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**BIRTHDAY**  
June 20



**YEARS IN PRACTICE**  
30+



**FAVORITE QUOTE**  
If you're not living on the edge you're taking up too much space.

— Stephen Hunt



#### CURRENT AFFILIATIONS AND POSITIONS

- Clinical Associate Professor of Ophthalmology, University of North Carolina, Chapel Hill
- Associate, Piedmont Eye Surgical and Laser Center, Greensboro, North Carolina
- Director, TLC Laser Eye Centers, Greensboro and Raleigh, North Carolina

#### PREVIOUS AFFILIATIONS AND POSITIONS

- None

## GETTING TO KNOW YOU

**Currently, what book are you reading, what TV series are you binge-watching, what app do you use the most, and where do you get your daily news?**

**Book:** *Keep Swinging*, a Kindle single by Rick Martin. I also recommend *The Billionaire's Vinegar: The Mystery of the World's Most Expensive Bottle of Wine*, by Benjamin Wallace, and *When Breath Becomes Air*, by Paul Kalanithi.

**TV series:** I am rewatching *Game of Thrones*, getting ready for Season 11. You can get lost and forget what happened 3 hours after you watched it.

**App:** The Weather app, to check whether I can ski or wake-surf in the morning or have to sit it out.

**Daily news:** I do not have time for news, and it is hard to tell what is real and what is fake these days. If I read anything, it is the *Liberty Headlines* (libertyheadlines.com; totally red [ie, conservative]) or the *Daily Skimm* (the skimm.com; totally blue [ie, liberal]), and then I have to figure out what is real and fake.

**What is something in your life you would happily do again, and what is something you would never do again?**

**Happily do again:** It may sound sappy, but I would remarry my wife. I would also do high school or college or anything again except the first 2 years of medical school. That sucked.

**Never do again:** My nephew and I once decided to climb a mountain and ski down. The wind picked up to 60 or 70 mph, and I was about to walk off the edge of a mountain before someone guided me in the right direction. Next time, I would look at that Weather app first. Again, I would never want to redo the first 2 years of medical school but, hey, it is required.

**What are three places at the top of your bucket list?**

**No. 1:** I have never played golf in Scotland. I would like to do that and listen to the bagpipes while drinking scotch on the 19th hole.

**No. 2:** I have never had a chance to dive in the Maldives, which is one of the coolest spots on the planet.

**No. 3:** I should probably go to one pole or the other, but that would be really cold, and I am not into cold. I would also like to see Machu Picchu in Peru, but it is cold there, too. Maybe I should keep thinking about No. 3.

**If you had to donate half your income tomorrow, to whom would you give it?**

I would give every homeless person in Greensboro a job. I am not wealthy enough to do much, but every man and woman should have a job. I would give them a salary and a home, and I would get to pick their job. If they chose not to participate, then I would have them move to Burlington, Winston-Salem, or High Point, North Carolina. Of course, I would pay for the move.

**If there is one high-risk thing that you have not done but remain curious about, what is it?**

I have always wanted to jump out of a plane—one that is flying and has no problems. However, I cannot because I broke my neck while barefoot waterskiing, and my orthopedic surgeon said that parachuting and bungee jumping are out of the question unless I want to risk never feeling my arms and legs again.

# YOUR THOUGHTS ON OPHTHALMOLOGY

## What is the health care landscape like in your country?

I think it is worse than when I started practicing. Don't get me wrong: I have a great job, and I love what I do. But many of my colleagues no longer do, and that is sad. The primary reasons are electronic medical records requirements and reimbursement—not so much the amount paid, but the hassle involved with getting paid for something you have already done.

## How enthusiastic are you about the future of ophthalmology?

My job is one of the best things I get to do; I make people see. Most people would not even have as much fun eating good ice cream as I do seeing happy patients on postoperative day 1. It also helps to have really smart people helping me to do the job even better.

## What products in the pipeline excite you the most?

It would excite me if, some day, I could talk into the air and have things recorded in a format so that I do not have to click a button, write something down, or sign a paper. Maybe they can scan my iris after each patient.

## What was your most memorable moment in surgery?

I remember one woman from when I used to do corneal transplants. She had been blind for more than 30 years, and she had been told by five other very good surgeons that nothing could be done for her. I was young and dumb, and I said, "Hey, let's try anyway. The worst thing that could happen is that you could die from the surgery." I was being funny, but she was not because she knew she had cancer. She agreed to give surgery a go. I did a triple procedure and reconstructed her anterior chamber, and 3 months later her visual acuity was 20/50. At that visit, she told me a story: She was sitting in the mall in Martinsville, Virginia, where she was known as *the blind lady*. The only person she recognized that day was the preacher. She said "hello," and he kept walking by. Then he realized she could see. He brought people to her all day, saying things like, "This is Timmy, remember he was little last time you saw him? Now look at him." Unfortunately, she died shortly after that, but she was happy for that time.

## What recent studies or technologies have influenced your surgical technique?

There are too many names of giants whose shoulders I stand on. I have been taught by many of the greats: Marguerite B. McDonald, MD; James Rowsey, MD; Stephen

Brint, MD; R. Bruce Wallace III, MD; Mark Terry, MD; Delmar Caldwell, MD; Richard L. Lindstrom, MD; Jack T. Holladay, MD; Theo Seiler, MD, PhD; Roger F. Steinert, MD; Daniel S. Durrie, MD; Eric D. Donnenfeld, MD; and George O. Waring III, MD, just to name a few. But lately, A. John Kanellopoulos, MD; Arthur B. Cummings, MB ChB, FCS(SA), MMed(Ophth), FRCS(Edin); Jerry Tan, MBBS, FRCS(Ed), FRCOphth, FAMS; Stephen G. Slade, MD; Michael Mrochen, PhD; Damien Gatineau, MD; and David T.C. Lin, MD, FRCSC, have all taught me a lot about how to make people see. I make sure I pick their brains whenever I get the chance. But I have always believed you can learn something from anyone if you just listen.

## What was the toughest decision you have had to make as an ophthalmologist?

How to tell a mother that her 18-month-old had a retinoblastoma. It was really hard to do that because, at the time, I had a child roughly his age at home.

## How has ophthalmology changed since you started practicing?

A better question would be how has it not changed. There have been far too many cool things to settle on just one. I always say, "Look around, the sky is the limit."

## What advice can you offer the new generation of ophthalmologists?

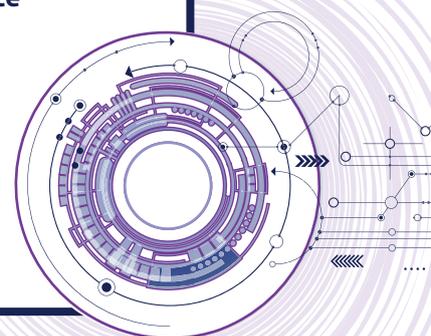
It took me a long time to learn that, if you are having fun, the rest will fall in to place. I remember how much fun it was to coach the best Little League baseball team I ever coached. They ultimately went on to win the championship that year. Now, what we do is serious, but if you are not having fun you had better find something else to do because someone is going to get hurt and might lose an eye.

## If you could trade lives with a fellow ophthalmologist for 1 day, who would it be and why?

I would mesh the brains of Professor Seiler and Professor Mrochen together. I would be such a good surgeon and so smart; it would be hard to go back to being me.

## If you were forced to limit your practice of ophthalmology to one procedure, what procedure would you choose and why?

Laser vision correction. The technology changes daily, and people really love it when they can see their toes in the shower or open their eyes underwater without glasses or contact lenses.



# YOUR THOUGHTS ON BUSINESS

## What differentiates your practice from those of your competitors?

Nothing, really. I would venture to say that ophthalmologists are uber-competitive. Some just handle it better than others.

## How do you feel about private equity, and is there a place for it in ophthalmology?

Any equity is good equity. It is like owning your home. You can always go there and feel safe.

## How do you approach marketing your practice and specific procedures you offer?

We market the experience before, during, and after surgery. I bet at least four people each month stop me or one of my staff members while out in public and say, "I paid you to do this, but I had fun doing it, and I would do it again. Your crew was awesome, and I am grateful for what you and they did." This happened to me in a department store the other day: Four people walked up to my wife and me and made comments similar to the one above. Now that is marketing. I live in a community of about 1 million people, and there are other ophthalmologists in town. Where we win is from the self-referrals of other patients who have had great experiences.

## How do you or your practice keep staff members happy?

Not to get too religious about it, but, in Matthew 22:39, Jesus said, "Love your neighbor as yourself." I treat patients and staff members as though they were family. My staff members often hear me saying to patients, "If you were my brother, mother, father, wife, or me, this is what I would do."

## What is your end game?

Many people may have heard me tell this story: My dad died playing golf with his grandson in Carmel, California, on the 18th hole. He did not, however, get to putt out. I would like to sink that long putt, or chip it in right before. That would be a nice end game.

On a serious note, I hope I know when it is time to hang up my scalpel or laser or whatever I am using by that time. I will not quit until they drag me out, but even if I can no longer do surgery I can still be a doctor. I signed on for life. ■

