

Physician Spotlight



BY STEPHANIE DOYLE

Dr. Craig Berger

Dr. Craig Berger remembers life before DSAEK and exalts how times have changed in the world of ophthalmology.

“It’s been a very innovative time for ophthalmology,” said Berger, a cataract and cornea surgeon. “There have been a lot of improvements over the last 20 years—and that’s just in my subspecialty.”

In the past, when Berger’s patients were recovering from conventional corneal transplant surgery, they had to return to the office each month for up to six to nine months for suture adjustment and removal. And many of those patients who were elderly, the monthly trips were not only uncomfortable but inconvenient. And next often came rigid gas permeable lenses.

Fast-forward to DSAEK, a corneal transplant technique where only the unhealthy, diseased, posterior portion of a patient’s cornea is removed and replaced with healthy donor tissue obtained from the eye bank.

Unlike conventional corneal transplant surgery, the DSAEK procedure uses a much smaller surgical incision and requires no corneal sutures. This usually results in much quicker visual healing and also reduces the risk of sight threatening complications that may occur with the older procedure, such as intraoperative expulsive hemorrhage or post-operative traumatic

wound rupture.

Berger first learned about DSAEK at a meeting of the American Academy of Ophthalmology. Intrigued, he watched some videos and read some papers, and when the procedure was refined, he took a training course and watched several surgeons perform the procedure. He one of the first ophthalmologists in the area to offer the DSAEK procedure, and has been performing the operation for three years now.

By replacing only the diseased portion of the cornea, “patients are seeing better at four to six weeks typically and with no stigmatism,” Berger said. “One of my patients is four months out and is 20/20 in both eyes and wearing a thin pair of glasses. It is very exciting.”

Berger received his undergraduate degree from the University of Florida and obtained his medical education at the University of South Florida, with a transitional internship at the Mayo Clinic in Rochester, Minnesota. He then completed his residency at Tulane University School of Medicine in New Orleans, followed by a fellowship there in cornea/anterior segment and refractive surgery.

Berger, a native of Brooklyn, New York, splits his week between teaching ophthalmology residents at the University of South Florida and the Veterans Hospital, while maintaining a private practice and holding the position of Chief of the Ophthalmology service at Tampa General Hospital.

He also manages to find time for his hobbies—scuba diving, deep sea fishing, snow skiing, working out at the gym, and taking care of his 90-gallon saltwater aquarium.

And as if he wasn’t busy enough, Berger also started www.SafeguardYourSight.com, a Web-based refractive surgery database for LASIK/PRK surgeons and their patients.

While spending time at the Veterans Hospital, he was talking with a potential cataract

surgery patient who had undergone LASIK refractive surgery five years prior. Optimally, the ophthalmologist would have the information about the characteristics of the cornea before the laser surgery—the pre-LASIK refraction, topography, and other information to assist with IOL calculations. It also enables the physician to properly monitor the patient’s eye pressure throughout their life.

“But this patient had no records from his LASIK and could not even remember where he had the procedure done,” Berger said. “And now a million people a year have LASIK. Most people who have LASIK are in their 20s and 30s, and those who need cataracts out will be in their 60s. So we’re seeing just the tip of the iceberg.”

In other cases, because years may go by before this information is needed, the initial physician may have moved, the practice may have been sold, or the records may have been lost or destroyed. Most states only require physicians to store medical records for five to seven years.

Berger decided to create Safeguard Your Sight to archive such records online. The site collects and stores the information for physicians to use in the future. The information is collected and managed in strict accordance with HIPAA guidelines for medical privacy.

Berger and his wife—he was married one year ago in May—exhibited at two international meetings during the past year to get the word out and educate others about the importance of the database. Thousands of records already are stored.

Had he not been an ophthalmologist, Berger said he most likely would have gone into dermatology, but eyes were his destiny—his father also was an ophthalmologist.

And he’s glad he followed in his father’s footsteps.

“With each patient, I get a great a feeling that I am able to make them see,” Berger said.

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