



## AARON COHN, MD

### *I became a doctor because*

Medicine gives me fulfillment as it combines the rigors of science and the freedom of an art. Its rigors are shaped by research and knowledge honed over hundreds of years. All physicians learn the basics during our early years of medical school and residency. This core knowledge evolves continually and expands with each new article and textbook we digest.

Medicine is an art, a craft that gains in precision with every patient encounter. Through the interaction with patients I gain fulfillment and wisdom, complementing the scientific core knowledge. The practice of medicine is learned through the application of theories born out of studies of large population cohorts. I find the melting of this aspect along with each patient encounter keep me engaged and pushes me to continue learning to provide the best care for my patients.

**Certification:**

American Board of Ophthalmology

**Glaucoma Fellowship:**

University of Illinois at Chicago

**Ophthalmology Residency:**

Beaumont Eye Institute

**Internship:**

William Beaumont, Royal Oak, MI

**Medical Degree:**

Thomas Jefferson Medical School, Philadelphia, PA

**College:**

BS: Brandeis University, Waltham, MA

**Ophthalmic Specialty:**

Glaucoma and Comprehensive Ophthalmology

**Membership:**

Michigan Society of Eye Physicians & Surgeons

American Medical Association

American Academy of Ophthalmology

American Glaucoma Society

### *My Vision is making a difference to those around me*

Cataract removal is the most common procedure in ophthalmology; yet its power to restore vision cannot be discounted. In Ethiopia, I witnessed and participated in this life altering procedure. Numerous people shuffled into our clinic assisted by family or a cane and then walked out several days later unaided after surgery. This is a major part of why I've pursued ophthalmology.

While cataracts are the most visible cause of vision loss, there are a myriad of other ailments that can affect our patients. Glaucoma is where I hope to make the most difference. Glaucoma is the silent thief of vision and can go undiagnosed late into its course at which point central vision may be permanently lost. With directed screening of the high-risk population, these patients can be identified and treated earlier in the course of glaucoma, potentially preserving their vision.

### *Innovation leads to better care*

Innovation is driven by our clinical observations. To move forward and innovate we as physicians must first be able to correctly diagnose what comes through our office. Glaucoma is a collection of diseases whose end result is damage to the optic nerve creating a peripheral visual defect. Mapping this defect has shaped the way we diagnose glaucoma and by using the technology of visual perimeters we are able to uncover existing disease. Newer technologies utilize light waves to map the optic nerve itself and may be able to show disease before it affects patients clinically. Thus creating the potential to prevent vision loss.

The future of glaucoma and medicine in general is in our genetic code. Currently we know of multiple genes that can cause glaucoma, these are mostly confined to esoteric types of secondary and juvenile forms of glaucoma. In the future, a swab from the cheek could uncover a genetic defect resting in an individual patient. In parallel with this, new medications and surgical techniques aimed at minimizing complications and improving the efficiency of our current treatments arise.

Take a Closer Look®

