

A large, stylized graphic of the letters 'M' and 'A' in shades of orange and red. The letters are thick and have a slightly irregular, hand-drawn appearance. In the center of the 'M' and 'A', there are two black rectangular boxes. The top box contains the letters 'O F' in white, and the bottom box contains the letters 'V I S I O N' in white. The overall composition is clean and modern.

M
A
OF
VISION

Ophthalmology's
Roger Hiatt is Stepping
Down After Nearly Thirty Years

BY BRUCE VANWYNGARDEN ■ PHOTOS BY GARY WALPOLE



DR. ROGER HIATT

PHOTO ILLUSTRATION BY DUNG HOANG

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THE TINY DARK CHILD

in green surgical pants lies motionless on the blue operating table. His eyes are closed, his arms splayed, his small brown palms relaxed and open. He doesn't see the seven people moving efficiently around him under the bright lights of the operating room. He doesn't hear the beeping monitor that marks the quick pulse of his heart. He can't feel the Velcro strap that holds him to the table, or the tube that's been inserted into his throat, or the soft blue cushion under his head. He's unaware of the surgical wrap being pulled over his entire body, that covers everything except for his deep brown eyes, open now, staring blankly into the lights. □ Little Dontavious was born with strabismus, a malfunction of the eye muscles that has made it impossible for him to focus his eyes. The first year of his life has passed in a blur of light and movement. Today he will undergo corrective surgery with Dr. Roger Hiatt, chair of the University of Tennessee ophthalmology department, and resident fellow, Dr. Tom Teather. They will detach, and then reattach, one of the muscles on each of Dontay's eyes, literally making it possible for him to see straight.



"I CAME ALONG BEFORE MEDICARE, BEFORE FULL-TIME FACULTY. I BUILT

Hiatt pulls on his surgical gloves, a brief puff of talcum visible in the light. He and Teather seat themselves on either side of Dontay's head. They move quickly and surely. Hiatt will do the left eye first, then Teather will do the right.

The initial incision reveals the muscle, a belt-like band attached to the milky white sclera of the eye. "There," Hiatt says, explaining the procedure as he goes. "The muscle's attached in the usual spot, but it's overactive, so you loosen it up by taking it off and moving it back, like a belt." Sutures are passed through the muscle three times before it is severed in order to maintain control of it. Then, gently, the muscle is cut at its base until it separates from the sclera, retracting slightly as the tension on it is released.

Taking a small caliper, Hiatt measures three millimeters back and six millimeters up on the eyeball, a distance that has been predetermined through an office examination. He pushes the tip of the calipers lightly into the sclera and it leaves a slight depression, marking the spot where the muscle will be reattached. Now the muscle must be sewn back onto the sclera, taking care not to penetrate its 1/2 millimeter thickness. "If you go too deep," he says, "you're into the eye." Hiatt deftly slips a tiny spoon-shaped needle under the top layer of membrane, drawing

the suture from the muscle through behind. He ties it down and stitches up the initial incision. Nine minutes into the surgery and the first eye is done.

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STRABISMUS SURGERY IS A COMMON PROCEDURE, AN everyday miracle; doctors of the UT ophthalmology department perform more than 300 of them each year. Nonetheless, for the children who receive the gift of eyesight, there is nothing commonplace about it. Just as there is nothing commonplace about the ophthalmology department, or the man who has led it for nearly 30 years, Dr. Roger Hiatt.

This is Hiatt's final year as chair of the department. Though at 64 he's still relatively young and by his own admission at a high point in his career, he's decided to take on another challenge. It's a decision that he hasn't made in haste.

"I've felt for quite a while that at some point in my life I wanted to do something different," he says. "Paradoxically, I'm at the peak of my career right now; I have the best practice, best staff. And I'm doing the best surgery I've ever done. People ask, 'Why leave?' And I say, because if I don't do it now, I never will. You can't wait until your health changes. So my wife, Nancy, and I are going to be a missionary team somewhere overseas. We don't know

ON A FOUNDATION THAT WAS LAID BY THOSE WHO CAME BEFORE ME."



“I’VE TRAINED 110 DOCTORS NOW. THEY CAN GO ON AND OPERATE

what country yet. We do know it’s a three- to five-year commitment.”

The commitment to a mission for The Church of Jesus Christ of Latter-day Saints may seem an unlikely decision for a successful surgeon to make, but those who know Hiatt well say it’s typical of a man who has long put service ahead of self.

Hiatt was born and raised in Mt. Airy, North Carolina. After graduating from Southern College of Optometry in 1949, and a brief stint at Memphis State, Hiatt entered the Navy and served for three years. In 1955 he returned to Memphis and was accepted at UT College of Medicine. He received his M.D. in 1958, and served an internship, and later, an ophthalmology residency at the Medical College of Virginia. In 1964 he returned to UT Memphis and was named department chair in July of that year.

He’s seen great changes in the practice of medicine and in the UT College of Medicine through the years. He sees even greater challenges ahead, and he’s not altogether confident it will be for the better.

“I’m leery of centralized medical planning,” he says. “I’m not sure how private hospitals are going to continue to be able to give the kind of care they’ve been giving if their incomes are cut. But as doctors, even if we may not like health care reform, we are going to have to adapt.

And the future generation is going to have to act on the circumstances they’re given, just as we did.

“I think the challenges of medicine are going to be different in the future, more social in nature. I’m afraid there may be less joy in medicine as it gets more complicated.”

There is little doubt that Hiatt finds joy in his practice of medicine. You have only to follow him from Le Bonheur, to Methodist, to a board meeting of the UT Medical Group, to see him interact with fellows, residents, patients, and secretaries, to know this is a man who relishes his profession.

“I get to be so many things,” he says. “An administrator, a surgeon, a politician, a mediator. It’s always interesting, and always a challenge.”

Hiatt has a clear sense of his role in the history of ophthalmology in Memphis. He is only the third chair in the department’s 75-year existence. “I came along before Medicare, before full-time faculty. I built on a foundation that was laid by those who came before me. Now someone else will come along and build on what I’ve worked to create.”

Typically, however, Hiatt is not leaving progress to chance. He’s helped to lay a very real foundation for the department’s growth by creating an advisory council made up of graduates and friends of the department.

ON PEOPLE, AND I CAN GO ON AND TRY SOMETHING NEW.”

They, in turn, are setting an aggressive agenda for the future, including a multimillion dollar fund-raising effort and plans for building a centralized home for the department.

"The whole purpose of this advisory group," says Hiatt, "is to provide insight and input, to be a support group, to help us tie public and private sectors together to face the issues confronting the department. I've been thinking about a group like this my entire career, and now that I'm leaving, it's finally happening."

There is no irony in his voice when he speaks of his departure, only pride, not only in having served his university and his profession well, but in having sown the seeds for its future growth.

"You see," he continues, "the idea of the advisory council is bigger than I am. If it's not, then it wasn't needed. I'm optimistic that we've hit on an idea that's going to survive. So many people are involved with it now that the new chair would be crazy if he doesn't make it a top priority."

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UNDER THE BRIGHT LIGHTS OF THE OPERATING ROOM, Hiatt has moved from his role as surgeon to one of teacher. He watches as Dr. Teather makes the initial incision on Dontay's right eye. "The teacher does one eye," he says. "Then the student does one. That's how you teach at this level, not in lecture halls. It's all one to one, and it's the only way to do it right."

The quick, steady beeping of the patient's heart doesn't vary as Teather sutures the muscle and prepares to cut it away from the sclera. "That's it," says Hiatt, explaining to the room at large. "Three passes through the muscle... then he moves the eye back, then he moves the needle through here... like that. Then he pushes it back and ties it... Now we measure back three and up six, keeping it circumferential with the cornea so it doesn't sag.... That's good.... Good."

The second eye is soon done. Dontavious Taylor has been in surgery for a total of 23 minutes, a time that Hiatt notes with pride. "The old man took 9 minutes; the young guy took 14," says Hiatt, laughing. "Write that down."

On the table, the patient literally looks the same as when he arrived. There is no evidence that an operation has taken place. "The incisions are made up under the lid," says Hiatt. "You can't even tell we were there now."

"We've learned," he continues, "that the eyes heal just as well without patches, so when this one wakes up it won't be dark; he'll start using his eyes immediately. If he were school age, he'd be back to school on Monday."

"It's amazing, really. Parents tell us how the kids start looking at everything; they're seeing in three dimensions for the first time. Suddenly they see the world around them."

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HIATT IS PREPARING HIMSELF, OF COURSE, TO SEE MORE of the world as well, beginning next summer. He is reflective about the move, aware of its possible rewards—and its costs. It is a time for summing up, as well as looking ahead. "I think I've accomplished most of the things in medicine I wanted to do," he says. "I've got enough certificates on the wall; I've climbed most of the mountains; I've trained 110 doctors now. They can go on and operate on people, and I can go on and try something new."

Hiatt exudes an optimism rare in people half his age, a sense of true idealism. "I want to make some difference yet in life. What I'm going to be doing will make a contribution to making the world better. I'm at that stage in life when I'm financially and physically able to do it. After I've done that, I might go back to some administrative or service-oriented medical work, but my odds of going back to active ophthalmology are pretty small, because I'll lose the skills." He pauses. "I don't expect to ever go back to operating again. I hate that, but it's a trade-off."

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THE ANESTHESIOLOGIST PULLS THE OXYGEN TUBE OUT of Dontay's throat. "He watches the patient's chest," Hiatt says, pulling off his gloves. "He wants to make sure the child is breathing on his own. This is the most critical time for the anesthesiologist."

Dontay is definitely breathing on his own. He starts to move, groggily, lifting his arms from the table, bending his knees. He gags, tries to cough, tries to regain consciousness, cries out. A nurse lifts him off the table and to her chest, out of the bright lights. She lays him gently on a gurney and wheels him out of the operating room, into recovery. Into a new life.

For it's certain, on this Friday in October, that Dontavious Taylor's life has been irrevocably changed. He won't remember the experience, of course. And as he grows he'll probably forget how cloudy his world once was. But his family will remember this day, and when he's older they'll tell him all about it. About the day Dr. Hiatt and Dr. Teather turned his world around, about the day he started to see. □