

What is Your Perspective of Quality Cataract Surgery?

It is not easy to list all of the contributing factors to quality in cataract surgery. Not only does the dexterity of the surgeon determine the final outcome for the patient, but surgical techniques and better technologies factor into the equation as well. We additionally have to acknowledge that what we do today, heading into 2010, will be considered bad practice 10 years from now.

Therefore, the definition of quality cataract surgery will continually evolve. This month's cover series focuses on evolving your perception of quality cataract surgery and defines just what that means for today's surgeons.

Although everybody agrees that we should strive to provide the best quality, we also know that there is a potential conflict between high quality surgery and cutting cost and time—and our ego can be a severe limiting factor to achieving the best patient outcome. Being faster or using an even smaller incision is not often in the best interest of the patient. We must learn to curb the use of innovations in cataract surgery until we are convinced that it is safe for the patient.

We have asked surgeons from around the world to share their perspectives of quality in cataract surgery, focusing on preoperative counseling, cataract removal, incision size, surgical results, and management of complications and traumatic cases. As the chief medical editor of *CRST Europe*, I am obliged to preview all the articles within the cover series. This is always rewarding, because I learn from the experiences and opinions of our contributors. This issue is no different; I have a deeper appreciation for the numerous assets of quality cataract surgery after reading these articles.

Amar Agarwal, MS, FRCS, FRCOphth; and Dhivya Ashok Kumar, MD, describe how the development of techniques and technology has improved the quality of cataract surgery. As surgeons, we see evidence of improved quality every time a patient leaves our practice happy. One aspect of patient satisfaction is staff courtesy and professionalism, which David Spalton, FRCS, FRCP, FRCOphth, said influenced his own hospital experience in the recent past. In his article, Dr. Spalton refers to marketing messages, which must not always be taken for granted. I agree with him that certain claims are not always justified in the clinical setting with real patients.



In my article, I provide guidelines for choosing the optimal incision size for cataract surgery. I prioritize safety to smaller incisions, although I acknowledge the benefit of reduced induced astigmatism of microincisions for premium IOLs. Leonardo Mastropasqua, MD; and Lisa Toto, MD, also contribute to this debate on incision size, comparing sub-2-mm and 2.2-mm microincision coaxial phaco.

Colin S.H. Tan, MBBS, MMed(Ophth), FRCSEd(Ophth); Wei Kiong Ngo, MBBS; and Edwin M. Gay, explain the importance of preoperative counseling. I suspect that not many centers in the world can meet his standard. I can surely improve preoperative counseling in my center, for starters by incorporating information about intraoperative visual sensations. I recognize the comments of patients about colors and other visual sensations, but I did not realize the potential

value of including this in preoperative counseling.

Seng-Ei Ti, MMed(Ophth), FRCS(Edin); and Soon-Phaik Chee, FRCOphth, FRCS(Edin), FRCS(G), MMed, address complications prevention and management. I would like to extract one quote from their article: "It is wise to not attempt surgery beyond one's training level and technical abilities." If followed, this advice will prevent many complications. Constant training by attending congresses and reading educational articles (in *CRST Europe*) are helpful.

Simonetta Morselli, MD; Antonio Toso, MD; and Romeo Altafini, MD, describe strategies to manage traumatic cataracts. Keeping Dr. Ti's quote in mind, referring such patients would be advisable for less experienced surgeons. Lastly, even refractive surgeons recognize the need for quality cataract care. Robert K. Maloney, MD, discusses strategies to optimize quality of cataract surgery through the eyes of a refractive surgeon. Cataract surgery techniques, technologies, and education will constantly evolve and improve patient outcomes. I foresee a fascinating (near) future for all cataract surgeons. We will keep you updated. ■

Khiun F. Tjia, MD
Chief Medical Editor