

Sharpen Your Ophthalmic Surgical Skills!

NEW Clinical education DVDs from the American Academy of Ophthalmology



Watch as experts demonstrate a wide variety of ophthalmic tools and procedures. Academy DVDs offer **informative, vivid footage and expert commentary.**

Diagnostic Imaging of Retinal Disease

*Exec Editors: Srinivas R. Sadda, MD;
Alexander C. Walsh, MD*

Learn how fundus photography, angiography, autofluorescence, ultrasound and optical coherence tomography (OCT) are used in the diagnosis of retinal disease. Hear about the basics of each technique and important features to recognize for diagnosing common retinal disorders.

Complications During Cataract Surgery: Anesthesia, Positive Pressure, Zonular Damage, IOL Problems and More

Exec. Editor: Robert H. Osher, MD

Dr. Osher discusses the problems that can occur suddenly and unexpectedly during cataract surgery, and demonstrates management strategies gleaned from more than 30 years of experience.

More Academy DVDs

Complications During Cataract Surgery: Thermal Injury, Iris Prolapse, Choroidal Hemorrhage and Dropped Nucleus

Plastic Surgery of the Eyelids

Repair of the Open Globe

**To order: visit www.aao.org/store
or call 415.561.8540**

 **AMERICAN ACADEMY
OF OPHTHALMOLOGY**
The Eye M.D. Association

Letters

Surgeons as Healers

I read with interest “Study Finds That Cataract Surgery Review Can Wait” (News in Review, September). The results of this study showed that patients’ outcomes were no different whether a patient had a one-day follow-up or a two-week follow-up after cataract surgery. I understand the reasons to study this, but I think that, as a profession, we are missing the point.

With most surgery, there is very little that is altered in the early postoperative period. What surgeons do—and this can really only be done by the surgeon—is to provide compassionate guidance, understanding, and support as the patient goes through the process of healing.

When I was in medical school, one of my professors, an orthoped, explained during one of our lectures that surgeons have a special bond with patients because they actually get inside of their bodies. I sometimes feel that our profession is neglecting its full responsibility to the patient with delegation of postoperative care to optometrists.

I think it is time that we ophthalmologists reexamine our motivations and our profession: We need to fulfill our role in the healing process, as well as our role in the OR.



Last month’s issue is online at www.eyenet.org/archives.

I will, however, also point out that in the study, the next-day review patients and the non-next-day review patients had similar rates of postoperative complication. However, one complication that showed up in the next-day review was iris prolapse. If this were detected in the non-next-day review, this patient would probably have a much higher risk of endophthalmitis, which may have significantly skewed the outcome.

Although the work of Irini P. Chatziralli, MD, is enlightening in regard to the timing of postoperative follow-up, it does not address the value of the surgeon’s ability to provide compassion and hand-holding. I ask all ophthalmologists to be healers, and not technicians, as this is an essential aspect of our profession.

*Mark F. Ozog, MD
Great Falls, Mont.*