

An Interview With...

Each month, *ASDS* profiles a different member of the society. This month, we talked with *ASDS* Fellow John Vine, MD from Princeton, New Jersey. Dr. Vine mentored under Drs. Donald Grande, Bruce Nelson and Hugh Greenway and now focuses his practice primarily on Mohs micrographic surgery.

What made you decide to become a dermatologic surgeon? Who has been the most important influence on your career?

During my fourth year of medical school, I was fortunate to do an internship with Donald Grande, MD, who at the time was head of the Mohs/dermatologic surgery unit at Tufts/New England Medical Center. I marveled at his surgical skills and how he oversaw his team. As a resident at the University of Texas/M.D. Anderson Cancer Center, I worked with Bruce Nelson, MD. His combination of outstanding surgical skills, intensity and humor helped solidify my desire to become a dermatologic surgeon. I did my Mohs/dermatologic surgery fellowship with Hugh Greenway, MD. In addition to sharpening my surgical skills, I learned the value of hard work, attention to detail and compassionate care. In essence, I am a combination of all my mentors, and draw on my experiences with them on a daily basis.

What is the focus of your practice?

The focus of my practice is Mohs micrographic surgery, reconstructive and cosmetic dermatologic surgery. I perform Mohs four days a week. I have developed a special interest in the treatment of axillary hyperhidrosis. Specifically, I utilize a superficial tumescent liposuction technique to help achieve long-term sweat reduction.

What's been the most important innovation in dermatologic surgery?

Mohs micrographic surgery fresh frozen tissue technique is probably the single biggest innovation in our field. It has enabled us to treat skin cancer effectively and efficiently as an in-office procedure. Thanks to the efforts of Jeffrey Klein, MD, the tumescent technique has greatly improved the safety of liposuction. Indeed, local anesthesia itself is something that all of our practices depend on. Botulinum toxin injections and the newer filler agents are two more recent innovations which have greatly enhanced our field.

What innovation got more hype than it probably deserved? Why?

CO₂ laser resurfacing. While it certainly still plays a role in the treatment of the aging face, initially it was used too aggressively by some, leading to potential sequelae (e.g. hypopigmentation) sometimes not apparent until months after the initial post-operative period.



John Vine, MD

What was the best item you purchased for your practice?

The Iridex 532nm KTP laser. It is compact, economical and works well on vascular and some pigmented lesions.

Tell us about your most memorable patient.

As a group, my Mohs patients are the most memorable. On a daily basis I am effusively thanked for treating them so well, so much so that at times I feel somewhat uncomfortable. Their appreciation is the most rewarding part of my job.

Complete the sentence, "I can't live without my..."

...staff. Training and treating my staff well, and surrounding myself with people who are capable and positive enables me to focus on what I am best at -- being a dermatologic surgeon.

What are your interests outside of dermatologic surgery?

I am an avid tennis player and recently took up squash. I have also played the drums for many years and am currently taking lessons to improve my skills as a jazz drummer.

Where do you see yourself in five years, both as a dermatologic surgeon and personally?

In five years the focus of my practice will be similar to what it is at present. However, it is likely that I will take one full day off a week to spend more time and energy on my outside interests, which, of course, would include more mixed doubles with my wife.

What would you have done differently in your practice knowing what you know today?

I may have chosen a larger office space. However, my office is part of the hospital complex, and this is comforting to my patients.