Increase Your Yield of Great Outcomes

In his article last month, *CRST Europe* Chief Medical Editor Sheraz M. Daya, MD, FACP, FACS, FRCS(Ed), FRCOphth, looked at the 6-year history of Eyetube. Reading about the impact that Eyetube has had on the world of ophthalmology, from junior residents to respected experts all over the world, one wonders how things were before the days of Eyetube. Yet I well recall the meeting at which David Cox, President of Bryn Mawr Communications, the company that publishes *CRST Europe*, introduced the concept of Eyetube. Even though there was a sense of, "this could be great," I do not think anyone anticipated the huge success that Eyetube has become.

Today, Eyetube is a resource of considerable value to eye surgeons around the globe. The main factor underpinning its success is that ophthalmic surgeons want to become better at what they do and drive their complication rates down.

When I think of instructional courses that I have been involved with at ophthalmology conferences, the most popular have always included the management of complications and difficult cases. Looking at back issues of *CRST Europe* also demonstrates how popular this particular topic has been over the years. Cataract surgery is the bread-and-butter procedure for the vast majority of cataract and refractive surgeons, and doing every case perfectly is the goal of any cataract surgeon I know. This is not realistic, however, as some cases are simply more challenging than others; for instance, sometimes anesthetic agents are not as effective as anticipated, or patients are less cooperative than usual.

Surgeons must take responsibility, too, for their role in less-than-perfect outcomes. A colleague of mine often says that he can tell when he has been on leave for 1 week, his scrub nurse can tell when he has been on leave for 2 weeks, and his patients can tell when he has been on leave for 3. Occasionally we are going to encounter difficult cases or complications, and the difference between a good and a great surgeon becomes apparent in these situations. We are judged by how well we manage or avoid complications.

The cover focus this month contains helpful advice from experienced surgeons on how we can increase our yield of great outcomes in cases that are less than straightforward.

Tushar Agarwal, MD; Pooja Bandivadekar, MD; and Rasik B. Vajpayee, MS, FRCS(Edin), FRANZCO, write about complications with the capsulorrhexis. The modern continuous curvilinear capsulorrhexis (CCC) is still based on the initial principles described by Neuhann and Gimbel in the 1980s,[1,2] but Dr. Agarwal and his colleagues provide the reader with tips and guidelines on how to create the perfect CCC with today's methodologies and technologies. This step remains a crucial part of successful modern cataract surgery.

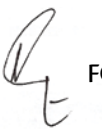
Sudhir Singh, MS, provides excellent instruction on how to manage various scenarios in which the posterior capsule has been ruptured, and Albert Galand, MD, PhD, shares pearls for dealing with mature cataracts. The challenge here is that patients still expect excellent outcomes, even when the surgery becomes difficult. Following these guidelines can help keep procedures uncomplicated.

A surgical case performed by A. John Kanellopoulos, MD, reveals how to properly deal with a patient with a very small pupil and glaucoma with an Ahmed Valve (New World Medical) in situ, and Daniel M. Handzel, MD, FEBO, provides clear instruction on how to manage intraoperative floppy iris syndrome (IFIS). As is regularly the case, preoperative awareness and anticipation with a clear plan of action goes a long way toward ensuring the best possible outcome. It is interesting to note that even waiting 28 days after a patient stops taking tamsulosin may not be sufficient to avoid IFIS.

Allon Barsam, MD, MA, FRCOphth; Eric D. Donnenfeld, MD; and Rebecca Davie, MBBS, BSc, share a new technique using a novel semicircular plastic cuff that provides two benefits in the presence of zonular weakness or dehiscence: First, it supplies capsular support, and, second, it can facilitate iris retraction simultaneously, when required.

This annual issue on cataract complications, showcasing how to prevent complications in the first place and how to deal with them most efficiently if they do occur despite all preventive measures, will not disappoint. Most of the articles also have an accompanying video on Eyetube—just another way that *CRST Europe* contributes to making cataract surgery education more successful for its readers and, in return, for those readers' patients.

Enjoy the issue, and I wish you continued success in your surgical endeavors. ■



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1. Gimbel HV. Capsulotomy method eases in-the-bag PCL. *Ocular Surgery News*. 1985;3:13:2-3.
2. Neuhann T. Theorie und operationstechnik der kapsulorhexis. *Klin Monatsbl Augenheilkd*. 1987;190:542-545.