BOS
One Team One Vision
Bangalore Ophthalmic Society

EYE CONNECT

Ophthalmology and beyond...

Quarterly E-Newsletter of Bangalore Ophthalmic Society

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Editorial Chief

Dr Pallavi Joshi

Editorial Members

Dr Roshmi Gupta

Dr Venkatsubramaniam G

Dr Kiran Kumar K

Dr Sowmya R

Dr Rajesh R

Dr Shibi Dev

Dr Vidharthi D

Dr Vandana Maganty

Advisory Team

Dr Arun Samprathi

Dr Vivek M Bhaskar

Editor's Desk

> **"Education is not the learning of facts, but the training of the mind to think."**
>
> *- Albert Einstein*

Greetings to all,

We are extremely happy to present our second quarterly BOS E-Newsletter.

EYE - CONNECT
Ophthalmology and beyond...

This quarterly newsletter brings in the glimpses of the BOS summit which was successfully conducted in July, We have a panel of retina experts sharing their key points in managing Retinal degenerations. As previously mentioned this edition of newsletter covers the prestigious ophthalmic institute Narayan Nethralaya under the Hall of fame section and interview excerpts of Dr. N S Muralidhar for the Legendary Ophthalmologist section.

We are grateful to all the BOS members who have actively participated by contributing their articles and would like to thank all the readers for those valuable feedbacks and suggestions.

Looking forward together to connect more through Ophthalmology and beyond.

Sincerely yours,
Dr Pallavi Joshi
EDITORIAL TEAM

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Secretary's Desk

Dear Colleagues,

Greetings from Bangalore Ophthalmic Society!!

I have great pleasure in addressing you for the second time through this E-Newsletter. A lot of academic activities have been conducted under the aegis of BOS since the release of the first newsletter during the BOS Summit 2022.

In August (20th/ 21st) Narayana Netralaya conducted a CME on 'His Master's Voice'. Following this there was a Sunday Seminar on 'Bouquet of Innovations" by Dr. Jagdeep M Kakadia on September 4th. Jyoti Vision Lasik Centre conducted a CME on 'Refractive Surgery' on 23rd October. On November 4th Prabha Eye Hospital conducted a CME on 'Oculo-pedia. All the CMEs were very well conducted - Maintaining high standards and being well appreciated.

Apart from this, Sessions on interesting and relevant topics for our clinical practice are planned in December. These include **Courses on ALS and BLS** being conducted for all BOS members and hospital staff in Manipal Hospital, Old Airport Road.

Also, a **Chapter-wise discussion on NABH** will be held online.

Dr Sheetal Ballal
Secretary
Bangalore Ophthalmic Society

Peripheral Retinal Degenerations - To treat or not

Article compiled by **Dr Kiran Kumar**

As we are evolving into an era of infodemic, aggravated by the advent of various refractive surgeries like LASIK, ICL, and refractive lens exchange, retinologists are called to opine on the retinal status. He/She must decide, which are the ones that need prophylaxis and the ones that can be observed.

The editorial board (EB) asked a few prominent retinologists about their approach to clear this dilemma. We have tried to compile their opinions so that clinical practice can be refined based on these opinion leaders

Dr Mahesh Shanmugam

Dr Hemanth Murthy

Dr Thirumalesh M B

Dr Shreyas Temkar

Dr Vivek M Bhaskar
(Editorial Board)

Dr Kiran Kumar K
(Editorial Board)

**Discliamer - Answers from the Doctors are their personal opinion.*

EB: Please grade the various retinal degenerations according to their increased risk of causing RD.

MPS: Cystic retinal tuft, degenerative retinoschisis, WWOP in fellow eye of patients of GRT, lattice with hole, lattice with traction/other eye RD, HST

HM: Lattice with hole with subclinical RD, Perivascular or radial lattice, Lattice degeneration with symptoms of flashes and floaters, Lattice degeneration with a hole in the fellow eye of a patient with RD, Asymptomatic breaks, Symptomatic breaks, and traumatic breaks

TMB: Lattice /snail-track degeneration, peripheral retinal tuft, Lattice degeneration with holes, any vitreous degeneration with vitreous attachment at the margins

SHR: Atrophic holes, operculated holes, lattices with atrophic holes, retinal dialysis, post-traumatic necrotic retinal breaks, horseshoe tears

EB: What is the age at which would you advise prophylactic laser for these degenerations?

MPS: Any tear will be treated promptly. Other eye RD or syndromic RD/ GRT as in Sticklers syndrome, will treat promptly. Others, decisions will be on a case-to-case basis

HM: Age is not the criteria but the occurrence of PVD or trauma. Other risk factors are a history of ROP or Sticklers syndrome. Retinal detachment in the fellow eye will need earlier prophylaxis.

TMB: Prophylactic treatment does not add any benefit to the peripheral lesion because the prophylactic laser can itself induce posterior hyaloid separation hence as previously stated prophylactic treatment is unnecessary. I prefer not to treat it usually

If a prophylactic laser is being considered it usually doesn't depend on the age of the patient, it can be done if the patient is undergoing any ocular procedure more so for medicolegal purposes

SHR: The presence of the above said lesions in the fellow eye of a patient with RRD is an indication to perform prophylactic laser irrespective of age. Post-traumatic tears, horseshoe tears, and retinal dialysis need to be treated even if detected on routine screening. The rest of the lesions can be followed up at regular intervals.

EB: How long after the prophylactic laser would you wait for the refractive surgery?

MPS: 2-4 weeks

HM: At least 4-6 weeks. This will ensure that there is adequate retinal pexy and would also help in detecting additional tears that develop

TMB: If a laser is done with reference to a predisposing lesion of retinal detachment at least 15 days of wait is warranted

SHR: Will wait at least for 4-6 weeks to go ahead with refractive surgery. Though the laser effect is seen by a week, waiting for this period ensures good chorio-retinal adhesion around the treated lesion. It is imperative that the retina specialist screens the periphery once again to make sure of laser adequacy.

EB: Are there any lesions where in you would prefer to treat them even in a child or a teenager?

MPS: Any tear will be treated promptly. Other eye RD or syndromic RD/ GRT as in Sticklers syndrome, will also be treated promptly

HM: Traumatic dialysis or tears. Stickler's syndrome

TMB: Even in cases with rare stickler syndrome – where certain groups advise early laser or cryotherapy, there are no proven long-term benefits

SHR: Any lesion with a vitreous tractional component like horseshoe tears and post-traumatic retinal tears will need to be promptly treated as in adults. Fellow eyes of children having RRD due to any cause (atrophic holes, radial lattices) should also be screened for and treated.

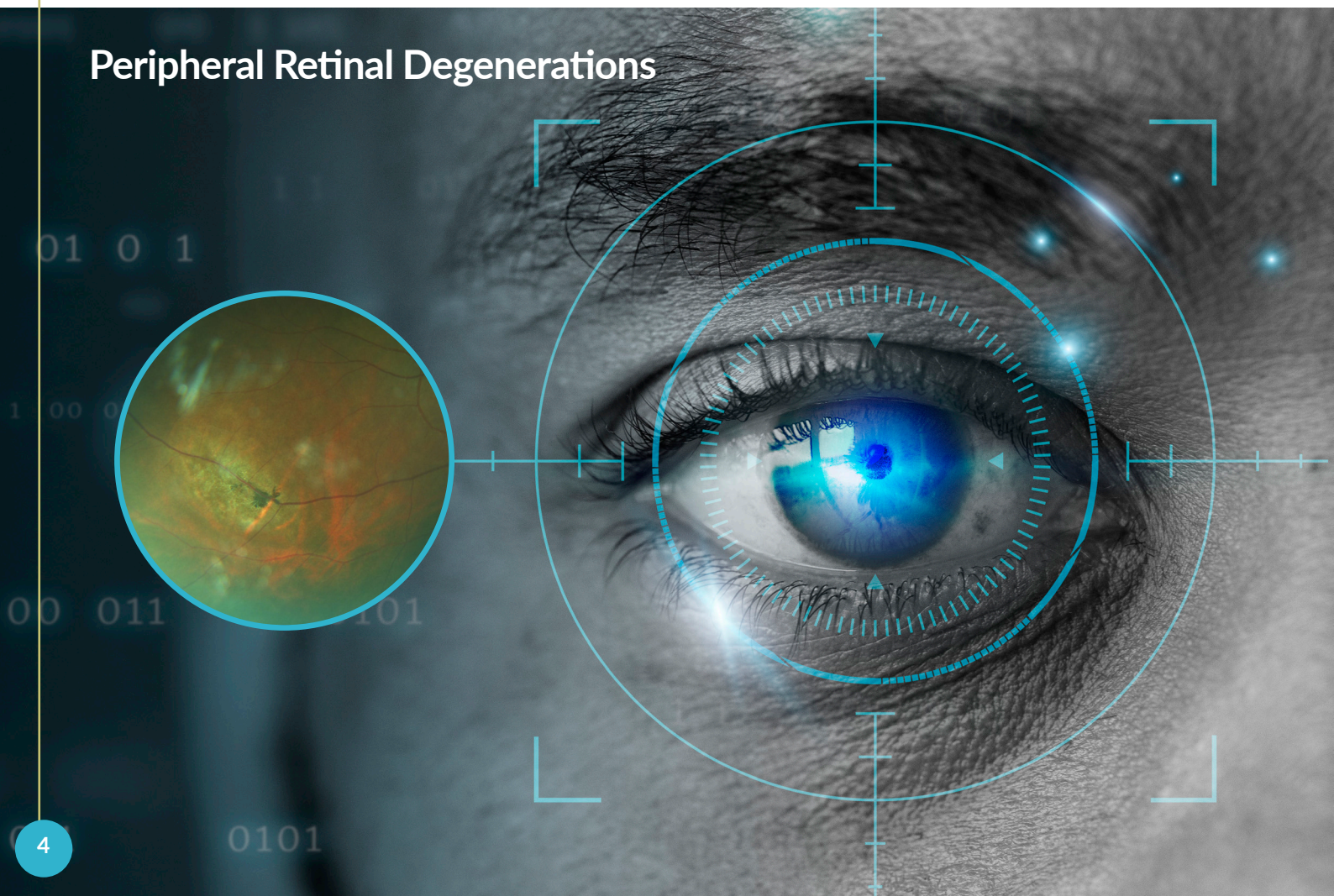
EB: Have you encountered RDs in the immediate post-op period of refractive surgery?

MPS: Yes- post-ICL

HM: I have seen an occasional patient of ICL with bilateral RD. The higher risk is probably due to high myopia.

TMB: With the judicious use of suction during docking for refractive surgery and with minimum fluctuation of the anterior chamber during an intraocular procedure, post-refractive PVDs can be prevented. In our practice, we have rarely seen RD's within 6 months of refractive surgery.

SHR: Rarely seen cases of RRD developing within a few months of undergoing ICL in patients with high myopia. Not seen cases of RD developing closely after laser refractive surgery.



Legendary Teachers

Interview compiled by **Dr Roshmi Gupta**

Dr N S Muralidhar

Dr. N S Muralidhar obtained his undergraduate degree from Bangalore Medical College, Bangalore University in 1978.

He then did Ophthalmology post-graduation with a gold medal from All India Institute of Medical Sciences, New Delhi in 1981. He also obtained a DIPLOMATE NB degree in ophthalmology in October 1983.

He served as Faculty at Joseph Eye Hospital, Tiruchy from April 1982 to February 1984 and M S Ramaiah Medical College, Bangalore from March 1984 to February 1987.

He obtained a Vitreo retinal fellowship from Sydney Eye Hospital, Australia from March 1987 to June 1989.

He returned to India and started practice in Bangalore in 1990. He started the Retina Institute of Karnataka in 1996 along with Dr. Hemanth Murthy.

Retina Institute of Karnataka is now a renowned vitreo retinal tertiary care center.

He has also trained several doctors over the last 2 decades and participated in major National and International meetings. He was the president of Karnataka Ophthalmic society during 2018-19 and is currently the President of Vitreo Retinal Society of India.

The BOS Newsletter Team met Dr. Muralidhar for a chat. The man with many achievements wears his success and accolades lightly. He smiles all through our interview and laughs gently at himself. He is candid, and freely shares the ups and downs of his professional life.

Early Life

He was born in Mysore, and grew up in Bangalore, first school, and then PUC at National College. After his MBBS from Bangalore Medical College, he then did his post-graduation at AIIMS, after which he returned to Bangalore.

The story of the Retina Institute of Karnataka

Dr. Muralidhar smiles as he reminisces - 'We were naive, and then we realised it wasn't easy to start a group practice.' So, after stints at Joseph Eye Hospital Trichy and MS Ramaiah Medical College, he went for a fellowship in Vitreo retinal surgery in Sydney Eye Hospital, Australia.

When he returned to Bangalore, he started to practice as a general ophthalmologist, along with his retina practice. (He is quick to clarify that those were the days of ECCE, not phaco.)

He initially operated at Lion's Eye Hospital, and then at Yellamma Dasappa Hospital, where Dr. Hemanth Murthy was also working. The other ophthalmologists were very supportive, but the turning point came with a visit from Dr. George Hilton. Dr. Hilton was a well-known vitreoretinal surgeon, who visited Dr. Muralidhar on his trip to India, along with visits to other well-known eye institutes in India.

Dr. Hilton stayed in Bangalore for 3 months, operating with Dr. Muralidhar, and discussing cases every day with retina specialists.

Dr. Hilton advised Dr. Muralidhar to do only retina work and said that operating cataracts would stop other ophthalmologists from referring cases. When Dr. Muralidhar planned the name, once again it was Dr. Hilton who suggested using the word 'retina' instead of a complex term like 'Vitreo-retina'. Dr. Hemanth Murthy joined him in the venture.

The inauguration was by Dr. Hilton, and the other luminaries of ophthalmology – Dr. SS Badrinath, Dr. KR Murthy, and Dr. MM

Joshi graced the occasion. At the time the idea was revolutionary - a handful of institutes in India had good retina departments, but they also treated all ophthalmology patients.

The Retina Institute of Karnataka started at Sheshadripuram and shifted to its current premises in 1999. Dr. NSM muses, the idea worked. They received cases referred from everywhere, the institute grew, and the paradigm shift helped his professional growth. And he adds candidly, 'I don't think I would have been such a good surgeon if I had continued to do everything.'

After more than a decade, the team decided to address other eye problems too, on demands from the patients. However, due to the legacy, half of their patients are still retina patients and the other half with other conditions.

Training retina Surgeons

The Retina Institute of Karnataka was the first to start vitreo-retina fellowship training for ophthalmologists, and eventually became affiliated with the Rajiv Gandhi University of Health Sciences at the suggestion of Dr. Chandrasekhar Shetty, the then vice-chancellor.

On choosing Ophthalmology

As per Dr. Muralidhar, Minto Eye Hospital was one of the best undergraduate training centers for ophthalmology and had excellent teachers. The young Muralidhar was highly impressed; after all these years, he still says in a wondering tone, 'Whatever we read in Parson's textbook, we could see in the OPD.'

Later, while doing a house surgeonship at Willingdon hospital in Delhi, he came to know of RP Center at AIIMS. That was when he became determined to pursue ophthalmology.

Mentors

Dr. Muralidhar says with great affection about his mentor Dr. LP Agarwal - 'He was such a terror!' and laughs. He was the most astonishing person, a great administrator, teacher, and academician, with a phenomenal memory. He would know every student by name, place, and whether ophthalmology was their first choice or not. In class, he would know at a glance who was

absent. Dr. Muralidhar continues, 'Whether you like it or not, you had to read, and that is how we learned.' He recalls that they worked from 8 am to 10 pm, and no other department worked as hard. He jokes that they used to call it 3 years of rigorous imprisonment without parole and that it was like walking through fire. He sums up with a fond smile, 'It was one of the best times of my life!'

Sydney Eye Hospital was also a golden period of his life. He says he will never forget that he learned so much.

Dr. George Hilton, he recalls, was an amazing teacher, and was the one person who really influenced them.

Work and Play balance

Dr. Muralidhar says he is a family man, and if not at RIK, he is to be found with his family or at a musical concert. Other than professional travel, he travels with his family for short holidays 2 or 3 times a year.

He mentions how being a retina specialist was a blessing for his family life. While doing purely referral work, he could work from 9 to 5 and take off Saturday afternoons and Sundays. This was a luxury his colleagues did not have.

He mentions fondly and proudly that he has a lovely family, his wife is a homemaker, his son an engineer, and his daughter a lawyer. Both his children are in Bangalore, and he is happy about it. He is currently advising his son, who is developing software for an Electronic Medical Record Application.

Music has always been a hobby and a passion for him. He has been learning light classical and Hindustani music for the last 10 years. He also enjoys singing retro film songs, and hastens to add, not the new generation songs!

(The BOS Newsletter Team takes pleasure in sharing the link to his YouTube channel, which has devotional and retro songs

https://www.youtube.com/channel/UCJAGYVVfA5pxQciThg15P_w/videos?app=desktop)

The surgeon, the administrator, the entrepreneur

Dr. Muralidhar starts off by saying he likes all surgeries, and a little later, contemplates that he likes operating on retinal detachments. One feels happy and satisfied that a blind eye is now going to see. He says he still finds bad diabetic TRDs, PVR, and badly traumatised eyes challenging to operate.

He feels that even in the smallest clinic one needs to administer, One does not get taught this at medical school, one must learn by oneself. He learned it the hard way, by doing it. He feels the reason they could keep up is that they started with a small setup and grew gradually.

Since Dr. Hemanth Murthy was his partner, the administrative responsibilities were shared, and Dr. Hemanth took a lot of the load. He says that it is not enough to be a good clinician or good surgeon to succeed, one needs to be a good administrator too.

What he would have done differently

Dr. Muralidhar starts off by saying that he didn't have any regrets and that he is very happy with whatever has happened in his career.

He adds that he would have probably liked to have spent more time in administration and paid more attention to certain things.

He would also have placed emphasis on publishing papers. While RIK made a point of presenting several papers at every conference, they did not write any, because writing took a lot of time. He admits that probably they were too busy with the clinical work and that now the yardsticks are different. But he smiles as he looks at the positive side, as always - writing papers would have meant working on them in his spare time. He switches off work when he goes home, and his family and his daughter appreciate that very much.

Key to Success

Be true to the patient, that's all. Being sincere and true to the patient, doing whatever is best for the patient, and no shortcuts.

Message for Young Ophthalmologists

He says that the changes in society are in all aspects, and that is how they should be. He advises, however, not to treat the practice of medicine as a business. He clarifies, run the practice with a good business sense, know where you can save money, and how to please the patient, but don't turn the practice into a business.

The one message he would like to give is that if we do good work, profits will come, and there is no need at all to be unethical

Then and Now

Dr. Muralidhar says that today there are so many opportunities, and the times have never been better for newly qualified ophthalmologists.

He goes on to say 'There is nothing like this is what you should do, you must define what you want.

If you want total independence, and want to dictate your own terms, then you start your own clinic. if you have the financial support, starting your clinic would be a good option.'

He advises them to upgrade their skills, be good phaco surgeons, and be confident in what they do, before starting their own clinic.

He himself has been sincere in his work and says that if someone is sincere, they will succeed at whatever they do

His road to a stress-free mind

We asked Dr. Muralidhar his way of addressing stress, and he started laughing. 'I don't get stressed!' He explains how we have to look at the larger picture, and shares that he has a very staunch anchor in his life. He belongs to a spiritual group, The Radhaswami Satsang, with clean thinking and moral living, and devotes time to meditation every day. He attributes his calmness to meditation and inculcating a philosophical bent of mind. This has helped him to stay detached, not get perturbed, and be happy under all circumstances.

We take leave of Dr. Muralidhar, the clinician, the entrepreneur, the family man, the grounded and gracious all-rounder.

Narayana Nethralaya

As contributed by the team at Narayana Nethralaya

"Great institutions are built by leaders who learn with humility, execute with passion and inspire others to build on this tradition"

This is the story of Narayana Nethralaya, a tertiary super speciality eye hospital that has entered its fifth decade with over 40 years of legacy that was first established in 1982 by Dr Katkeri Bhujang Shetty at a then rather unknown address in Srirampuram in Bangalore. What began as a one-room eye clinic grew not just in physical space but also in capacity, stature and impact. "NN", as it is more popularly known, is now spread over four campuses in different parts of the city. NN1, the mothership moved to its current location in 1993, NN2 in Bommasandra, NN3 in Indiranagar and NN4 in Bannerghatta Road were added to the ranks in 2007, 2015 and 2021 respectively. NN is served by her 100+ highly trained and dedicated eye specialists who provide a wide range of super speciality eye services to over 1500 patients and over 150 surgeries every day.

Excellence is a result of sincere effort, honest intentions, meticulous direction, skilful execution and the vision to see obstacles as opportunities. Under the caring leadership of its founder, Narayana Nethralaya has achieved remarkable growth over the last four decades. A NABH-accredited institute, it has been ranked as the best eye care provider in Karnataka consecutively for over a decade and ranks among the top five ophthalmic eye institutes in the country.

The institute provides cutting edge services in Cataract Surgery, Corneal Disorders, Keratoconus, Glaucoma, Neuro-ophthalmology, Ocular Prosthesis. Ocular Trauma and Dry Eye, Oculoplasty, Pediatric Ophthalmology, Refractive Surgery, Retinal Diseases, Retinopathy of Prematurity and Uveitis and Ocular Immunology. NN has two Eye Banks, that cater to over 50% of Karnataka State's corneal tissue utilization that has served as a model centre for eye banking in our country. The institute has always tried to be a differentiator by catering to unaddressed challenges in ophthalmic care. Its cortical vision impairment centre, integrated pediatric development programs, an aesthetics studio, a holistic wellness clinic and the reversing diabetes program are examples of how NN has tried to provide holistic care to its patients.

Innovation and research are also germane to its evolving philosophy. Through its foundation, NN has invested in research and development projects over the last few decades. The Grow Lab (Genes, Repair & Regeneration in Ophthalmology Workstation), the IBMS (Imaging, Biomechanics, Mathematical Modelling solutions), Narayana Nethralaya Institute of Molecular Diagnostics and Laboratory Services, NOVEL - Narayana Nethralaya's research lab facility, COPE - Narayana Nethralaya's Center for Ocular Pathology and Education are a few such that bear testimony to the extensive research facilities that the institute offers.

A strong underlying work culture has been to provide super speciality eye care to the underprivileged. A pioneering outreach, telemedicine program, KIDROP - Karnataka State Internet Assisted Diagnosis of Retinopathy of Prematurity, has been one of the significant contributions of the institute in providing free ROP screening and treatment to prematurely born babies in all Government hospitals in Karnataka and has mentored many such programs in other states and countries. The foundation has supported retinoblastoma services, Pavagada Pediatric Eye Disease Study, Slum 10K, Eye camps in rural schools and surgical care for those who cannot afford treatment.

NN has been a popular training hub. Aspiring postgraduates and fellows in several sub-specialities compete to enrol in long and short-term training programs in clinical sciences and research projects. Its alumni have excelled in their chosen paths both in India and overseas, creating a niche for themselves while continuing to forge strong connections with their alma mater.

The journey of NN is an example of how ethical care, discipline, commitment to excellence, and an appetite for innovation can help transform eye care, not just for those who serve the institute but for the millions of patients that it continues to serve. The NN philosophy is keeping the patient in the center of its 'work-universe' and bringing them cutting-edge technology served with a blend of passion and innovation.

Scientific Chairman's Report

Dr Shailesh G M
Academic Convener
Bangalore Ophthalmic Society

After a gap of 2 years, BOS Summit 2022 was at last held in a physical format on 30-31st July 2022. There were many discussions on whether to have a webinar-based or a physical form of the summit. Finally, with Corona pandemic slowing down, Shangri La hotel was fixed for the physical meeting. Since it was a transition from the webinar to physical form, many speakers were tentative in their participation, but finally obliged at short notice and participated in full strength. Few of the international speakers who could not travel on short notice were made available for delegates online.

The theme selected for our BOS Summit was Triage, Tackle, and Treat. There were over 34 sessions spread over 2 days. A dedicated hall for PGs for their free papers and BOS Netrashaala was conducted daily. A quiz for all with attractive prizes was conducted for the jam-packed audience and was well appreciated.

Many International stalwart speakers like Prof. Rasik Vajpayee (Australia), Dr. Sachin Kedar (USA), Dr. Chee Soon Phaik (Singapore), Dr. Jay Chhablani (USA), Dr. Gaurav Prakash (USA), Dr. Rupesh Agrawal (Singapore) were part of the summit. Live interaction between the audience and speakers was conducted for all sessions.

Many senior & talented national faculty were involved on all two days of the summit sharing their vast experience. Names like Prof J S Titiyal, (Delhi), Dr. Abhay Vasavada, (Ahmedabad), Dr. Arulmozhi Varman, Dr. Santosh Honavar (Hyderabad), Dr. Rohit Saxena (Delhi), Dr. Gopal Pillai (Kerala), Dr. Sushmita Kaushik (Chandigarh), Dr. Viney Gupta (Delhi), Prof Pradeep Sharma (Delhi), Dr. Vishali Gupta (Chandigarh), Dr. Ankur Sinha (Jaipur), Dr. Prashant Bawankule, Dr. Pravin Vadavalli, Dr. Srinivas K Rao to name few.

Many new sessions were introduced based on feedback from past conferences. The medicolegal session was conducted by eminent panelists - Advocate Arpitha, Advocate Laila Ollapally, and Advocate NC Mohan.

New kids on the block, You ask we answer- BOS WhatsApp Hot Topics, Mind, Body and Soul, Myopia pandemic: Hype or reality- Indian perspective, and many other sessions were introduced and taken well by the audience.

BOS Inauguration function was held on the second day with a Chief Guest talk by Dr. Thimmappa Hegde - Mindfulness "A motivational talk" for everyone. BOS Gold medal Oration was given to eminent strabismologist, Prof Pradeep Sharma. Sir spoke well on "3D Vision for everyone". Dr. R D Ravindran sir also gave a wonderful talk. AIOS luminaries like Dr. Lalit Verma and Dr. Namata Sharma from Delhi also graced the occasion. BOS Newsletter and Myopia guidelines were also released during the inauguration ceremony.

Scientific Extravaganza

Organizing Secretaries Report

As the new BOS committee took charge under the dynamic leadership of President Dr. Jyoti Shetty, within two months was a task, that had all eyes peered on. The BOS Summit. I would like to thank the committee for bestowing me with an opportunity of learning and gain experience as an organizing secretary. The success of the BOS Summit 22 is an example of how Everyone on the committee shouldered huge responsibilities to ensure an experience par excellence.

The runup to finalizing the venue, itself was a challenge. After halts at Hilton to Taj to Sheraton, it was finally Shangri- La calling. From getting the right number of conference rooms to ensuring the right experience came at a big cost, which was huge, and the biggest expense for BOS. The Trade Committee Headed by Dr. Priyank and Dr. Umesh had their tasks cut out.

The next two months posted lively challenges, from getting the Audiovisuals through Skyline, to getting our event organizers Abhinava events to help us conduct the conference. Organizing the registration protocols, mementos for the speakers, delegate kit, and bags.

The whole team including Dr. Sheethal, Dr. Sandhya Rajendra Prasad, Dr. Pallavi, Dr. SriBhargava , Dr. Kiran, and Dr.Thirumalesh, all pitched in with ideas and directions. We got a custom-made jute bag from a home for destitute acid victims in Chennai, something which -Anuradha Bags cherished, and acknowledged as the biggest order they had got. It was a gratifying moment to be able to do good for those in need. The mementos for delegates were also custom-made Candles in a crystal jar which stood out. Symbolizing. " Light in darkness".

As we neared the conference the challenge was to get the registrations. Hearts pumping, anxious minds, And suspense each day as early registrations just trickled. Technical glitches in mail service to SMS campaigns had to be sorted out, and soon we started to see the numbers come in.

A unique Surprise Lucky winner of the day was a nice enticing and exciting privilege for the delegate registrations. A scramble, scurry hurry. The last few days' registrations helped us cross our magic figure of 400 and we reached 455 registrations.

A smile dawned on all our organizing committee members, The conference rooms for wonderful scientific content would now be occupied. We knew.

Needless to say, the heart and soul of the conference is the scientific sessions. Kudos to our scientific academic convener and his amazing team that etched memories of knowledge and wisdom, Learning, Earning, and yearning for more. The scientific chairman report that follows says it all.

An Indian Adage goes that, any event is only as good as the food that's served. While the scientific sessions kept delegates hungry for more knowledge, the very craftily prepared menu by the food committee, And Shangri la Chefs, ensured absolute satiety and a sense of gratification to the hungry minds.

Dr Venkatasubramaniam G
Organizing Secretary
BOS Summit 22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July 30-31,2022, Shangri-la, Bangalore
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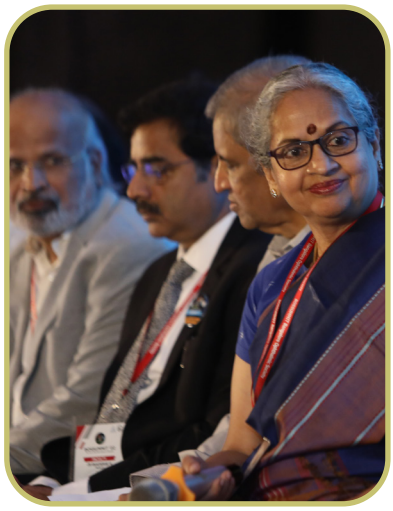
BOSSUMMIT'22
July 30-31,2022, Shangri-la, Bangalore




TREAT


BOSSUMMIT'22
July 30-31,2022, Shangri-la, Bangalore
INAUGURATION FUNCTION


Dr. Ravindran has published several resea
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presented over 300 p ions in Na
Internati nferences.
He is also a reviewer fo ed journals
of Cataract and refractiv ia-P
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BOSSUMMIT'22


ELECTROPHYSIOLOGICAL
FOUR MAJOR TESTS:
OUTER RETINAL LAYERS -
RETINAL RESTING POTENTIAL- FUNCTION OF RPE

A surgery that does not improve vision

Dr Rajashekar Y L, *Shekar Eye Hospital, Bengaluru*

Dr Rajashekar Y L

As ophthalmologists, we impact practically everyone's life at some point over their lifetime.

This also implies that we face a wide range of people types with varying levels of knowledge, comprehension, beliefs, cultures, etc.

In my nearly three decades of practice, I have witnessed a sea change in all facets of practice. Be it modern technologies, techniques, scientific understanding, or patient expectations and responses. As with all opportunities, medical practice in the twenty-first century presents both a great opportunity and a great challenge/risk if not managed properly.

In this blog, I would want to give my thoughts on the changes I have observed in patient communication.

In the 1990s, a patient undergoing cataract surgery would have been very happy if he/she could count fingers / see light.

In fact, as residents, the first thing that we were doing after opening the bandage was to test for counting fingers.

We were seeing happy faces and big smiles if the patient could count their fingers on the first postoperative day.

Taking them for Snellen acuity and BCVA was for our academic interests. Discussion on spectacle prescription and being able to see with spectacle correction was a delight for the patients.

If somebody was not able to see, it was perceived as their bad luck or misfortune. The trust in the treating doctor was utmost, to say the least.

Many factors, including the rise of social media and its tendency to exaggerate and publicize even the most unusual medical issues and the trend toward the commodification of all societal services, have contributed to the shift in patient behavior that we are seeing today.

The concept of trust has become highly subjective. Frequently, a patient who appears to be a devoted follower may not be so. Patients doubt our recommendations and therapies if they contradict what they believe or anticipate. Unfavorable results are considered treatment failures. Surgical complications are viewed as the result of physician or surgeon error.

There is a well-known adage that goes something like, "Change is the only constant;" therefore, we must accept all these as normal aspects of the process of change.

While we do accept these, we recognize the need to change with them.

To effectively assist our clientele, we must change as well.

Healthcare is essential for humanity, and it can continue to do its job so long as people have faith in it.

It's crucial to have good chair time and communicate well.

We must invest time and effort into gaining the support of the patient, as well as the patient's family and other influencers, to gain their trust and confidence.

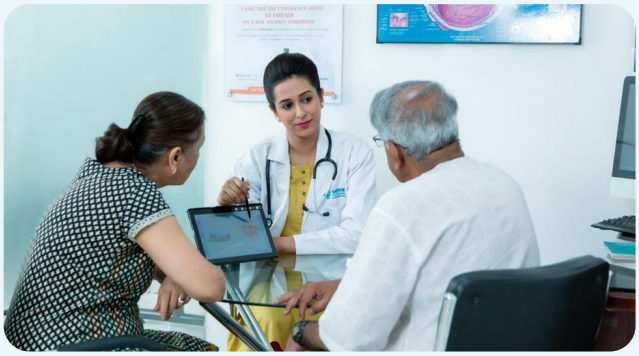
The treating doctor and all the other parties involved must be on the same page. The invisible doctor friend of the family or the unseen competing professional in the same field are often crucial players as well.

For treatment to be successful, everyone involved must be on the same page. Having so many parties involved makes it challenging to describe the nuances of medical issues. There is a high likelihood that patients may interpret the explanations in a way that suits them, which can lead to trust issues in the path.

We have all likely encountered a great number of such situations. A patient who had lower lid ectropion surgery six months prior presented for consultation reporting the procedure had failed since he was experiencing watering symptoms. The surgery performed by our expert colleague was top-notch, yet the patient did not seem grateful.

Following surgery, the patient saw a correlation between watering and positive results. Any eye-watering indicated that the patient's surgery had failed. The surgery's goal was to return the lid to its correct place, and it was successfully accomplished.

Could the doctor have said that the eyes would stop watering after ectropion surgery? Could it be that the patient didn't want the lid surgery but wanted the watering to stop?



In the same way, the goal of a trabeculectomy is to make a filtration bleb to lower the pressure inside the eye.

Patients may think this means they can get rid of their glaucoma without taking any medicine.

We know that glaucoma is an optic nerve disorder. At best, surgery to lower IOP is done with the hope that it will improve the health of the optic nerve. (Everyone is familiar with normal or low-tension glaucoma).

If he or she loses more vision years later, the patient will probably think that the surgery didn't work or has failed.

A person who thinks he has cataracts goes to the hospital to get his eyesight better. He chooses more expensive packages and lenses because he thinks that the better his vision will be if he pays more. After surgery, he or she may be unhappy with any (minimal) residual refractive error or less-than-ideal vision, even if that is caused by other co-morbid conditions.

This is because almost everyone thinks that the purpose of cataract surgery is to improve vision. If you can't see well, it's because something went wrong during the surgery, or the surgeon did a bad job.

Did the surgeon perform the operation to restore light transmission into the eye or to restore vision?

Despite their apparent similarity, there is a subtle but very crucial distinction between these two.

The surgeon is doing an operation to remove the opaque crystalline lens and implant an IOL, which the patient equates with eyesight restoration.

Where is the gap in communication?

Throughout the years, did we unintentionally send the message that a good operation equals good vision by unknowingly accepting all the credit given to us by our patients for restoring their vision through our surgeries?

In the past six months, as an experiment, we altered the manner in which we explained the operations to patients.

I explain to all my cataract patients that the goal of surgery is to remove the cloudy lens and replace it with an intraocular lens (IOL). (This explanation with the aid of diagrams/ pictures enables people to understand our 'limitation') I tell them that this improves the light entry into the eye. This improved light entry and the image thus formed will convert into what we see depending on other parts of the eye. This causes them to inquire about additional eye structures. They will also recognize the limited scope of the procedure we are executing.

This may necessitate a shift in our strategy and the acceptance of credits to the degree that we are able to assist the patient.

We must disentangle patient-anticipated outcomes from the procedure we are performing.

a. **Cataract surgery can**

   only improve light entry into the eye (cannot by itself improve vision)

b. **Trabeculectomy can only**

   create an IOP reduction (cannot by itself stop optic nerve pathology), Vitrectomy can only remove the vitreous pathology of that moment (cannot by itself improve vision or prevent future occurrence),

c. **Retinal attachment surgery can only**

   put back retina into place (and cannot predict its functional recovery and overall vision).

d. **Chalazion I & C will solve**

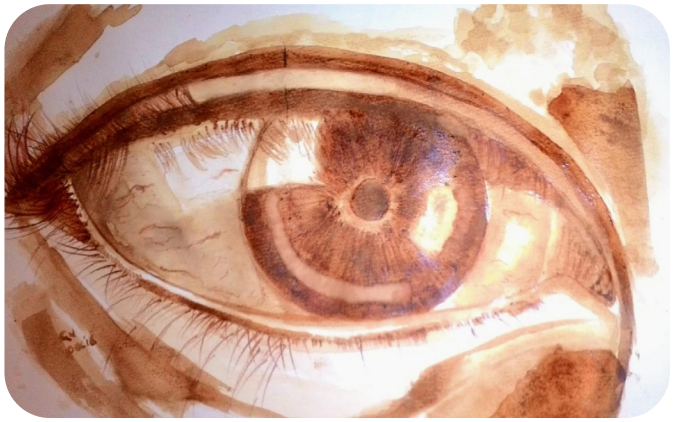
   one gland problem (cannot stop other glands and another swelling)

We do our best within the constraints of what current scientific understanding enables.

This explanation appears basic and straightforward for the patient and the other stakeholders.

Setting explicit expectations will enhance the credibility and trustworthiness of the doctor and the profession.

Focusing on chair time and good communication can help us successfully ride the tsunami of change that we see in present times



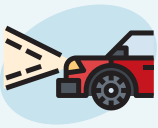
Coffee painting by **Dr Venkatsubramaniam G**

Just for laughs, new age definitions in Ophthalmology & Life

Ophthalmology is Too Humorous - Aqueous & Vitreous

Dr KS Kumar
Kumar Nethralaya, Bengaluru

HORNERS SYNDROME
A unique obsessive-compulsive disorder of drivers characterized by a tendency to continually look - on seeing any vehicle in front, sometimes even on empty roads!!



FLASHES OF LIGHT:
Seen on Bengaluru roads and emanating from all vehicles behind you both during day and night ceases to stop until you make way.

EMPTY CELLA
Cell phone with zero currency

TUNNEL VISION:
All autorickshaw and yellow board vehicle drivers have this (even without glaucoma) as they create their own tunnels on jam-packed roads

MORNING GLORY SYNDROME
A rare syndrome is experienced by housewives when the milkman, school van drivers, newspaper, water, and electricity are all on time!

PURSUIT MOVEMENT
Slow following movement of wife in response to a saccadic movement towards girlfriend of husband

AUTOFLUORESCENCE
The radiant glow on the face of a commuter when an autorickshaw driver consents to ply to the desired destination

RIGID PUPIL
A recalcitrant student who doesn't respond to either short-acting mydriatics (teachers) or long-acting mydriatics (parents)

DISC AT RISK
Vertebral discs of Bengaluru motorists on the deeply cupped and optically pitted roads

CATARACT
What we subtract from the eye to attract (another)

GLAUCOMA
Needs early diagnosis to arrest the ganglion cell soma from going into a coma

LASIK
The antidote for the "glass sick"

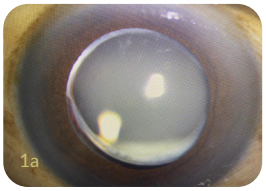
MARRIAGE:
A chiasm of 2 souls that may be prefixed (love) or post-fixed (arranged)

DIVORCE:
A permanent schisis preceded by times of relationship degeneration and couple traction

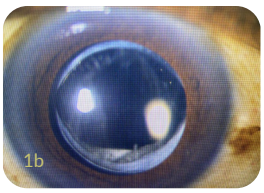
OPHTHALMOLOGIST
One who sees "eye to eye" with the patient
One who has an eye for all the ills in the patient's eye.

Photo Essay

Dr Shrinivas KN



1a. Capsular Bag Distension Syndrome



1b. Post YAG Capsulotomy

Our next Quarterly E-Newsletter will be in March 2023
For submission of articles, feedback and suggestions write to us:
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