



Alex Azar, M.D.

by Robbie Raffish

It might be a bad pun to say that Dr. Alex Azar, one of the region's premier eye surgeons, was "a visionary" – but it would also be true. In 2011, Dr. Azar will celebrate his 35th anniversary practicing ophthalmology on the Lower Shore, and while he gave up surgery last year, a little arthritis in his hands hasn't kept him from seeing a full slate of patients, nearly every work day at his practice, Azar Eye Institute (AEI). His firm has been a top-ranked performer in both 2009 and 2010, in the national AAAHC Cataract Surgery Benchmarking Study, and Azar was just awarded the *Allan D. Jensen Part-Time Faculty Teaching Award*, from Johns Hopkins University.

At age 71, Azar's not about to retire any time soon. The son of two Lebanese immigrants, Azar learned his work ethic at an early age, working first in the family's small grocery store, and later in a series of taverns they owned. Azar was the first in his family to go to college, which was just the "first" of many "firsts" in his career.

Q: Did you know you wanted to be an ophthalmologist when you applied to college?

A: I was the first in my family to apply. We didn't have a lot of money – I don't think I even had a "primary" doctor to list on my application as a reference. All I wrote was that I wanted to go to medical school ... and I got in without completing college... pretty surprising. (*Azar graduated Alpha Omega Alpha from University of Pittsburgh.*)

Q: How did you come to Delmarva?

A: I was working at DuPont on a team developing the first permeable contact lenses, when a colleague mentioned there was a great need for eye doctors on the Lower Shore. I had been thinking about going into private practice, so I looked into it. In 1976, I joined Dr. Robert Dickey's practice, on a handshake, believe it or not; a far cry from today's employment contracts and formal business plans. Dr. Dickey stopped doing surgery the day I arrived.

Q: What was the Lower Shore like back then for an eye care professional?

A: The colleague who suggested I look for work here really understated the need for eye surgeons. For the first two or three years after Dr. Dickey retired, I was the *only* eye surgeon, between Dover and Norfolk, except for Cambridge and Easton. I spent nearly three years on call, every single day and night. The only day I took off was to complete my surgical board exams.

Q: Over the years, you have been the first eye surgeon to execute a number of operations and procedures in the region. Tell us about a few that are memorable.

A: When I first got here, I was in surgery almost immediately for Dr. Dicky, and I was supposed to be doing the first micro-cataract surgery on the Lower Shore. However, when I got to the operating room, the hospital didn't have the equipment; it had to be ordered, which was of no help to the patient who needed the surgery. As it happened, when I completed my residency at Ohio State, I was allowed to take some surgical instruments they were replacing – fortunately the very ones we needed. So, the first implant operation took place. I remember the patient was the captain of the Cape May/Lewes Ferry, and he had to talk me into doing the procedure because it had not been done on the Shore before. When I took the bandages off, he could see clearly for the first time in a long time, and I remember him saying to me, "Aren't you glad I talked you into doing it?" It was a wonderful day.

Q: In the early days, you remained one of the only eye surgeons in the region. How were you able to keep up with technology at a time when the Shore was far more remote?

A: I was responsible for the first "trabeculectomy" – glaucoma surgery – and the first "phaco implant" (another cataract procedure), and I say that to illustrate that I never let the distance get in the way of learning.

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For many years there was a pig slaughterhouse in Pocomoke, and every few months I would go there to pick up pig eyes on which I could practice new techniques. I also developed and have maintained, to this day, very strong relationships with eye surgeons in Philadelphia, D.C. and Baltimore. In the early days, I would call them often for advice and information.

Q: You have seen a lot of new technologies introduced. Have they made it easier or harder to keep a personal relationship with patients?

A: Believe it or not, easier. Now we have entire case histories all in one place, and everything cross-indexed. I have more time to talk with my patients about eye care *and* about their life outside of my office. Our website www.azareyeinstitute.com has a great deal of information that used to only be accessible to patients at the office. Email helps keep appointment schedules; and of course, medical technology keeps changing for the better.

Q: What is the next "big thing" in eye care?

A: I think it will be stem cell research for combatting retinal disease, which is a very exciting prospect. Also, computer chips that can be implanted in the back of the eye – the hope is they will allow the blind to see images. Research at Johns Hopkins (where Azar teaches) looks very promising.

Q: When you started out, did you think you would have a practice of this size – seven doctors and soon a third office, opening in Ocean Pines in March?

A: There was no Grand Plan. I came here and liked it; raised my children (Alex II, a vice president at Eli Lilly and a former Assistant Secretary of the Department of Health & Human Services; and Stacy, a mathematics instructor at The Salisbury School, which also helps with AEI's insurance programs,) and met and married the love of my life, my wife Wilma. My practice just grew and grew, and in 1997 Peter Filipov joined me and we opened AEI.

Q: What spurred the growth?

A: I think the primary driver is our commitment to patient satisfaction. Our practice has moved many times, and each time, I rediscover that I have the most loyal and dedicated patients. Over the years, I've treated tens of thousands of patients. I joke that, while I sometimes cannot remember the names, I can always recognize the eyes.

Q: You've not yet retired. Will you?

A: I don't think so. I believe that every person has to have a reason to get up in the morning. For some people it's golf, for others carving ... for me, it's seeing patients. My dad worked until he was 83 years old, and he was a good role model. I teach at Johns Hopkins, which helps keep me young, the exposure to students. Also I work with a tremendous team of doctors and staff. While I like reading spy and mystery novels, and spending time with Wilma and the grandchildren, this is what I was made for. GLM

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