

Oculoplastic Surgery: Specialized Surgery on the Structures Around the Eye

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Dr. Ransohoff: Hello, I'm Dr. Kurt Ransohoff, the CEO and Chief Medical Officer here at Sansum Clinic. I'd like to welcome you to Sansum Speaks, a speaker series presented by the Sansum Clinic Women's Council, led by Julie Nadel and Bobbie Rosenblatt. The series demonstrates our commitment to providing not only the highest quality healthcare but also informing and educating our community on important healthcare topics. These talks will be filled with valuable information presented by some of our most distinguished healthcare providers. The more you know, the more you will get out of your healthcare experience at Sansum Clinic. So again, thanks for joining us.

Well, welcome everybody. We're here to talk with Dr. Mica Bergman, Sansum Clinic's oculoplastic surgeon, and I promise that we will learn what an oculoplastic surgeon does along the way. First, a little background on Dr. Bergman. She grew up in Pennsylvania, and then for her undergraduate studies, she came to California to attend Stanford University where she received a degree in Biology. She then went to Vanderbilt Medical School where she got both an MD and a Ph.D. by enrolling in their medical scientist program, which accepts just 14 students a year. After completing her MD and Ph.D., she went to...she stayed at Vanderbilt to do a year of general surgery for her internship. And it's important to note that that is a very hard internship and that is not something that she had to do. From there, she came back to California and did her residency in ophthalmology at USC. She stayed at USC for an additional year of oculoplastic fellowship, and after that she did another year of fellowship with a very well-known oculoplastic surgeon in Los Angeles.

For those of you keeping track, that's six years of training after getting her MD and Ph.D. degrees. We're thrilled she saw Sansum Clinic for her home base back in 2018. So Mica, welcome. It really is a very impressive background and let's start with the first question, that's what exactly is oculoplastic surgery?

Dr. Bergman: So, oculoplastic surgery deals with the evaluation and management of conditions having to do with the eyelids, the tear-drainage system, and the orbit, which is the bony home of the eye.

Dr. Ransohoff: Okay. And so what are some of the more common conditions that you treat?

Dr. Bergman: So far and away the most common thing that I treat is a droopy eyelid. So, many patients as they get older, start to have eyelids that are drooping and getting in the way of their vision, and this can take one of many forms and so figuring out which form is taken in a particular individual and how we can best treat it is the thing that I do most commonly. The lower eyelids can also have malpositions, things like turning inwards so that the lashes are scratching the eye, turning outwards so that the eye is not well protected. I would say far and away those are the most common things that we treat additionally issues with tearing come up all the time and become quite disruptive in people's lives, and that's another major focus.

Dr. Ransohoff: I remember one time Mica, I ran into you in a parking lot at a supermarket and we were about 30 feet apart. And you said, "What's that thing on your eyelid?" Because I had a tiny little growth on my eyelid. So I assume that you were looking at eyelids so carefully because growth on the eyelid is also something that you are concerned about.

Dr. Bergman: Yeah, absolutely. Believe it or not, skin cancers on the eyelid are something that come up a lot, especially being here in southern California where people spend a lot of time in the sun. So looking at lumps and bumps on the eyelid and determining whether it's worrisome for a skin cancer or really overall very benign appearing is something that we do regularly, and then of course, treating the skin cancers when they do appear.

Dr. Ransohoff: The word plastics is in your specialty oculoplastic surgery. Does that mean that most of the surgeries that you do are plastic surgery in the sense of cosmetic surgery? Or maybe you could kind of explain, you know, what's the difference between, you know, a plastic surgery that may not be cosmetic surgery?

Dr. Bergman: Yeah, it's a great question. So, oculoplastic surgery encompasses both cosmetic surgery and also functional surgery. Functional meaning that it's relevant to a person's health. So for example, seeing better, keeping the eye healthier, this sort of thing. Far and away the most common procedures that I do are functional, are things that are medically indicated. But that said, there's also

certainly a cosmetic component to my work as an oculoplastic surgeon. Sometimes those surgeries are done in isolation and sometimes there're patients who are having a medically indicated procedure and decide, you know, while they're already undergoing that procedure, they opt to have a cosmetic surgery done at the same time. So many patients come in because their upper eyelids are drooping as we've talked about, and they're no longer able to see well kind of all around them. They have difficulty driving. They find that they're using a thumb or a finger to lift their eyelids if they could read, watch tv, these sorts of things. But while they're having that surgery, they opt, for example, to get rid of the lower eyelid bags, which is purely a cosmetic concern, and we just combine that all into one procedure.

Dr. Ransohoff: I see. So do you have patients that actually are trying to hold up their eyelids?

Dr. Bergman: We do. Not permanently, of course, but there are patients who yep, do mechanically elevate their eyelids on a daily basis to see better.

Dr. Ransohoff: And I know sometimes when I've sent patients who have droopy eyelids, maybe you could talk about how it is that you determine just how significant that problem is.

Dr. Bergman: Yeah, sure. So, part of it is just looking at them and relying on my expertise and experience and sort of listening to them and how they articulate what they're having trouble with. But we do have quantifiable measures as well. We'll do what's called a visual field test in many individuals where we ask them to look straight ahead and we shine a light in their peripheral field of vision. And then after doing that and assessing how blocked their field is, we tape their eyelids up out of the way sort of to simulate what surgery would afford them and repeat the test. And so, if a significant improvement in their visual field is seen we can assume that similarly, they would benefit from upper eyelid surgery.

Dr. Ransohoff: That must be very rewarding when you do that, and then somebody has a...I mean, you're really giving them a whole new, you know, opportunity to see better.

Dr. Bergman: Absolutely.

Dr. Ransohoff: I assume that's probably one of the things that may have attracted you to ophthalmology, is the ability to do that.

Dr. Bergman: Absolutely. You know, I love working with my hands. I love that ophthalmology and oculoplastics particularly is a surgical subspecialty. Also, oculoplastic surgery is interesting in that it really combines technical nuance. We're working with a structure that's just a few millimeters in thickness, but also with an element of sort of artistic expertise, which is to say that at the end of the day, I am working with structures that are located on a patient's face. And so in addition to needing to work well, it also has to look good. So combining that has been really rewarding, and I'll just mention one other thing, which is that most of the work that I do is really accessible to my patients. They understand what I'm doing and what kind of difference it's going to make. We can look in the mirror and I can show them, and so it affords a relatability that is also really rewarding and I think really nice for both me and the patient.

Dr. Ransohoff: And Mica, is everything that you do surgical, or is there non-surgical treatment that you provide as well?

Dr. Bergman: I definitely do a lot of surgery but I do have some conditions that I treat that are non-surgical. So for example, I have patients with eyelid spasm who I treat medically with Botox. Botox, of course, is also something that I do cosmetically, but it's used in both arenas. Sometimes as we sort of alluded to earlier, I'm just looking at and assessing lumps and bumps on the eyelid or evaluating a rash or an irritation on the eyelid. And then I think importantly, sometimes my job is to tell a patient they don't need surgery. So, for example, a patient might come in with a lower eyelid that's really drooping down, it's exposing some of their eye. Their family, for example, doesn't like it, but maybe that patient has medical conditions that makes surgery a greater challenge and they're not bothered by it and their eye is safe. And so in a situation like that, it might be something that we monitor and opt not to intervene on as urgently.

Dr. Ransohoff: What are the age ranges of your patients?

Dr. Bergman: You know, it really spans the spectrum. A couple of months ago I did a procedure on a child who was only five weeks old, and I've done a handful of procedures on people who exceed a hundred years old. So it really does stretch over the entirety of a lifespan. I would say the majority of my patients are probably between their sixties and eighties, but there's certainly everything in between as well.

Dr. Ransohoff: What would you have done on a, was that a five-week-old you said?

Dr. Bergman: Yeah, the five-week-old baby had a blockage in her tear drainage system that was causing a cyst that was making it more difficult for her to breathe. So I, in conjunction with one of the pediatric ENT surgeons went in to relieve that.

Dr. Ransohoff: Great. Wow. I'm just picturing how delicate and how small all of the structures that are small in adults must be in a five-week-old, so that's...

Dr. Bergman: We were using instruments that we don't tend to use on a regular basis for that baby.

Dr. Ransohoff: Yeah, I can imagine. What's the recovery like when you have to do a procedure, are they hospitalized? Are they all done as an outpatient? Can they see afterwards? Just kind of walk us through what typically happens.

Dr. Bergman: That's a great question. There is, of course, some variability based on the patient, based on the procedure, but by and large, the procedures are done in an outpatient setting. Some procedures are done under local anesthesia alone, others are done under general anesthesia, and in some cases, patients have a choice based on their own preferences in our conversations in the office.

Everybody goes home the same day, usually without any patch or band-aid. On occasion, we'll use it, but it's infrequent. Patients tend to be pretty bruised and pretty swollen for about a week to 10 days after surgery. But interestingly, that doesn't correlate with their pain. The level of pain tends to be minimal, if not absent in most patients. Patients can see after surgery. Sometimes the vision is a little bit blurry just because the eye has dried out a little bit or because the blink reflex isn't quite as strong right after surgery, but by and large, patients are pretty functional. I ask them not to, you know, do vigorous activity or vigorous exercise because I don't want any of the sutures to break. But going for walks, doing things around the house, reading, watching tv, all totally fine.

Dr. Ransohoff: You know, Mica, in the introduction I mentioned how you did your internship in general surgery. In my experience, that's pretty unusual for an ophthalmologist. What made you wanna do that? And maybe you could just talk about that.

Dr. Bergman: You know, I knew that I wanted to stay at Vanderbilt for my intern year. I had a really great experience in medical school. I had a great community both in the hospital and outside. So I was choosing between Vanderbilt General Surgery and Vanderbilt Internal Medicine, both of which have their own cultures, both of which are great. And I think two things led me to stick with general surgery. First of all, the program director was really willing to customize

the year to make it beneficial for me. He knew that I was going into ophthalmology and he let me do rotations and things that would be relevant. So things like plastic surgery, what else, ENT pediatrics, this sort of thing, and really make it a year that would benefit me. But on top of that, there are, I think a set of skills that help any surgeon, and I think that that skill-set I was really able to build up and to start to gain from an earlier stage in my training by doing that surgery intern year.

Dr. Ransohoff: You know, when I look at the trajectory of your educational career, you've never seemed to have taken the easy path. You know, you got a Ph.D. and an MD. When choosing an internship, you chose general surgery, which is, you know, just for people who may not know, it's one of the harder internships I think everyone would agree on, but it's a great explanation. What are new frontiers in oculoplastic surgery? What's coming down the pike?

Dr. Bergman: Yeah, it's a great question. By and large, progress in oculoplastic surgery is really incremental. It's people figuring out modifications of existing techniques or applying particular techniques in situations in which they weren't previously used. There's one recent exception, which is that within the last two years, a systemic therapy was FDA approved for thyroid eye disease. Thyroid eye disease being a condition that can cause bulging eyes, difficulty with the optic nerve, eye movement disorders. So now instead of surgical intervention for a subset of these patients, we can do a six-month IV infusion therapy. And so it's really exciting to be in the field at a time where this new therapy is just coming to fruition, is just being explored, and starting to understand how that's going to influence the management of the condition.

Dr. Ransohoff: It's funny, I saw a TV commercial on that medication just last night, and I thought, wow, that's A, amazing then B, that it's amazing that they're advertising it on television.

Dr. Bergman: Agree, on Best Friends.

Dr. Ransohoff: Yeah. Hey, I just wanna switch gears a little bit and maybe talk about something that you like to do in your personal life. I remember, Mica, when we interviewed, I asked, you know, routinely I'll say, what do people do for fun? And I'm used to hearing, you know, hiking or golfing or running and, and I remember you said, "I like to do flying trapeze," and I kind of thought I wasn't hearing things correctly because, you know, you would be definitely the first MD Ph.D. surgeon I know who does the flying trapeze. I think you've probably sensed my incredulity because you actually sent me a video of you doing the trapeze, but maybe you could tell us a little bit, just that is kind of an

unusual thing. Certainly an unusual thing I think for an eye surgeon. Maybe you could just tell us like, how did that all come about?

Dr. Bergman: Yeah, it's a great question and it is something that I absolutely love doing. I was a gymnast growing up, so I had a proclivity for adventure and for flips and this sort of thing, and it was on a family vacation when I was about 16 that I first discovered the flying trapeze. As you can imagine, there's not a place to do it in every city. So it's been something that has largely actually been absent from my life until I moved to Los Angeles, where I got just super into it. It is for me just so much fun, such a just joyous activity, and also something that's a constant challenge. You know, you can always make a trick a little higher, a little better, a little, an extra flip or twist or something like that. And then as luck would have it, about a year after I moved to Santa Barbara, the Santa Barbara Trapeze company came to Santa Barbara as well. So now it's something that I can do every week and it's been awesome.

Dr. Ransohoff: Are you Dr. Bergman at doing the trapeze or do you have a trapeze name?

Dr. Bergman: I am absolutely not Dr. Bergman, but in jest, one of the owners calls me Dr. Mica, and it is more common that people call me Mica.

Dr. Ransohoff: Well, that's great. I think that we actually are gonna have a video, so let the people watching see your unusual hob.

Male Speaker: [inaudible 00:17:48]

Dr. Ransohoff: All right. Well, that I think is a great note for us to end on and it also people can see that you've actually survived that trapeze outing, which is a positive note to end on. You know, I wanna thank you so much for taking the time to educate our patients about the expert care that you offer. I think you're a really great example of how Sansum Clinic has been able to bring people with your credentials and really sort of big-time, big-city medicine to our small community where you then provide this expert care with small-town compassion as well. So I wanna thank you again for telling us about your specialty, and we look forward to talking with you again as your field continues to expand. Thanks again.

Dr. Bergman: Thanks a lot, Kurt. This is a lot of fun and I appreciate being here.

Dr. Ransohoff: Thank you for joining us for Sansum Speaks. We hope you found this to be a valuable information. To view all of our talks, please visit sansomspeaks.sansumclinic.org.

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