refractive Surgery Society, European Refractive Surgery Society, Greek Intraocular Implant and Refractive Surgery Society, Hellenic Refractive, Italian Society for Lasers in Ophthalmology, Korean Society of Cataract and Refractive Surgery, Lebanon Society of Refractive Surgery and Scandinavian Society for Keratorefractive Surgery.

### International Efforts

Ms. Ana Maria Torres serves as the ISRS/AAO international director, a capacity that she has filled since the 1990s. Ms. Torres made great strides in promoting ISRS membership outside the United States, and her efforts laid the foundation for today's ISRS/AAO International Council, which continues outreach efforts to surgeons worldwide.

A graduate of Georgetown University's ophthalmic technician program, with extensive international experience, Torres offers a unique perspective on the needs of refractive surgeons outside the United States.

### Continued Outreach

Outreach and global participation continued into the late 1990s. In March 1995, the ISRS held a symposium with more than 250 attendees, concurrent with the Asia Pacific Academy of Ophthalmology's Meeting in Hong Kong. Scientific session topics included refractive and cataract surgery, refractive corneal transplantation, photorefractive keratectomy, laser thermoplasty, intrastromal ablation and IOLs for refractive correction.

There was also a course called "The Comprehensive Refractive Surgeon: A Systematized Approach to Emmetropia" that was sponsored by Chiron Vision and taught by Dr. Charles Casebeer. By 1995, there were courses on PRK, ALK, RK and LASIK in more than half a dozen cities around North America.



More than 500 physicians from 32 countries attended the 1995 ISRS Mid-Summer Symposium and Exhibition in Minneapolis, organized by Program Chair, Marguerite McDonald. The meeting offered simultaneous translations from English to French, Japanese, Portuguese and Spanish and, for the first time, featured a live refractive surgery demonstration training via telecast from the Barraquer Institute in Bogotá.

Drs. C. Barraquer Coll, J. Barraquer Jr. and Angela Mariá Gutiérrez performed a variety of excimer laser procedures for the ISRS meeting attendees. At the end of the session, the South American surgeons received a standing ovation.

In October, the ISRS participated in the ESCRS/ISRS Satellite Symposium in Amsterdam, followed by the Society's Pre-American Academy of Ophthalmology's Annual Meeting, which expanded from one to three days and featured international representation that emulated a United Nations meeting.



Drs. McDonald and Hanna

## 1997–2000

The Society continued to seek ways to fulfill its mandate of providing quality education, stimulating information exchange, promoting research worldwide and facilitating refractive surgery's continued growth around the world.

During the World Refractive Surgery Symposium in 1997 in Orlando, Dr. Fyodorov received the first President's Honored Lecture and also moderated a discussion called "Incisional Approaches in the World of Modern Refractive Surgery."

At the conclusion of his presidency in 1998, Dr. Jeffery B. Robin assumed the Society's first full-time, salaried position as the ISRS executive vice president to oversee its continued expansion from the ISRS home office in Orlando.

Robin was committed to international expansion and worked closely in the late 1990s with colleagues Drs. Michael Lawless, Lindstrom and Schanzlin, as well as Ms. Torres to increase the Society's "international flair." Schanzlin recalls, "In 1999, the International Council consisted of representatives from 40 countries who attended and presented at the Academy's Annual Meeting. Under Robin's direction, the ISRS divided the world into five geographic areas and determined that the presidency would rotate between a U.S. and non-U.S. president to ensure its continuity as a true international entity."



Drs. Holladay, Fyodorov and Krueger

## 2001

The groundbreaking innovations of the 1980s and 1990s led to the introduction of excimer laser technology, which secured the future for refractive surgery. With the promise of new technology, improved clinical outcomes and greater patient safety, these quality-of-life-enhancing surgical procedures enjoyed increasingly popularity and accessibility.



Drs. Binder, Pallikaris, Siganos and McDonald at Aegean IV Meeting (1998)



Continued international outreach efforts and other initiatives increased ISRS membership worldwide, and while growth often generates opportunities, it may lead to unique organizational challenges.

In January 2001, Lawless became the Society's 14th president. He recognized that the Society's success depended upon servicing members and providing the necessary resources to support its global position in refractive surgery education.

Lawless recalls, "Refractive surgery, no longer a niche subspecialty, had entered mainstream ophthalmology. The need for a broad range of educational activities, ranging from basic to advanced levels, was evident. How the ISRS could achieve this, with limited resources, without losing its innovative edge was an interesting dilemma."

In addition to the ISRS, two other organizations offered refractive surgery education to qualified ophthalmologists—the American Society of Cataract and Refractive Surgery (ASCRS) and the American Academy of Ophthalmology's Refractive Surgery Interest Group (RSIG). With the three groups often in competition, some ISRS members proposed that the Society collaborate with the ASCRS or the RSIG.



ISRS/AAO Cosponsored Meeting in Kuwait (2000)