chapter 7

ISRS/AAO Leadership: Our Presidents

Dr. Jorge L. Alió

Making progress in almost any human endeavor requires a project, leader and others who embrace the idea and are willing to follow it through to completion or possible later expansion.

The ISRS/AAO is a result of the spirit of collaboration and pursuit of excellence in the correction of refractive errors. Dr. Barraquer's prescient work provided the "spark" for the ISRS/AAO, and the enthusiasm of the founders kept the flame alive by maintaining continuity with the spirit of the Society.

With the recent union of the ISRS and the American Academy of Ophthalmology, the progress continues to meet the needs of refractive surgeons around the globe, defining and promoting refractive surgery procedures that positively influence the life of many every year.

— Dr. Jorge L. Alió
ISRS/AAO president and chair, 2006–2007

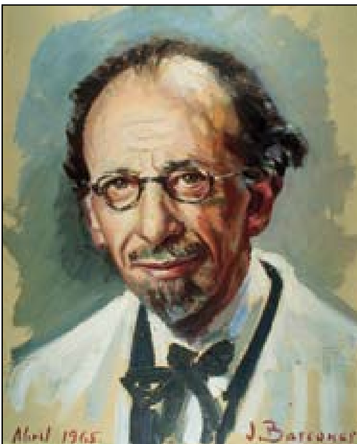
Dr. José I. Barraquer

1980–1982: Dr. José I. Barraquer

By Dr. Richard C. Troutman

Dr. José I. Barraquer originally conceived the "law of thickness," a mathematical formula that explained how to correct refractive error by altering the amount of corneal tissue. This was a truly remarkable achievement considering Barraquer had done this without the aid of calculators or computers. His work explained many of the techniques still used by refractive surgeons today, including hinged LASIK flaps, intracorneal inlays and other refractive surgery principles.

Dr. José I. Barraquer



Dr. Ignacio Barraquer

The ISRK's formation, inspired by Barraquer's research and ideas, laid the foundation for the organization known today as the ISRS/AAO. The early founders enthusiastically appointed Barraquer as the Society's first president, to honor his important contributions and commitment to the new subspecialty of refractive surgery.

After the ISRK legally incorporated, Barraquer returned to Bogotá to resume his work with the Barraquer Institute and soon realized that his involvement in the Society's daily operations would be limited by geography and the means of communication available at the time.

As president-elect, I was in close contact with Friedlander and Swinger, often acting on Barraquer's behalf, guided by his inspiration and vision during the Society's early, critical period. His influence was especially important as the ISRK began to develop introductory courses in lamellar surgery around the world. These were essential to the accurate dissemination and acceptance of his keratomileusis and keratophakia techniques.

Dr. Barraquer provided us with unlimited access to his scientific and clinical records, which facilitated a critical evaluation of his concepts and techniques. This proved to be invaluable to their refinement and simplification. Whenever possible, the Society's early leadership continued to meet with Barraquer, to participate in national and international meetings, and to work with the ISRK Study Group to introduce his unique concepts to move the Society forward.

Barraquer's ideas, innovations, enthusiasm and spirit combined with our desire to promote a rigorous, scientific approach to refractive surgery and have driven the orderly development of the Society to this day. He would be proud that in the 30 years since its inception, the Society has continued to maintain the professional integrity and scientific purpose established by its founders to become a leader in the development and ethical practice of refractive surgery worldwide.

Family of José I. Barraquer: Four Generations of Ophthalmologists

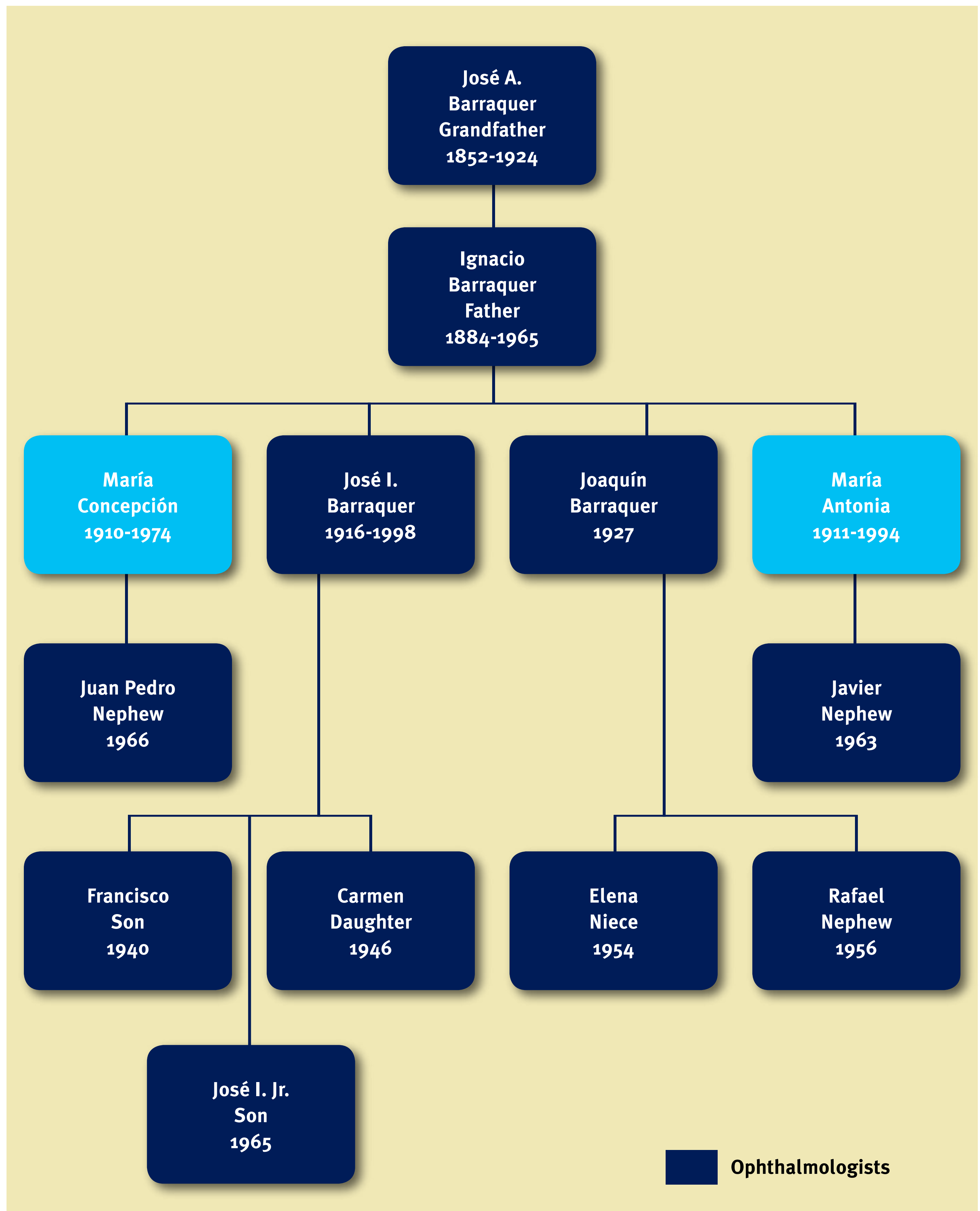
The Barraquer family has a unique and remarkable niche in the history of ophthalmology.

José I. Barraquer's grandfather, José A, father, Ignacio and brother, Joaquín, were ophthalmologists in Spain.

José I. had three children, Carmen, Francisco and José I. Jr., ophthalmologists practicing in Bogotá.

Joaquín's children, Elena and Rafael and two nephews, Javier and Juan Pedro, are all ophthalmologists practicing in Barcelona.

Family of José I. Barraquer: Four Generations of Ophthalmologists



1982–1984: Dr. Richard C. Troutman

Dr. Richard C. Troutman

When I became president in 1982, both the ISRK and the Keratorefractive Society held their respective meetings on the Friday prior to the Academy's Annual Meeting.

Fueled by the mushrooming interest in refractive surgery, the two meetings attracted such interest and attendance that the Academy grew concerned that they were distracting from its Annual Meeting. I was able to convince Dr. Spivey, the Academy's then executive vice president, that because the ISRK best represented the Academy's goals, we should represent our new subspecialty at an Annual Meeting Session. In 1983, the Academy's Program Committee awarded us with time for a session, making us the first international society in the history of the Academy to have such a distinction.

Upon my retirement in 1991, my close relationships with the many talented young ophthalmologists who have carried refractive surgery and the ISRS/AAO forward to its present prominence prompted me to establish a perpetual annual prize that recognizes the talented next generation in their most productive years.

1985: Dr. Herbert E. Kaufman

Dr. Herbert E. Kaufman

I remember my ISRK presidency as a time of opportunity and turbulence. Many of refractive surgery's most significant developments occurred in countries outside the United States. Barraquer was in Bogotá and Fyodorov was in Moscow, and there were no real mechanisms for the exchange of information on a global scale or the recognition of new developments.

The ISRS provided the first real means of information transmission, facilitating later developments that included work with the epikeratophakia.

Conflict also erupted during this time when a group of practitioners sued the NEI and the Academy for "restraint of trade." I served as the cornea representative on the NEI's Advisory Council and understood that both organizations felt a strong need to obtain objective—not just anecdotal—information about the risks and benefits of refractive surgery procedures, all of which (including my own procedures) had been labeled as "experimental."

I believe that this lawsuit filed by practitioners was one of the low points for our profession, inhibiting the free expression of opinions. Despite this, the ISRS provided an important forum for the exchange of ideas and made the continued interchange of information possible.

1986: Dr. Casimir A. Swinger

While serving as ISRK's president-elect and program chair, I converted the ISRK newsletter, which I had been writing since 1980, into our own scientific publication, the *Journal of Refractive Surgery*. In 1985, with Salz as founding editor, the Journal began by publishing clinical results and announcements, as well as providing an opportunity for global expansion. Because electronic communication was still in its infancy, the Journal fulfilled an important need.

In 1986, I traveled extensively to Asian countries where I promoted the Society, the Journal and refractive surgery by teaching and performing procedures. I was also actively involved in the development of keratomileusis and keratophakia courses in the United States.

Dr. Casimir A. Swinger

Around this time, I envisioned a new procedure for lamellar refractive surgery that would correct all refractive errors while achieving accuracy and rapid visual recovery. I developed a nonfreeze lamellar procedure (later called Barraquer-Krumeich-Swinger (BKS)). This procedure was designed to correct spherical, astigmatic and other aspheric errors and eliminate the cryolathe, freezing and necessity for a computer. Like radial keratotomy, this nonfreeze procedure provided excellent uncorrected vision on the first day postop. Clinical results for BKS were published in the Journal in 1986, which I spoke of while delivering the Barraquer Lecture at the next year's Academy's Annual Meeting. By 1987, the ISRK was continuing its growth and my nonfreeze research interests expanded to developing new laser technologies.

1987: Dr. Richard A. Villaseñor

While we initially called our society "international," membership was primarily composed of U.S. ophthalmologists.

Therefore, my goal as ISRK president was to increase the Society's international presence. I visited ophthalmic leaders in Argentina, Brazil, Colombia, Ecuador, France, Italy, Panama, Spain and Venezuela who had expressed interest in forming Satellite Societies of the ISRS. I also invited these leaders to meet with me during the Academy's Annual Meeting to discuss efforts to broaden the Society worldwide. The response was positive and they returned to their respective countries to begin the groundwork. The board members and presidents who followed me contributed to the success of this mission by expanding upon my efforts.

Dr. Richard A. Villaseñor

1988: Dr. Miles H. Friedlander

Dr. Miles H. Friedlander

When I assumed the role of ISRK president in 1988, new bylaws provided a framework for the Society's growth into a major force in the still-evolving field of refractive surgery.

Radial keratotomy was at the height of its popularity, and epikeratoplasty was still at the forefront. The classical Barraquer technique of keratomileusis was modified by the introduction of the nonfreeze BKS microkeratome, Dr. Ruíz's ALK procedure for myopia and surface ablation with the excimer laser. These were truly exciting times and the Society provided a dynamic venue for the presentation and evaluation of these often-competing refractive procedures.

Although refractive surgery did not enjoy universal acceptance by mainstream ophthalmology, many societies wished to have ISRK members discuss refractive surgery topics at their meetings and were most generous in providing the Society with meeting times and credit for our efforts.

In 1988, my wife and I traveled to meetings that included CLAO in Las Vegas, the French Implant Society in Cannes, the Barraquer Institute in Bogotá, the Academy's Annual Meeting in Las Vegas and the Oslo Symposium in Ophthalmology in Norway. The locations of these meeting attested to the wide-ranging international interest in refractive surgery.

However, in these formative years, the Society was still relatively small with limited working capital. Officers and board members primarily assumed financial responsibility for travel expenses, as well as administrative fees, mailing costs and course planning. Like the fictional character Blanche Du Bois in Tennessee Williams' *A Streetcar Named Desire*, the Society largely depended upon the kindness of others.

1989–1990: Dr. Perry S. Binder

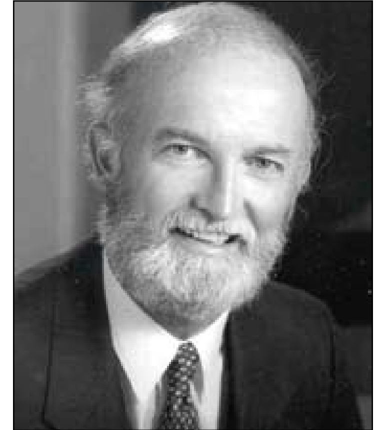
Dr. Perry S. Binder

When I became president, I had served on the ISRK board of directors since 1979. At the start of my term on the board in 1986, the Society experienced a decreasing membership and diminished attendance at our Annual Meeting. I was also president of CLAO and was able to convince the two boards to hold a joint meeting in Las Vegas. This effort was very successful and culminated with our two organizations taking over the main showroom at the Riviera Hotel to see the show Splash.

By 1987, some ISRK leaders proposed that we reorganize the Society as a club. However, with strong feelings about our future, I helped to steer the vote to increase international participation in the Society.

After I received the Barraquer Award in the last part of my term as president at which time there was no special event to recognize award recipients, I instituted the ISRK Award Dinner to celebrate this special honor for future recipients.

1991: Dr. James J. Salz



Dr. James J. Salz

I served as ISRK president in 1991, well before PRK and LASIK became the surgery of choice for myopia correction. During this time, investigators in just a few centers were studying PRK under FDA protocols, so the only procedures available to most surgeons for myopia correction were radial keratotomy (RK) and keratomileusis.

There were many available RK courses, and many taught an excessive number of incisions with crossing astigmatic incisions. I felt that the Society should offer courses emphasizing "safe" RK as often as possible. Ophthalmic manufacturers supplied diamond knives and RK markers, and many of the Society's leaders conducted courses throughout the United States. This included standalone meetings or ISRK events held in conjunction with major meetings such as those of the Academy, ASCRS and CLAO. These meetings and courses provided training for many U.S. surgeons and secured the ISRK's position as a leader in refractive surgery education.

The Society has always encouraged a free exchange of information at scientific meetings by allowing surgeons from all over the world to present their ideas. We also encouraged speakers to submit their work to the Journal. The ISRK courses and meetings, as well as the Journal served to legitimize refractive surgery, which was initially criticized by many of our colleagues during the early years. We can remember editorials about the "buccaneer" RK surgeons.

The ISRK officers, board and committee members all worked very hard, and without compensation, because of our desire to develop the new surgical techniques in an ethical and scientific manner. It was an exciting time for those of us involved in the ISRK because we were helping to develop a completely new specialty, refractive surgery, that did not exist during our residencies.

1992: Dr. Larry F. Rich

Dr. Larry F. Rich

The early 1990s were a time of transition for the ISRK. Presidential terms were originally limited to two years, but Salz and I split the tenure into two one-year terms.

Like many of the Society's founders, my goals were to make the ISRK the leading source for education and research in refractive surgery and to gain momentum as a movement within ophthalmology by expanding our membership.

A given ophthalmological society could earn representation on the American Academy of Ophthalmology's Council once its membership included a certain number of Academy members. In 1992, ISRK membership reached that number, signaling recognition of refractive surgery as a valid subspecialty.

If ophthalmologists from the international community were counted, the true society membership was actually twice the amount needed for Academy Council representation. Indeed, nearly 50 percent of the oral presentations at the ISRK Annual Meeting were from doctors outside the United States.

1993–1994: Dr. Richard L. Lindstrom

Dr. Richard L. Lindstrom

I enjoyed the honor of serving as the Society's tenth president. During my tenure, the ISRK recruited Ms. Lindstrom as its first full-time executive director and established the first professionally managed central office at the Phillips Eye Institute in Minneapolis. With Ms. Lindstrom's guidance, we implemented systems (computerized membership records and improved procedures for the collection of membership dues) strengthening the Society's infrastructure and preparing it for expansion.

The board also voted to change the name of the organization from the ISRK (International Society of Refractive Keratoplasty) to the ISRS (International Society of Refractive Surgery), allowing for the inclusion of all refractive surgery, including lens-based procedures.

There was also discussion during this time on whether the organization should remain a small club, with membership perhaps by invitation only, or expand to a Society with no membership limits. The board resoundingly approved the decision to grow and become a Society with an emphasis on being international. This marked the beginning of the integration of board members from outside the United States, leading to Dr. Lawless' presidency six years later.

The *Journal of Refractive Surgery* grew in size, impact and quality, and we initiated a newsletter, *In Focus*, under the editorship of Dr. Kerry Assil.

Expanded educational offerings included the addition of the Mid-Summer Symposium in Minneapolis, which was successful and profitable. We established joint symposia with international societies that began with the meetings of the European Society of Cataract and Refractive Surgery and the Italian Society of Cataract and Refractive Surgery.

We also recruited Ms. Torres to facilitate these collaborations, a role that she continues in today, by expanding cosponsorship opportunities with other societies that expanded to more than a dozen per year.

The Society grew exponentially, and the ISRS central office, under Ms. Lindstrom's able stewardship, grew to five full-time employees, generating a financial reserve of more than $300,000 with unprecedented industry and member support.

I personally remember the Minneapolis years fondly, as a time of extraordinary growth in membership numbers and services and an opportunity to expand friendships worldwide.

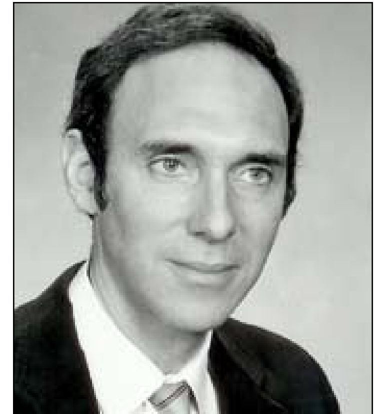
I believe it was during these years that the groundwork for what is the ISRS/AAO today was established—a global society of surgeons, scientists and industry representatives dedicated to advancing the art and science of refractive surgery in an ethical and responsible fashion. I am pleased to have an opportunity to continue to serve the ISRS/AAO as the Academy's global education liaison for refractive surgery and as a member of the Journal's Editorial Board.

1995–1996: Dr. Theodore P. Werblin

I began my presidency with the statement, "the drumbeat of change surrounds us." During my tenure as ISRS president, that prophecy materialized within both the Society and the practice of refractive surgery.

Change was occurring at several fronts with the evolution of electronic communications, increased acceptance of refractive surgery by mainstream ophthalmology and the growth of laser technology, which secured refractive surgery's future as an important subspecialty.

The introduction of the Internet in the early 1990s was a significant development during my presidency, facilitating worldwide communication among ISRS members and making the exchange of information more expedient.



Dr. Theodore P. Werblin

1997–1998: Dr. Jeffrey B. Robin

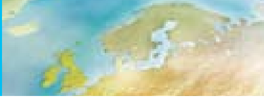
I initiated and implemented a number of projects during my presidency that transformed the Society into a truly professional organization. I established a dedicated home office in Orlando, hired and managed a full staff, increased member dues and significantly expanded the ISRS's international presence.

In 1996, Dr. Lindstrom and I, along with Ms. Torres, implemented new initiatives to help develop the Society at an international level. This included the concept of an International Council, which later formed under Dr. Schanzlin's presidency.

The ISRS cosponsorship program also began during my term, as the Society reached out to a growing number of affiliate societies around the globe. Regional offices in Cairo, Eastern Europe and Milan were opened, adding to our growing international presence and enabling the Society to organize more standalone meetings.

We also added a number of awards during this time, recognizing the contributions of many important individuals to the subspecialty of refractive surgery. Efforts were made to make the ISRS an electronic, digital organization. We embraced the Internet and its capabilities long before many other organizations, making information readily available for ISRS members worldwide.

Dr. Jeffrey B. Robin



1999–2000: Dr. David J. Schanzlin

Dr. David J. Schanzlin

I was president of the ISRS at a dynamic time. The Society was at its peak, with an increasing "international flair." Our international board continued to grow and evolve, and I initiated efforts to develop our first International Council, which included representatives from 40 countries who attended and spoke at meetings on the Society's behalf.

During this time, joint programs and cosponsored meetings with other international societies further enhanced the Society's international presence and influence. With the exception of Barraquer, the ISRS had never had a non-U.S. president. To address this, we divided the world into five geographic areas and determined that the ISRS presidency would rotate between a U.S. and non-U.S. president, beginning with Dr. Lawless.

2001: Dr. Michael Lawless

Dr. Michael Lawless

From Dr. Troutman's cofoundation of the ISRK in 1979 to the present day, ISRS/AAO members and leaders have contributed to the majority of significant innovations in refractive surgery.

From the time of my fellowship with Troutman in 1986, election to the board of directors of the ISRS in 1996 and finally president in 2001, my life has been entwined with the Society.

Before 2001, I observed that refractive surgery was moving from a fringe subspecialty to securing a place in mainstream ophthalmology. I also recognized that the strength of the ISRS was the innovation of its members who were not afraid to push the boundaries of the specialty.

Naturally, much of this innovation occurred outside the United States because of less restrictive regulatory procedures. I encouraged the international growth of the ISRS and the valuable role played by Ms. Torres in giving a voice to key ophthalmologists from many countries.

As the subspecialty grew, so did the number of meetings. By 2001, many board members believed that the ISRS would benefit from the affiliation with another society. I saw a natural fit with the American Academy of Ophthalmology, an organization we could work with to create a solid program of refractive surgery education. I encouraged an alliance between the two organizations, and am pleased with the successful integration. Today's ISRS/AAO will carry on the tradition of the unparalleled excellence and innovation in refractive surgery education.

From 1986 to 2006, refractive surgery was without a doubt the most exciting subspecialty within ophthalmology and the heart of that excitement was within the ISRS. I would not have wanted to be anywhere else.

2002–2003: Dr. Jack T. Holladay

It was during my role as ISRS president that the Society united with the Academy creating a consistent, balanced and innovative platform of refractive surgery education for ophthalmologists worldwide.

I am pleased that leaders from both the ISRS and the Academy recognized how the two organizations could work in unison, combining strengths and assets to carry on the ISRS tradition initiated by its founders, Drs. Barraquer, Friedlander, Swinger and Troutman.

For a large part of my ISRS presidency, I was an active participant in the initial discussions and subsequent actions that resulted in the new ISRS/AAO. Following examples of good leadership, I surrounded myself with the best and brightest people, who, committed to this idea, understood how to work in concert to make it a success. I am especially grateful for the efforts of Drs. Durrie and Lawless and Ms. Lewis; industry leaders who enthusiastically supported the joint venture and, finally, the support of Academy leaders Dr. Hoskins, Mr. Noonan and Ms. Aguirre who also saw the potential in the union between the two groups.

Dr. Jack T. Holladay

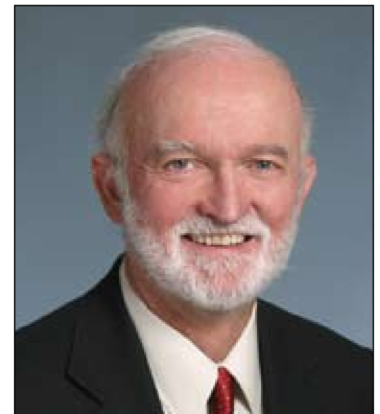
2004–2005: Dr. James J. Salz

At the time of the ISRS's union with the Academy I was acting chair of the Academy's Refractive Surgery Interest Group (RSIG), and Dr. Holladay was the president of the ISRS.

As we laid the groundwork for our new society, I served as the new ISRS/AAO chair and president, with Holladay as cochair. Initially, the new committee consisted of both RSIG committee members and ISRS board members, making it larger than many Academy committees. We did not add new members to the ISRS/AAO committee and implemented a plan that would eventually reduce the size of the committee. The result would be a seven-member committee after a three-year period.

During this transition, I remained president for three years, with future terms limited to two years. We also decided that the position would alternate between an international and U.S. member.

I was excited about the new Society and remained hopeful that the transition would also allow us to maintain much of the flavor of the old ISRS. None of us really had a clue about how we were going to accomplish this. Ms. Lewis was very helpful in getting all the ISRS financial accounts squared away and providing us with minutes, lists of the ISRS awards and plaques, where to obtain them and myriad other details.


Dr. James J. Salz

I was also apprehensive about whom the Academy would appoint to take over the Society's daily operations. Hoskins wisely assigned this task to the best possible person, Ms. Aguirre who I really did not know at the time, but was the absolute ideal person for this job.

The first ISRS/AAO sponsored Refractive Surgery Subspecialty Day was most interesting. Waring championed the idea of having "breakout sessions," an ISRS tradition, which allowed attendees to choose from three or four simultaneous presentations. These sessions allowed for greater member participation. For many of them, it was the first opportunity to present their ideas, techniques and/or instruments. This worked well in the smaller format of a hotel meeting area, where there was one large "main" meeting room and several smaller ones. This proved to be more challenging in a large Academy convention center, with more than 1,500 in attendance. We had the main meeting hall, but the three breakout rooms were not exactly around the corner like the old ISRS. There was a very popular session on LASIK complications with several well-known speakers taking place in a room with limited seating. Since not everyone could get into the room, we had a near riot on our hands with unhappy attendees and very unhappy fire marshals. This experience ended the attempt at future meetings with breakout sessions. The program changed from featuring only invited topics and speakers to a program consisting of at least 50 percent free papers, including many from international experts. This has been a very successful format—attendance has grown every year and last year reached almost 2,000.

I was very fortunate to be involved during this transition, and I am grateful for the opportunity and thankful to Dr. Hoskins, Ms. Aguirre, Ms. Jill Boyett and Ms. Melanie Rafaty, as well as all of the members of the committee during my tenure for their efforts that resulted in a strong and successful ISRS/AAO.

2006–2007: Dr. Jorge L. Alió

Dr. Jorge L. Alió

As the first European chair and president of the ISRS/AAO, I began my period with tremendous excitement. My primary objective has been to promote the international interaction of the Society with its members while implementing innovation, education and excellence in the practice of refractive surgery as the Society's global mission.

Using medical education as our main tool, the ISRS/AAO has reached out to refractive surgery societies worldwide, creating new opportunities that include a rich and extensive cosponsorship program that facilitates a global exchange of information and ideas.

Cosponsored meetings and events enable the Society to cross borders and expand the frontiers of our subspecialty by sharing education and the ISRS/AAO's pioneering and creative spirit with every corner of the world, making an immeasurable impact on refractive surgeons in hundreds of countries.

The ISRS/AAO International Council solicits valuable feedback from international members about their unique educational and practice needs. This information allows the Society to offer programs and initiatives that best serve our members.

Creation of the Program Committee has been another key innovation. This committee is responsible for the oversight and management of educational events ensuring a uniform spirit that supports the promotion of excellence in refractive surgery around the world.

Finally, compiling and documenting our history, which encompasses events for the last 30 years, has been one of my most important goals. Our Society played an integral and instrumental role in the history of modern ophthalmology and refractive surgery, and this history seeks to convey the spirit of our society, its mission, goals, innovation and creativity in search of excellence in refractive surgery. I consider this to be one of the Society's most important endeavors.

This book, *1977–2007: Commemorating the ISRS/AAO and Global Refractive Surgery*, will provide each member with information about how our Society has supported and promoted refractive surgery and the continued excellence and innovation that reaches beyond mere spectacle independence to improve and enhance—sometimes dramatically—the quality of life for our patients.