Editorial

Reminders and Regrets

Despite repeated editorials, communications, highlights, tips, pearls, lectures, seminars in the past I regret to say that still a considerable lot of ophthalmologists ignore the valuable recommendations of their learned colleagues in their clinical practice resulting in unsatisfactory at times catastrophic outcomes for their patients both in public and private setups.

In my farewell editorial I would like to remind once again these golden rules of the game.

1. The most important investigation in glaucoma is Gonioscopy to determine the type of glaucoma for appropriate management.

   In angle closure glaucoma miotics (like pilocarpine) are the only logical treatment while Iridotomy (laser) or Iridectomy (surgical) are the ultimo. Extensively advertised, glamorous and costly drugs like beta blockers, alpha adrenergic agonists, topical CAI and prostaglandin analogues are meant for management of open angle type of glaucomas and have insignificant role in angle closure glaucomas.

   When filtration is indicated use mitomycin like drugs with great caution due to post operative hypotony and later thin blebs getting infected. Try alternative measures like releasable sutures, suture lysis and various other bleb management techniques.

2. Prevention is better than cure.
   In addition to ensuring the cleanliness and sterility of the operative field, lid margins and eye lashes, instil a few drops of povidine–iodine solution in the conjunctival sac for a few minutes before surgery.

   Despite controversies preop prophylactic antibiotic drops; intra cameral antibiotics preop or at the end of surgery sub conjuctival injection of antibiotic-steroid are still recommended. Your surgical maneuvers should be gentle, least traumatic and purposeful.

3. Diabetic blindness is assuming empidemic proportions especially in our country. Patients need proper advice regarding tight glycemic, hypertension and lipidemic control, dietary regulation and exercise. Laser treatment is still the mainstay for proliferative and maculopathy cases. In certain situations intra vitreal steroids or anti-vegf injections like avastin are indicated but injudicious use is causing serious complications.

4. Uniocular congenital cataract surgery should be done with a lot of reservations. Prevention of amblyopia is not a convincing outcome in our set ups and the rate of complication are significant.

   Avoid insertion of IOL after cataract surgery in juvenile Uveitis.

5. Treatment of accommodative esotropia is not surgery because the parents dislike glasses. Surgery in such cases will have adverse effects in passing years.

6. Despite continuous better and safer techniques of cataract extraction, the dilemmas of post operative complications are still no less grave at times. Hence the basic indication of cataract surgery still remains when it interferes with normal routines of the patient.

   Drugs claiming to stop cataract formation and progression are not substantiated by any authentic study and are an economic strain in a poor country.

   In dropped nucleus during cataract surgery do not fish for it in the vitreous cavity if you are not a trained vitreo retinal surgeon. To avoid serious complications refer to proper facility.

7. In bacterial infective keratitis, the instillation of appropriate antibiotic drops should be intensive and to be continued even during sleep by attendants.

8. Refractive surgery should never be done without proper topographic evaluation (Like Orbscan &

pupillometery). Post operative ectasia is a serious complication if excessive tissue is removed.

9. Pars plana Uveitis like cases should be treated with steroids only if the vision is effected. To avoid systemic steroid side effects, try deep sub tenon steroid injection or consider anti metabolites as such or in combination with steroids.
10. Imaging investigations are expensive and not without risks. These should be ordered to facilitate clinical localization and expectations of particular findings to reach proper diagnosis, plan appropriate management and provide more accurate prognosis of the history of the disease and these should be ordered only if the information is not available by simpler safer and less expensive means.
11. If a patient comes to you for second opinion after an unsatisfactory outcome of previous procedure else where be very kind, courteous, helpful and reassuring in a positive way to relieve the patients anxiety, grief, agony, anger and disappointment.
12. Write comprehensive, legible, detailed account of treatment given to patients especially the surgical procedures. Note down any complication or untoward happenings and their management. Such information in future will guide for understanding the status of the structures, tissues and their response to further manipulations for providing better care to patient by you or someone else.
13. Use of antioxidants is a fab without any significant proof of real benefit in degenerative conditions of the eye. A carrot, radish, cucumber, orange , apple or guava etc are a lot more cheaper, affordable, palatable and nourishing compared to costly anti oxidant pills for poor populations in particular.
14. Be and always remain with it by acquiring the latest through all possible means.
    With best wishes

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