

EDITORIAL COMMENT

Do you know your patient's goal?

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My patient today is a 46-year-old woman who had bilateral sequential same day refractive lens exchange 1 week ago. Before surgery, she was wearing contact lenses, and her back-up glasses measured as follows:

Sphere	Cylinder	Axis	Add	Prism	Lens type
OD: -8.00	+2.75	002	+1.50		PROG
OS: -7.75	+3.00	176	+1.50		Age of glasses: ~11 years

Last week she had implantation of the Crystalens model HD520 in both eyes; 13.5 diopters OD and 14.5 diopters OS. Her preoperative corneal topography had demonstrated about one diopter of against-the-rule astigmatism OU (Fig. 1), so limbal relaxing incisions were not indicated (the surgically induced astigmatism for my standard biaxial microincision lens surgery is +0.75 D at 90°).

Now she has returned with uncorrected acuity of about 20/30 in each eye, and near acuity at 16 in. of about J16. Her refraction measures as follows:

Sphere	Cylinder	Axis	Add	Prism	Distance VA	Near VA	Vertex
OD: plano	+1.00	010	00	00	20/20	J10	00
OS: -0.25	+1.00	175	00	00	20/20	J16	00

Clearly, her astigmatism had not gone away and was reducing her distance acuity (she had not responded as expected), and also she was not getting any real benefit yet from the accommodative IOL for near vision. However, I reassured her that 1 week is quite early and that improvements in vision can occur for 6 months to a year [1].

However, much to my relief, she was not disappointed.

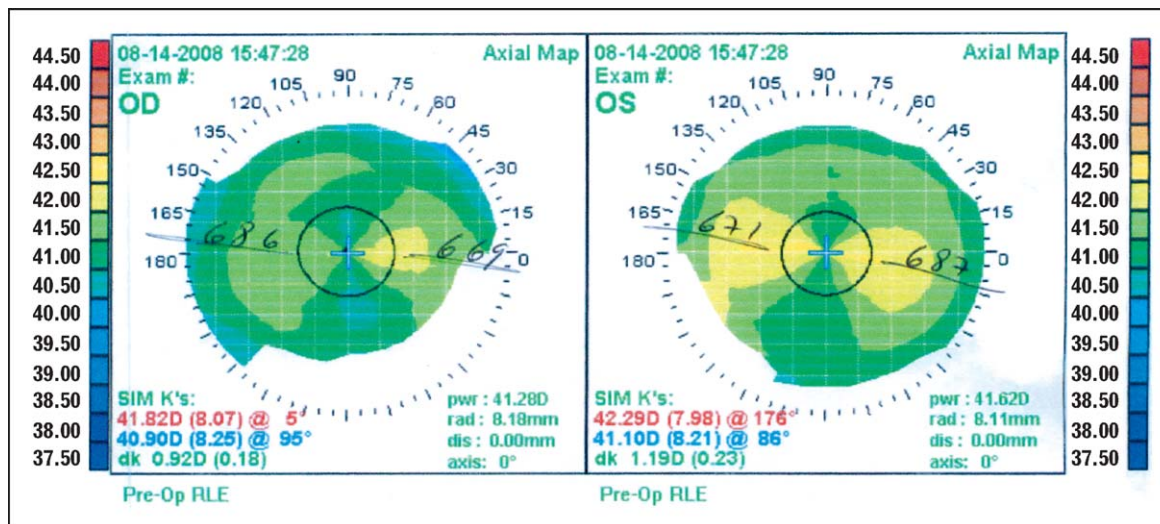
‘Whether or not I get perfect vision, at least I have achieved my ultimate goal, and I am happy,’ she said.

‘What is your ultimate goal?’ I asked, thinking, why had I not asked this question before her surgery?

‘I want to go sea kayaking in the San Juan Islands with whales, without fear of drowning because of losing my glasses or contact lenses’.

Understanding that put things into perspective for me. As it turned out, the refractive lens exchange was

Figure 1 Preoperative corneal topography demonstrates against-the-rule astigmatism in both eyes



The ultrasound pachymetry at 10 mm horizontal diameter is written on the print out (I cut limbal relaxing incisions to 90% of this depth utilizing an adjustable diamond blade with a C-shaped footplate).

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only one part of her plan. First, she had quit smoking. Unfortunately, as a result, she had gained too much weight to qualify for a sea kayaking course. Now she had to lose about 10 lbs to get under the limit. In order to do that she had just joined a health club and started a new diet. So in the near term she was looking forward to losing enough weight to learn how to pilot a kayak. By next summer, almost 10 months from now, she might be ready to achieve her goal.

I am happy for her. Her visual acuity may still improve a bit, and even if it does not, her vision is good enough to kayak (or swim) without corrective lenses. If her astigmatism does not clear (it probably would not), then LASIK enhancement will be an option for her. She may have to continue wearing a pair of +1.25 readers as needed, but I encouraged her to practice reading high-

contrast print with good lighting (she has a new hardcover John Grisham novel she is enthusiastic about).

I am feeling pretty humbled right now, once again remembering why they call this the practice of medicine. The take-home message I received from my experience with this patient is the critical importance of asking the patient, what is your goal? I admit I am humiliated by the fact that I neglected to ask before I operated. Sometimes it takes an experience to teach a lesson. I hope I do not forget again. Certainly, I was lucky this time.

Reference

- 1 Alió JL, Tavalato M, De la Hoz F, *et al.* Near vision restoration with refractive lens exchange and pseudoaccommodating and multifocal refractive and diffractive intraocular lenses: comparative clinical study. *J Cataract Refract Surg* 2004; 30:2494–2503.