In case there was ever any doubt, the future of ophthalmology is in good hands! MILLENNIAL EYE presents a series highlighting the ONE TO WATCH. In each issue, we will profile a rising star, one who may not be advanced in years but has already made great advances in our field.

1. PLEASE SHARE WITH US YOUR BACKGROUND.

It’s a bit here and there, really. Born a Texan, I was whisked away to India at 9 years old by my parents, where I spent the next 10 years playing cricket and watching Bollywood! I moved back to the United States when I was 19. They thought it’d be a good idea to show my brother and me a different side of life. Right they were—spending a decade in India during my formative years has greatly influenced who I am and how I think and interact with the world.

After coming back to the United States, I finished my undergraduate studies at Kennesaw State University here locally in Atlanta and then went on to the Medical College of Georgia. I did a preliminary year at the University of Hawaii, Honolulu, and then spent 3 years at the University of Texas, San Antonio, for
residency in ophthalmology. Thereafter, I was fortunate enough to spend a year at the University of California, Irvine, training in cornea and refractive surgery with Roger Steinert, MD, and Marjan Farid, MD.

2. WHAT DREW YOU TO OPHTHALMOLOGY AND, SPECIFICALLY, TO YOUR FIELD OF INTEREST?

I should mention that I had no interest in medicine in college. I wanted to be a commercial airline pilot and, in fact, almost enrolled to get a degree in aeronautical engineering. After a lot of thought and advice (from pilots!), I ended up choosing medicine as a profession. But, I suppose gadgetry and technology are the common denominators between both aviation and ophthalmology. My love affair with ophthalmology started in medical school, when I met the person I now practice with, Milan Patel, MD. He was a resident in ophthalmology, and I was a clueless second-year medical student. His enthusiasm was infectious and need for a scut monkey to help with his research projects even greater! Through shadowing him in the OR and in clinic as well as guidance from Bala Ambati, MD, PhD, I was certain that ophthalmology is what I was built for.
3. PLEASE DESCRIBE YOUR CURRENT POSITION.
Presently, I practice in a multispecialty group in North Atlanta, Milan Eye Center, with my old resident mentor and friend, Dr. Patel, who founded the practice. I am focused on cataract surgery (both femtosecond and traditional), femtosecond laser-assisted DALK, and refractive surgery. I work with a group of very talented young surgeons who complement my skillset and round out our practice by way of glaucoma and oculoplastics.

4. WHO ARE/WERE YOUR MENTORS?
My residency at UT San Antonio brought me in the fold of some tireless teachers, such as Gilberto Aguirre, MD. Dr. Aguirre taught me both bimanual and coaxial phaco and that you never stop reaching or learning. I was also privileged to work with Chaz Reilly, MD, who was in charge of the Air Force refractive surgery program. Our program was one of the few in the country at the time that allowed residents to participate in PRK and LASIK. This combined with my interest in DSEK—a fairly new technique at the time—is what took me to UC Irvine for a cornea fellowship, where I was fortunate enough to work

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with Dr. Steinert and his team of talented surgeons such as Dr. Farid. They instilled in me a nondefensive mode of clinical and surgical thinking, a love for technology, and a drive for excellent surgical outcomes. What I learned from them and their philosophy in that single year of fellowship will undoubtedly guide me for the rest of my career.

5. WHAT HAS BEEN THE MOST MEMORABLE EXPERIENCE OF YOUR CAREER THUS FAR?
I don’t think I can pinpoint one, but I have to say that my most memorable patients have been veterans. The veterans have given medical students, residents, and fellows in this country more than one can imagine. One of my most memorable cases was one while I was in fellowship at UC Irvine. I had a veteran with traumatic mydriasis for whom I performed my (and his!) first iris cerclage. He was funny, hopeful, and so generous. I prepared for the case by watching a video of an iris cerclage case that Dr. Steinert had done. I walked in the OR having dreamt of CTC-6 needles the night prior and got to work. The case went great, which is perhaps why it is so memorable! But, in reality, the patient’s happiness the next day was palpable, and that is what made it a
great memory for me.

6. WHAT ARE SOME NEW TECHNOLOGICAL ADVANCES THAT YOU HAVE FOUND PARTICULARLY EXCITING? WHICH ADVANCES IN THE PIPELINE ARE YOU MOST ENTHUSIASTIC OR CURIOUS ABOUT?

There are a couple of technologies that we have recently adopted that I am particularly enthusiastic about. Endocyclophotocoagulation (ECP) is a MIGS procedure that I feel is a significant addition to my tool kit and offers a great way for patients to come off their topical agents. As a cornea specialist, the toxicity of chronic IOP-lowering agents is not lost on me, and I can’t get over the simplicity and efficacy of the procedure. We’re learning more with each case.

Corneal collagen crosslinking (CXL) is well known to many, and we are taking on patients for this in our practice presently. This therapeutic option, we feel, is well overdue, and having performed cornea transplants in young keratoconic patients, I am eager to prevent another one!
Corneal inlays and inserts are the advances in the pipeline (here in the United States) that I’m most excited about. The data look promising, and the science is sound. I like how this technology fits well into the existing armamentarium that many eye surgeons already possess, ie, the femtosecond laser making the learning curve reasonable. The need for the procedure is obvious. I’m curious as to the different options of inlays and inserts that will become available in the United States in the coming 2 years.

7. WHAT IS THE FOCUS OF SOME OF YOUR RESEARCH?
Presently, I am working closely with Ziemer to develop a nomogram for femtosecond laser arcuate incisions. Like many surgeons, I use femtosecond AKs often and apply an adjustment to existing nomograms, such as the Donnenfeld nomogram. Given that we can perform fully customizable, full-thickness or intrastromal incisions at varying depths, it’d be nice to figure out what really works by looking at serial topographies rather than just final UCVAs.

8. WHAT IS A TYPICAL DAY IN YOUR LIFE? WHAT KEEPS YOU BUSY, FULFILLED, AND PASSIONATE?
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As much as I enjoy ophthalmology, I’m a family man first and I can’t get enough of my 2-year-old, Nishka. My wife and I have one more on the way, and we’re just taking things a day at a time. When I moved from Southern California to Atlanta in the summer of 2013 with a newborn, I was told I’d need a psychiatrist! I had a new job, was in a new city, and had a new baby. Two years on, things are humming along. Typically, my weekdays are fairly packed in with the practice, CrossFit sessions, and then playtime with my little one. Before you know it, the day is over. I feel it is precisely that balance between my practice, physical activity, and time spent with the family that keeps me fulfilled and prevents burnout. A vacation here and there doesn’t hurt either, of course!

9. WHAT ADVICE CAN YOU OFFER TO INDIVIDUALS WHO ARE JUST NOW CHOOSING THEIR CAREER PATHS AFTER FINISHING RESIDENCY OR FELLOWSHIP?

I’d keep it short; they probably don’t have room for much more of anything after residency and fellowship! I’d say (1) stay uncomfortable—it keeps you current, invites opportunities, and puts you cutting edge, (2) stay true
to yourself—let your core values color those around you. It may seem counterproductive in the short term but will pay off in the long run, and (3) stay balanced—no explanation needed.

10. TELL US ABOUT AN INNOVATIVE PROCEDURE YOU ARE PERFORMING OR A NEW IMAGING/DIAGNOSTIC TOOL THAT HAS IMPROVED YOUR PRACTICE.

Beyond a procedure or diagnostic piece of equipment, I’d say that the most innovative project that I have been involved in with my partner, Dr. Patel, is the development of an app called Easy Drops over the past 2 years. It has changed the way we and other practices using our app function in fundamental ways. Easy Drops is a free app available on the App Store and soon to be available on Google Play. The core function of the app is an automated eye drop regimen reminder system, but this function is married to myriad rich features, such as a Compliance Meter, fully integrated Eyemaginations educational videos, appointment reminders, one-touch practice contact, social media sharing, and much more. What is unique about this app is that the surgery-specific eye drop regimen is triggered by surgical dates inputted by the
patient; the eye drop regimen itself is specific to the surgeon performing the procedure. I’m biased, but it’s quite brilliant! Anyone can get more information at easydropsapp.com.