



Of art and skill – and cataracts and glaucoma

MANAGEMENT OF CATARACTS AND GLAUCOMA.
EDITED BY ANNE LOUISE COLEMAN AND JOHN C MORRISON.
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140 PAGES

by Seamus Sweeney MD

In writing about popular music, it's become almost a cliché to cite Frank Zappa's – alleged – dictum that "writing about music is like dancing about architecture." Music is an art, endlessly elusive of attempts to tie it down with words.

Medicine – and the books that describe its techniques – can sometimes be as difficult to tie down as music. While I can commend a book's readability, design, clarity, and apparent utility, the real proof of a medical textbook's worth is in the practice.

Practice is never far from the minds of Anne Louise Coleman and John Morrison in their *Management of Cataracts and Glaucoma*.

We live in an age that has glorified evidence-based medicine, a very necessary and valuable approach. Like all good things, it is possible to have a surfeit, as the editors of this book write in their preface: "It is clear that clinical trials have a limited ability to determine the relative value of all the nuances among surgical techniques. For this reason, ophthalmic surgery will remain an art that depends heavily on the skill and judgement of the surgeon."

In particular, the editors have found that while combined cataract and trabeculectomy procedures are performed more and more – particularly in an ageing population – there is only limited evidence-based demonstration of the value of this combined approach.

The editors unapologetically, therefore, take an approach of asking expert glaucoma surgeons to provide the benefit of their experience and wisdom for ophthalmic surgeons who, in their everyday clinical practice, must manage patients with both cataracts and glaucoma. Evidence-based medicine is not the measure of all things. Sic transit

gloria mundi, one might think contemplating the billions enthusiastically poured into the cult of evidence-based medicine.

In this vein, the editors have assembled international experts, from the United States to Saudi Arabia, and from Switzerland to Canada. First, we read Brandon Villarreal and Paul Pentheroudakis on the issue of anaesthesia for cataract and glaucoma surgery. There are, of course, issues specific to subsets of patients – children and the elderly, for instance – as well as the oculocardiac (trigeminal-vagal) reflex.

Johns Hopkins Medical School's John Ladas and Walter Stark then discuss the challenges posed by cataract surgery in patients with already existing glaucoma. Here we see the clinicians' "pearls of wisdom" approach championed by the editors in the section of special techniques for intraoperative hazards in this population.

Following chapters discuss trabeculectomy alone, drainage device implantation, non-penetrating filtering surgery and the one site and two site combined cataract and phacoemulsification procedures.

We also read about the difficult and innovative areas of combined cataract extraction and drainage device implantation, combined phacoemulsification and non-penetrating filtering surgery, and phacoemulsification combined with either endocyclophotocoagulation or trabeculectomy.

The editors write that "we are convinced that the discussions presented here, will provide an important framework for fostering exchange of information and cross-fertilisation of ideas, so important to this discipline of ophthalmic surgery, where detail matters greatly." There's the rub. Detail matters, and the editors themselves acknowledge that

surgeons who have not contributed to their book may well have very different approaches. There is something refreshing about a book which disclaims being the final, definitive word on a subject, and instead hopes to a catalyst for discussion.

Bob Dylan once sang that "he who isn't busy being born is busy dying" and this is as true of disciplines as anything else. One of the more attractive features of modern medicine is that it has increasingly disclaimed notions of being complete or even near complete. And who could make such a claim, given the dizzying advances in molecular biology and the daily announcements in genetics?

No doubt medicine will be in a state of flux for some years to come. This book seems to locate itself in the midst of such flux, in an area not at first sight as "sexy" or "dynamic" or at the very least headline-grabbing as some others. But we can never forget that surgical techniques and approaches are as shaped by and as shaping of technology as any other force in medicine.

From the cover to the index, the keyword in the design of this book is clarity. Richly illustrated with diagrams and charts, as well as colour photographs from intraoperative and other settings, it is a handsome book which will please the clinician's eye – and hopefully that of the patient.

It is, obviously, extremely practical in orientation and written in a clear, no-nonsense style. There are little boxes with check lists of equipment for particular procedures and steps to follow pre-, intra- and post-operatively. Overall, my initial caveats about just how practical any book I recommend as practical actually is, it is an admirably clear work.