Editorials

There was a time when an ophthalmic ward would be full of patients wearing not only one eye pad but two. At Moorfields they were fixed on by means of a brassiere-like contraption, but I have no doubt in other institutions there may have been other methods, such as swathes of crepe bandage skilfully wrapped round the patient’s head or even, in one surgeon’s hands for certain patients, a plaster-of-Paris cast. One of my earliest memories as a junior house-surgeon (the title of ‘resident’ was not in use in those

Editorial: Postoperative eye padding

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days) is of a senior surgeon who had just lost vitreous at the end of a classical Graefe knife—no sutures extraction, staring with some annoyance at the section, which was opening and shutting like the mouth of a fish, and then saying 'please put a pad on it.' It is difficult to accept nowadays that an eye could have been abandoned to its fate in such a manner, but one has to realise that sutures, cellulose sponge swabs, and even the idea of cutting vitreous with scissors, let alone with a high-tech machine, were outside the scope of normal ophthalmic surgical practice in those days; I am speaking of almost 40 years ago. But the eye pad had an important, almost mystical symbolic role as signalling the end of the operation and in continuity for the next fortnight or so guarding the patient against the evils of postoperative complications of various sorts. Whether it actually did any good is open to question, but it certainly helped the patient's and the surgeon's morale, and I have to admit that in the case just described the eye did not look too bad the next day. The gradual retreat from the double pad to the single, and in its turn to no pad, has been just a part of the gradual liberation of the patient from the 'doctor's orders' style of medicine in which lack of effective therapy was concealed behind a facade of impressive regulations, ceremonials, and treatments of dubious value.

The article on page 699 of this month's issue reminded me of the vitreous loss incident mentioned above and prompted me in turn to try to remember when I personally changed my attitude to eye padding. The first change would have been from double to single padding and the second to giving up the pad in favour of the cartella shield. I believe I may have given up double padding about 20 years ago but single-padding a considerable time later, probably only a few years ago. I think that subconsciously I have always been a bit doubtful about padding, but nowhere have I felt this more strongly than in the case of postoperative hypotension with wound leakage or excessive subconjunctival drainage following anterior segment intraocular surgery. Squeezing out even more aqueous humour by the application of a firm pad and bandage has always seemed to me an inappropriate form of treatment or, to put it more bluntly, rather stupid.

However, one must not be too critical of padding. Many years ago I did an operation for strabismus on a charming ophthalmic nursing sister from my own hospital. As one would expect in such an important patient the first operation was not a complete success and a second had to be performed. The point of the story is that on one occasion we padded the eye and on the other we did not. I cannot remember if we padded the first or the second time, I rather think it was the second. Anyway she was quite definite in her opinion, the time she had the pad on postoperatively she was much more comfortable. This was clearly an inadequate scientific experiment, but nevertheless it convinced me that pads certainly have their uses, and one should not forget that, all other things being equal, the patient's comfort has to be remembered. It comes as no surprise, on reading the current article, to learn that the pad probably makes no difference to the bacteriology of the postoperative eye, and it seems that we are left with the final conclusion that to pad or not to pad is probably not a matter we should lose too much sleep over. Maybe we should leave it to the patient to decide.

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Reference

Postoperative eye padding.

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