

JASON

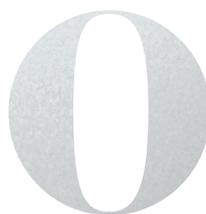
MD

J. JONES





Nominated by



Of the many things Dr. Jones is known for, perhaps the most graphic is his surgical videos showcasing a number of vital techniques for cataract surgery. Dr. Jones' interests include advanced cataract techniques, new IOL technologies, and prosthetic devices to assist complicated or unusual surgeries. In this interview, he talks about the value of reviewing one's surgical missteps on video, the importance of sharing experiences, and how his 3-year-old daughter speaks better Chinese than he.

INTERVIEWED BY LAURA STRAUB, *CRST/CRST EUROPE* EDITOR-IN-CHIEF

BMC: Who or what drew you to ophthalmology?

JASON J. JONES, MD: My father is an ophthalmologist, and that was a large part of my inspiration for going into the field. He demonstrated what it's like to live the lifestyle that we live as surgeons. Growing up, I got a lot of exposure to ophthalmology, not just in his office and with his patients, but in traveling, going to meetings, and visiting other doctors' offices. Visiting other doctors has been lost nowadays because we have so much better electronic communication, such as through sharing videos. But those were important solidifying elements in my decision to become an ophthalmologist.

BMC: When you visited other practices with your father, what was his reasoning for going and also for bringing you along?

JONES: When we took family trips, we would decide on a location, and he would say, "I met this guy at a meeting this past year, and he's just down the road from where we'll be staying. I'm going to see if I can visit him."

I think part of the benefit for him was to see the lay of the land in that office. This was an early time in terms of ambulatory surgery centers (ASCs). People

were building ASCs in the mid to late 1980s, and the ASC I work in now was opened in 1987—a fairly early one.

There was also an element of spontaneity because you didn't know what you would learn, so he always kept an open mind toward seeing what's happening at that location, with that doctor, and how things work. There's less of that nowadays. We're interested in others' surgical techniques, and you can see such good video that a site visit doesn't have the same level of importance.

BMC: After med school and residency, you joined your father's practice, correct?

JONES: Yes. My dad was still practicing for a few years, and we were concurrent. He still likes to poke his head in the door and see what's going on occasionally. The transition between us was interesting for me. We have sometimes hearty folks here in the Midwest, and many of the patients in this area are farmers and very salt-of-the-earth. There's a lot of Northern European ancestry as well. My father and I would be in the examination lanes together, and if he saw a patient who seemed challenging for some reason—pseudoexfoliation, a small pupil, cornea guttata, a dense cataract, or if the patient was wheelchair-bound or monocular, or

all of the above—he would talk with and examine the patient, and then he'd say, "My son will be in here in a few minutes, and he'll take a look at you. He'll be doing your surgery."

For the first 2 or 3 years, I got all of the difficult cases. I was well-equipped due to my experience from residency, but I also had to evolve from there.

BMC: What are your biggest passions inside your profession?

JONES: Moving the ball forward in terms of technology, and understanding a new technique better or maybe revisiting old techniques. For example, I still find the nuances of hydrodissection interesting, and I continually try to refine that process, to make it more dependable, and more consistent.

Moving the ball forward also applies to participating in clinical trials. I brought clinical trial participation into this practice after I was here for several years.

BMC: You make a lot of surgical videos, and you were among the first to dive into concentrating on surgical videos. What were and are your motivations to create videos?

JONES: Actually, the person I think of as the pioneer of surgical video is Howard V. Gimbel, MD, MPH, FRCSC, AOE, FACS. And there are many others:

“There are specific surgeries that were watershed moments for me...the video helped me to have a window into what the experience was like—reliving it, but in a more dispassionate manner.”



I. Howard Fine, MD, is another excellent resource in terms of early surgical video.

I record essentially every one of my surgical cases, but I don't keep them as part of the patient record. Rather, I use it as a learning tool for myself. There are specific surgeries that were watershed moments for me that actually changed the way I did surgery. The video helped me to not just recall the event, but to have a window into what the experience was like—reliving it, but in a more dispassionate manner. I look at it as an investment in myself.

BMC: You have elegant and complex surgical cases that you've posted to Eyetube and YouTube. Have your videos ever helped somebody during a tough case?

JONES: I've published some videos on posterior capsulorrhexis. We all break a posterior capsule at times. A person came up to me at a meeting and said, "I had that happen, and then I remembered your videos, and I created a posterior capsulorrhexis and put the lens in. There was a company rep there in the OR with me, and he couldn't believe I did that." Sharing experiences makes a big difference to me because it allows other people to pick up those ideas.

I pull up Eyetube every day or so to see if there is a new posting. I don't just search *cataract* and *IOL*, I watch retina, for example, because I have patients who need retina care as well.

BMC: What is one thing you love about your home life, and one thing that you wish you could change?

JONES: My family is my bedrock. My

wife is a fantastic partner in life; she's also an ophthalmologist in our office. We have two lovely kids. Having them as a part of my life is a counterbalance to the craziness of practice, and a respite from the overwhelming activity that can be a part of a career.

As far as what I would change, I'd like to get more time for my personal life. Finding adequate time to spend with the people you love is challenging when other things can be so consuming. I still want to live up to the challenge of what my practice brings to me, but as I've gotten older, I want to give up less of my personal life if I can.

For me, practice is beyond just seeing the next patient and doing the next surgery. It's sharing with other people what I do surgically through videos, books, and articles. That's something I learned early on: Having multiple things in your life is reassuring because not everything is going to work well in every facet of your life. With more things in your life, there's a better chance that some of them will go well and generate happiness.

BMC: I saw on your website that you speak Spanish and that you are learning Chinese. What drew you to these two languages?

JONES: We were required to learn a foreign language in school. I chose Spanish. At one point in my life, I would dream in Spanish. I am not fluent, but I do speak it with the significant number of Hispanic patients in my practice. The fact that I can greet these patients in their language and have some level of

conversation with them helps me to relate to them, and vice versa. As for Chinese, my wife grew up in Beijing, and I tried to learn Mandarin. I was speaking some Chinese with my wife, and my older daughter, who was 3 years old at the time, said to me in English, "Daddy, you can't speak Chinese." The subtleties of the words are quite difficult for me.

BMC: If you had to nominate one creative mind in ophthalmology, whom would it be and why?

JONES: It's hard to nominate just one. There are many pioneers from my father's generation, who introduced phacoemulsification and IOLs and developed the techniques we still use today, in some ways.

But if I had to choose someone who's younger, and whose legacy is already being built, I'd choose Iqbal Iqbal K. Ahmed, MD, FRCSC.

Iqbal has done a lot for ophthalmology, for glaucoma, for ophthalmology in Canada, and for people of color, and I really appreciate that about him. He's also a good friend of mine. I've known him since my residency, when he was a fellow. (*Editor's Note: The Chief Medical Editors of CRST have selected Dr. Ahmed as one of its creative minds. For his interview, see pg 32.*) ■

Editor's Note: This is an abridged version of Dr. Jones' interview. To read the entire interview, log onto www.crstoday.com/issues/ and click on the April issue.

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- Financial disclosure: None