Cataract lens extraction and posterior chamber lens implantation in Korean subjects

EDITOR,—We read with interest the article by Kee and Moon1 on outflow facility and intraocular pressure (IOP). We have been interested for some time in the effect of cataract surgery upon measured IOP. Previous studies have shown a reduction in IOP after cataract surgery2,3 and have suggested implications for combined cataract and filtering surgery.

To assess change in outflow facility Kee and Moon utilised pneumotonometry. However, this technique has been shown to give low reproducibility4 as a tonographically, a non-significant (p>0.28) result might have been more accurate.5 The investigators may have had technical reasons for their choice of instrument; however, no justification was provided, nor was diurnal variation in IOP accounted for in this study.

The authors’ extrapolated ciliary muscle response to pilocarpine from measurements of the outflow facility before and 1 hour after 2% pilocarpine instillation. To specifically investigate the effect of the lens on ciliary muscle contractility the authors repeated the measurement 2 months after phacoemulsification surgery. Interestingly, these latter assessments may not have allowed sufficient time for IOP and outflow facility to stabilise and the hypertensive effect of topical corticosteroids to wane. In general, published 1 year follow up studies demonstrate mixed results in relation to IOP reduction and altered outflow facility.4

We have carried out a prospective observational study of phacoemulsification (phaco) surgery performed at a major teaching hospital. In 393 consecutive small incision (3.2 mm) phaco procedures performed over a 5 month period we also demonstrated a significant (Student’s t test p<0.001) drop of measured IOP comparing preoperative and 4 weeks post-phaco IOP (1.28 (SD 3.10) mm Hg). Furthermore, analysis of the data revealed the drop in IOP was significant for both clear corneal incision (n=318) and scleral tunnel incision (n=77) phaco techniques, being 1.5 (3.16) mm Hg (p<0.001) and 0.9 (2.9) mm Hg (p=0.015), respectively. However, with those with a history of glaucoma (n=39) were analysed separately and 0.69 (3.47) mm Hg was demonstrated. We believe to adequately define the effects of cataract surgery on IOP in a glaucomatous population, a larger group prospectively followed over a period longer than 2 months and preferably more than 1 year is required and a reproducible accurate assessment of outflow facility would be of added value.

The authors of this recent article elegantly address the important issue of IOP changes after intraocular surgery but standard investigative techniques that are practical, accurate, and reproducible in the clinical setting need to be developed.

The authors have no proprietary or commercial interest in the findings presented.

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BOOK REVIEWS


LASIK requires meticulous planning and rig- orous attention to detail in preparation as the technology is very precise and there is little room for improvisation within the practice of the procedure. To learn such a technique can be as challenging as it is to be per- formed upon a group of patients demanding perfection, and also under the pressure of a time limit. It is, therefore, most gratifying to contemplate these newer indications. The penultimate chapter of section 1 discus- ses the photoablative treatment of LASIK complications, which will be of more interest to the advanced LASIK surgeon. Topics include techniques to deal with ablation microirregularities, errors caused by patient head movement, and narrow transition zone.

The last chapter draws it all together with a run through of a typical procedure, perhaps acting as a “dress rehearsal” for the reader.

Section 2 comprises 31 cases in which there were complicating factors or unusual patient characteristics—for example, the effects of pupil size, occult preoperative keratoconus, and other unmasked corneal topographical anomalies. The authors advise on other modalities of refractive surgery which may be more appropriate. Surgical complications such as free caps, thin flaps, incomplete passes of the microkeratome, etc are included. Individual case reports of LASIK in patients who previously underwent epikeratoplasty and penetrating keratoplasty are included as worked examples. I felt the cases were most helpful, but the layout of the refractive/visual data might have been more understandable if tabulated—there is plenty of space.

In summary, I think this is a most valuable book for both the aspiring and experienced LASIK surgeon, and will help in the early learning curve and “getting there.” Advice is well directed so the reader may make correct patient selection, counsel patients realistically, acquire a slick technique, and deliver thoughtful aftercare. It is the intention to put the surgeon and, thus, the patient at ease.

The text addresses the surgical minutiae that are most important to success. The tech- niques and tips are apposite, and expectations realistic given the limitations of the technique in its current form. The avoidance of technical difficulties is particularly strongly stressed but, in the event, the management is dealt with simply and without embarrassment. Advice is well directed so the reader may make correct patient selection, counsel patients realistically, acquire a slick technique, and deliver thoughtful aftercare. It is the intention to put the surgeon and, thus, the patient at ease.

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I did not think that this book was especially directed at the advanced surgeon, although they will find useful material and techniques which will be challenging to incorporate in the complex conditions and retreatment options.

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The question of course is who is the target audience for this book. While it’s nicely put together and well illustrated, one would think that the average registrar (or resident) after a year or so of training will have already accumulated most of the information provided in this book. Is the book therefore really meant to be of use to ophthalmologists in training? If so, more introductory information at the beginning of each chapter would certainly be helpful. Finally, while it’s clear that this is meant to be a short approach to the differential diagnosis of ophthalmic disorders a few references at the end of each chapter would be useful, particularly for students who might use this book. Nevertheless, this is a relatively inexpensive, well illustrated presentation of the differential diagnosis of common ophthalmic disorders.

Paul G Spry
Office of Continuing Medical Education
A symposium “Randomised trials in ophthalmology: past, present, future” will be held 2–3 April 2001 at the Thomas B Turner Building, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA. Further details: Johns Hopkins University School of Medicine, Office of Information Management, Turner 20, 720 Rutland Avenue, Baltimore, MD 21205-2195, USA (tel: (410) 955-2959; fax: (410) 955-0807; email: cmene@jhmi.edu).

American Institute of Ultrasound in Medicine—Millennium Ultrasound Course Series
A course entitled “Obstetrical and Gynecological Ultrasound” will be held in New York City, NY, on 24–26 August 2001. Further details: Stacey Blessing, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: sbessling@aium.org).

31st Cambridge Ophthalmological Symposium
The 31st Cambridge Ophthalmological Symposium will be held 3–5 September 2001 at St John’s College Cambridge. The subject is Retinal Detachment. Further details: COS Secretariat, Cambridge Conferences, The Lawn, 33 Church Street, Great Shelford, Cambridge CB2 5EL, UK (tel: 01223 847464; fax: 01223 847465; email: b.ashworth@easynet.co.uk).

4th International Conference on the Adjuvant Therapy of Malignant Melanoma
The 4th International Conference on the adjuvant therapy of malignant melanoma will be held at The Royal College of Physicians, London on 15–16 March 2002. Further details: Conference Secretariat, CCI Ltd, 2 Palmerston Court, Palmerston Way, London SW8 4AJ, UK (tel: +44 (0)20 7720 0600; fax: +44 (0)20 7720 7177; email: melanoma@confcom.co.uk; website: www.confcom.co.uk/Melanoma).

International Society for Behcet’s Disease
The International Society for Behcet’s Disease was inaugurated at the 9th International Congress on Behcet’s Disease. Professor Shigeki Ohno represents the ophthalmology division (Department of Ophthalmology and Visual Sciences, Hokkaido University Graduate School of Medicine, Sapporo, Japan: tel: +81-11-716-1161 (ext 5944); fax +81-11-736-0952; email: sohno@med.hokudai.ac.jp).

14th World Congress of the International Society for Laser Surgery and Medicine
The 14th World Congress of the International Society for Laser Surgery and Medicine is to be held on the 27–30 August 2001 at Sri Ramachandra Medical College and University Hospital, Chennai, India. The American Society of Lasers in Medicine and Surgery has indicated that it will designate the 14th World Congress of ISLSM as its society’s co-sponsoring meeting. A pre-conference course and separate sessions in ophthalmology will be held as a part of this international meeting. Further details: Dr B Krishnarao, President, 14th World Congress of the International Society for Laser Surgery and Medicine, Department of Surgery, D2 Ward, Sri Ramachandra Medical College and Research Institute, Porur, Chennai - 600 116, India (tel: 91-44-4578586, 478027-28, 8527776, 8594804; fax: 91-44-8594578, 4767008; email: krishnarao@iasmd@01.vsnl.net.in and website: www.medindia.net/islsm2001).

NOTICES

Vision 2020: cataract outcomes
The latest issue of Community Eye Health (35) discusses cataract surgery outcome. For further information please contact Community Eye Health, Institute of Ophthalmology, 11–43 Bath Street, London EC1V 9EL. (Tel: (+44) (0) 20-7698 6009/6010/6023; fax: (+44) (0) 7250 3207; email: eyeresource@ucl.ac.uk) Annual subscription £25. Free to workers in developing countries.

Optometry 01
Optometry 01 will take place on 21–23 April 2001 with more than 100 events—lectures and workshops—at the Atrium Gallery, NEC, Birmingham, UK. Further details: tel: 0207 261 9661; email: info@optometry01.co.uk; website: www.optometry01.co.uk.

Second Sight
Second Sight, a UK based charity whose aims are to eliminate the backlog of cataract blind in India by the year 2020 and to establish strong links between Indian and British ophthalmologists, will be sending volunteer surgeons to India early in 2001. Details can be found at the charity website at www.secondsight.org.uk or by contacting Dr Lucy Mathen, email: lucymathen@yahoo.com.

Residents’ Foreign Exchange Programme
Any resident interested in spending a period of up to one month in departments of ophthalmology in the Netherlands, Finland, Ireland, Germany, Denmark, France, Austria, or Portugal should apply to: Mr Robert Acheson, European Board of Ophthalmology, Institute of Ophthalmology, University College Dublin, 60 Eccles Street, Dublin 7, Ireland.

First International Congress on Non-Penetrating Glaucoma Surgery
The First International Congress on Non-Penetrating Glaucoma Surgery will take place in Lausanne, Switzerland on 1–2 February 2001. Further details: Dr Tarek Shaarawy, Organising Committee, University of Lausanne, Hospital Ophthalmique Jules Gonin, Avenue de France 15, 1004 Lausanne, Switzerland (tel: 41 21 626 81 11; fax: 41 21 626 88 88; website: www.glaucoma-lausanne.org).

Call for papers—6th European Forum on Quality Improvement in Health Care, 29–31 March 2001, Bologna, Italy
Further details: BMA/BMJ Conference Unit, BMA House, Tavistock Square, London WC1H 9JR, UK (tel: (+44) (0) 20 7383 6409; fax: (+44) (0) 20 7383 6866; email: quality@bma.org.uk; website: www.quality.bmj.com).