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## MAILBOX

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### Cataract lens extraction and posterior chamber lens implantation in Korean subjects

EDITOR,—We read with interest the article by Kee and Moon<sup>1</sup> who provided interesting data on the effect of cataract removal on outflow facility and intraocular pressure (IOP). We have been interested for some time in the effect of ocular surgery upon measured IOP.<sup>2</sup> Previous studies have shown a reduction in IOP after cataract surgery<sup>3,4</sup> 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 reproducibility<sup>5</sup> as a tonography method. Indeed, Shiotz tonography may have been more accurate.<sup>5</sup> 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.<sup>3,4,6</sup>

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 ( $n=75$ ) phaco techniques, being 1.5 (3.16) mm Hg ( $p < 0.001$ ) and 0.9 (2.9) mm Hg ( $p=0.015$ ), respectively. However, when those with a history of glaucoma ( $n=39$ ) were analysed separately, a non-significant ( $p=0.28$ ) reduction of IOP (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 studied 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.

ANDREW RILEY  
CHRISTINA GRUPCHEVA  
CHARLES MCGHEE

Discipline of Ophthalmology, Faculty of Medicine and Health Sciences, University of Auckland, Private Bag 92019, Auckland, New Zealand

Correspondence to: Professor C N J McGhee  
c.mcgee@auckland.ac.nz

- 1 Kee C, Moon S-H. Effect of cataract lens extraction and posterior chamber lens implantation on outflow facility and its response to pilocarpine in Korean subjects. *Br J Ophthalmol* 2000;**84**:987–9.
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- 4 Jahn CE. Reduced intraocular pressure after phacoemulsification and posterior chamber intraocular lens implantation. *J Cataract Refract Surg* 1997;**23**:1260–4.
- 5 Wheeler NC, Lee DA, Cheng Q, et al. Reproducibility of intraocular pressure and outflow facility measured by pneumatic tonography and Schiotz tonography. *J Ocular Pharm Therapeutics* 1998;**14**:5–13.
- 6 Meyer MA, Savitt ML, Kopitas E. The effect of phacoemulsification on aqueous outflow facility. *Ophthalmology* 1997;**104**:1221–7.

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## BOOK REVIEWS

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**LASIK Complications: Prevention and Management.** Howard V Gimbel, Ellen E Anderson Penno. £79.95. New Jersey: Slack Incorporated, 2000. ISBN 1556424736.

LASIK requires meticulous planning and rigorous 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 challenging, especially when it is to be performed upon a group of patients demanding perfection, and also under the pressure of a time limit. It is, therefore, most gratifying to see a book published by authors who have a strong track record in LASIK and refractive surgery, and who have published their own learning curves in peer reviewed journals.

The book is presented in two sections. The first deals with the machinery, patient selection, performance of the surgery, and perioperative management. The second is the authors' selection of case reports of patients who were less than straightforward and provides an instant practical experience.

Section 1 begins with a brief history of excimer lasers and microkeratome technology, including the individual foibles of each instrument. Patient selection (who is suitable and, importantly, who is not), examination, and documentation are well covered, and examples of appropriate data collection forms, to permit the essential audit of one's own data, are presented.

The individual parts of the LASIK procedure are well documented with clear and helpful colour photographic illustrations. Advice is presented in a style that is direct and reasoned. You, the reader, are in the hands of an experienced supervisor keen to impart

knowledge. There are subtle tips on, for example, positioning of the hands or drape, which will be invaluable. Chapters describing complications from the microkeratome, excimer laser, errors in refractive result, and individual patient's biological response are all classified and dealt with logically. The conditions "sands of the Sahara" is dealt with twice, if slightly differently, by "guest" contributors and highlighted in special boxes. While the information was most interesting, their pasted position within the main text was distracting and I had to flick back a number of pages to find what I had been interrupted reading about in the first place!

Another team of guest contributors discusses 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 penultimate chapter of section 1 discusses LASIK retreatment and special clinical scenarios—for example, after penetrating keratoplasty (PK), photorefractive keratectomy (PRK), and radial keratotomy (RK). While the experience presented is not vast, useful information is provided for anyone contemplating these newer indications. 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 epikeratophakia 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 readable 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 up to speed". Advice is well directed so that 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 techniques and tips are apposite, and expectations realistic given the limitations of the technique in its current form. The avoidance of potential difficulties is particularly strongly stressed but, in the event, the management is dealt with simply and without embarrassment—after all every one has a learning curve. The book therefore acts as a reliable tutor during this period. Nevertheless, there is no true substitute for hands-on experience, although it can be reassuring that the book provides support and knowledge that someone has been there before and can provide sensible, accessible, and evidence based advice in adversity.

I did not think that this book was especially directed at the advanced surgeon, although they will find useful material and techniques within, particularly addressing the more complex conditions and retreatment options.

It is clearly presented and readable with plenty of relevant information without being too dry. There are good illustrations and references. The extended characters set proofing errors (“<” for “>” substitutions) within the guest contributor section are not too confusing. I would recommend this book to those wishing to take up LASIK, and for the general reader who wants to know what this surgery involves. Would it, however, be a substitute for a supervisor/trainer during your first few cases? I am not sure. Anyway, for your own confidence, read it before you start and you will not go far wrong.

J A SCOTT

**Ocular Tumours. Diagnosis and Treatment.** Bertil Damato. £75; Pp 288. Oxford: Oxford: Butterworth-Heinemann, 2000. ISBN 0750622202.

To a non-ophthalmic oncologist this book was a delight to read. The script, illustrations, and format made for light work, without losing emphasis, on referencing statements made and incorporating correlative imaging (particularly enjoyable the emphasis on echography) and histology. The book begins with basic examination techniques, and then covers each tissue from conjunctiva to retina with the array of tumours that occur at these sites (starting logically with the most common first!). There are, additionally, dedicated chapters on lymphoid tumours, metastasis, and paraneoplastic syndromes. An enjoyable end for the non-specialist are the chapters on treatments including radiotherapy, surgery, and phototherapy. This book needs no further review except to say I think it meets its aims in delivering, very enjoyably, general information regarding the diagnosis and management of ocular tumours to the non-specialist.

ANDREW DICK

**Differential Diagnosis in Ophthalmology.** By Stephen A Vernon. Pp 192; £19.95. London: Manson Publishing, 1999. ISBN 1-874545-90-1.

This small handbook was meant to provide “a differential diagnosis for those who provide eye care”. The book is divided into 10 chapters: Essentials of anatomy and physiology, Examinations of the visual system, The child with suspected eye disease, Chronic loss of vision, Acute painless visual disturbance, The acute red eye, Abnormal looking “eyes”, Chronic ocular unease and associated headaches, Ocular trauma, and Ophthalmology throughout the world. All of the chapters are relatively short. They are well illustrated with multiple colour photographs, which are of high quality and highlight the text appropriately. The retinal photographs are of particularly good quality.

Because of the brevity of the book, few details are given and much of the information is provided in highlighted boxes where graphs, flow charts, and other quick visual means of presenting differential diagnoses are available. All of these chapters are effective with perhaps the exception of ophthalmology throughout the world. The author obviously has an interest in providing ophthalmic care in less well developed nations. His commitment to this is apparent in this particular chapter; however, the chapter is too short to be of any use to those ophthalmologists who do provide care in the developing world, and for those who do not it adds little to the rest of the textbook.

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 used by students rather than 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.

CREIG HOYT

**Visual Fields.** 2nd ed. By David B Henson. Pp 176; £30. Oxford: Butterworth-Heinemann, 2000. ISBN 0-7506-4173-8.

Visual field assessment is an essential part of everyday clinical practice and has evolved considerably over the past decade. It is therefore highly appropriate that Dr Henson has chosen to update his superb textbook on the subject.

*Visual Fields* is aimed at both perimetrists and “readers” of visual field test results. It succeeds where other texts fail by providing relevant information for both the uninitiated and the highly experienced. The relaxed but concise writing style makes the book a delightful continual read that serves equally well for quick reference. Considerable detail is provided that will satisfy all but the most curious, who are provided with comprehensive and well selected references.

The text is intuitively divided into 11 digestible chapters, covering psychophysics, examination strategies, alternative perimetric tests, extraneous factors affecting the visual field, visual pathways, differential diagnosis, glaucoma, screening, defect quantification, practical advice, and instrumentation. The author urges novice perimetrists to start at the beginning while encouraging veterans to delve at their leisure. A short glossary is available to help interpret perimetric jargon.

Revisions made from the 1993 edition deal with new developments that are now commercially available: newer thresholding strategies (Swedish Interactive Thresholding Algorithms, Tendency Orientated Perimetry, FASTPAC), new instrumentation, alternative techniques (short wavelength automated perimetry, frequency doubling technology perimetry), and well thought out information and clinical advice on monitoring for progressive loss. Of particular interest are the screening and defect quantification sections that present a thorough, balanced synopsis of facts that can take years to assimilate from abundant perimetric literature. The only small disappointment is that the author does not comment on the wealth of perimetric research designed to provide insight into mechanisms of cell death in early glaucoma.

In summary, this revised edition is a highly readable text that provides useful information for all involved with assessment of the visual field.

PAUL G D SPRY

**The Wisdom of the Eye.** By David Miller. Pp 169; £29.95. San Diego: Academic Press, 2000. ISBN 0-12-496860-0.

This relatively short single authored book states that its aim is to “survey the major concepts underlying many of the findings of the basic sciences relating to the human eye and visual brain”. The justification for this is given that the explosion of information in the field of basic eye and vision research prevents eye clinicians, students, and scientists from other fields being aware of them. The author is quite clear that he intends to use everyday language to describe theoretical and laboratory concepts. The book is divided into two major parts, the first is entitled “The Eye”, in which the subchapters are The Young Eye, The Image Of The Adult Human Eye, Eyes Of Different Animals, The Healing Eye, Refractive Errors Of The Human Eye: A Sociologic Viewpoint, and Eye Communication. The second section is devoted to the visual brain with chapters entitled Creating Visual Stories and Illusions Around The Retinal Image, Brain Sharpening Of The Retinal Image, Coloring The Retinal Image And Awareness Of The Retinal Image. Does this book succeed in its stated goal? Without any question I believe it does not. First and foremost, no book that fails to discuss molecular biology and the current state of genetics as it applies to ophthalmology can be seen as a serious effort to communicate with other physicians, students, and scientists with regard to vision research findings. Moreover, the brevity of the book does not allow the author to go into any great detail about many topics; indeed, some topics are described in such short detail that they are badly misrepresented. For example, on page 162 the description of blind sight experiments consists of just a few sentences and leaves the reader to believe that a significant number of patients with damage to the visual cortex can consistently identify objects from the so called blind field. This grossly misrepresents an area of research that has occupied hundreds of investigators over the past decade or so. Similar is the statement that the visual cortex is plastic enough that patients who have been congenitally blind use neurons in the visual cortex for the sense of touch. This is presented as a single sentence and the citation to justify this point of view is not a primary scientific publication. Finally, and in my mind, most seriously, most of the references to be found at the end of the chapters of this book are older than five years. Considering how short the half life is of new information in the field of vision research no serious attempt to present an overview of vision research could depend on so many references that are clearly outdated.

Having stated the above, however, I want to recommend that this is a book that every ophthalmologist, medical student, and vision scientist can thoroughly enjoy. It is an absolutely good read. It should be viewed not as the author views it as a review of basic eye and vision research but as a relatively straightforward description of the phenomenology of the eye, vision, and the visual brain. It is clearly written and in most cases beautifully illustrated. Regrettably, some of the black and white illustrations, particularly those taken from a secondary source, are unclear. If the author does revise the textbook, one hopes that these illustrations will be improved in subsequent editions. This is a book that can be easily read in a single sitting and, at the end of

doing so, the reader is left with a renewed awe for the visual system. The author is to be commended for producing a book that is just plain fun to read.

CREIG HOYT

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## NOTICES

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### Vision 2020: cataract outcomes

The latest issue of *Community Eye Health* (35) discusses cataract surgery outcome. For further information please contact *Community Eye Health*, International Centre for Eye Health, Institute of Ophthalmology, 11–43 Bath Street, London EC1V 9EL. (Tel: (+44) (0) 20-7608 6909/6910/6923; fax: (+44) (0) 7250 3207; email: [eyesource@ucl.ac.uk](mailto:eyesource@ucl.ac.uk)) Annual subscription £25. Free to workers in developing countries.

### 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](http://www.secondsight.org.uk) or by contacting Dr Lucy Mathen, email: [lucymathen@yahoo.com](mailto: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, Hôpital Ophtalmique 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](http://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 9JP, UK (tel: +44 (0) 20 7383 6409; fax: +44 (0) 20 7383 6869; email: [quality@bma.org.uk](mailto:quality@bma.org.uk); website: [www.quality.bmjpg.com](http://www.quality.bmjpg.com)).

### 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 Continuing Medical Education, Turner 20, 720 Rutland Avenue, Baltimore, MD 21205-2195, USA (tel: (410) 955-2959; fax: (410) 955-0807; email: [cmenet@jhmi.edu](mailto:cmenet@jhmi.edu)).

### XXV Detachment Course

The XXV Detachment course, retinal and vitreous surgery, will be held in Poznan, Poland on 5–6 April 2001. Further details: Professor Krystyna Pecold, Katedra I Klinika Okulistyki, ul Długa 1/2, 61–848 Poznan, Poland (tel/fax: 004861-8527619) or Professor Ingrid Kreissig, Univ-Augenklinik, Schleichstrasse 12, D-72076 Tuebingen, Germany (fax: 49-7071-293746; email: [ingrid.kreissig@uni-tuebingen.de](mailto:ingrid.kreissig@uni-tuebingen.de)).

### 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](mailto:info@Optometry01.co.uk); website: [www.optometry01.co.uk](http://www.optometry01.co.uk).

### 14th Annual Meeting of German Ophthalmic Surgeons

The 14th Annual Meeting of German Ophthalmic Surgeons will be held in the Meistersingerhalle, Nuremberg, Germany on 17–20 May 2001. Further details: MCN Medizinische Congress-organisation Nuremberg AG, Zerbabelshofstrasse 29, 90478 Nuremberg, Germany (tel: ++49-911-3931621; fax: ++49-911-3931620; email: [doerflinger@mcn-nuernberg.de](mailto:doerflinger@mcn-nuernberg.de)).

### European Association for the Study of Diabetic Eye Complications (EASDEC)

The next meeting of the European Association for the Study of Diabetic Eye Complications (EASDEC) will be held in Paris, France, on 19–20 May 2001. Further details: Colloquium, 12 Rue de la Croix Faubin, 75 557 Paris Cedex 11, France (tel: +33-1-44 64 15 15; fax +33-1-44 64 15 10; email: [s.mundler@colloquium.fr](mailto:s.mundler@colloquium.fr)).

### 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 Krishna Rau, 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: 91-44-4765856, 4768027-28, 8527776, 8594804; fax: 91-44-8594578, 4767008; email: [krishnar@giasm01.vsnl.net.in](mailto:krishnar@giasm01.vsnl.net.in) and website: [www.medindia.net/islsm2001](http://www.medindia.net/islsm2001)).

### 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 Bessling, Public Relations Coordinator, AIUM, 14750 Sweitzer Lane, Suite 100, Laurel, MD 20707-5906, USA (tel: 301-498-4100; email: [sbessling@aium.org](mailto: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](mailto: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@confcomm.co.uk](mailto:melanoma@confcomm.co.uk); website: [www.confcomm.co.uk/Melanoma](http://www.confcomm.co.uk/Melanoma)).

### International Society for Behçet's Disease

The International Society for Behçet's Disease was inaugurated at the 9th International Congress on Behçet's Disease. Professor Shigeaki 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](mailto:sohno@med.hokudai.ac.jp)). The 10th International Congress on Behçet's Disease will be held in Berlin 27–29 June 2002. Further details: Professor Ch Zouboulis (email: [zoubbere@zedat.fu-berlin.de](mailto:zoubbere@zedat.fu-berlin.de)).