

Foreign surgery/domestic comfort

by Laurie Brown, COMT, and I. Howard Fine, MD

The logistics of planning and carrying out a surgical demonstration in another country, while daunting, are surmountable, and well worth the effort.

We recently returned from live cataract surgery demonstrations in two foreign countries. What exciting and rewarding experiences they were! Learning the nuances and logistics of such an endeavor is interesting and challenging.

The decisions for each trip were made about a year in advance. We would strongly recommend faxes rather than phone calls when coordinating the details for trips like this. The latter might seem more efficient, but costs and time zones rule. Open communication with our hosts, as soon as the invitation was received until after returning home, made the process more relaxed and productive.

One year is adequate time for planning. Determining what equipment will be available for the demonstrations is a primary concern. Confirming the availability and specific type of phacoemulsification equipment, microscopes, intraocular lenses (IOLs), and company representatives for each is

the first order of business.

Obtaining information regarding the surgical facility is also necessary. We operated in a university hospital in Egypt and a hotel room converted to an operating room (OR) for the day in India. This required certain adjustments on our part, but both worked well.

The microscope company representative can help you with the foot-pedal familiarization, assis-

tant's scope, maximizing the red reflex adjustments, and camera and video set-up. The phaco machine company representative can ensure availability of tubing (single-use or reusable), phaco handpieces and tips, vitrector, solutions, and proper programming software on the equipment. Be sure to provide the phaco representative with the surgeon's preferred parameter settings for the machine and confirm his or her understanding of it. The IOL company representative (that person usually is also the phaco rep) should ensure that precalculated IOLs and back-up IOLs, appropriate cartridges, injectors, and folder or forceps are available on the surgery day.

Setting the number of cases to be performed should be a high priority to ensure you will have enough supplies available. We have found it necessary to request no one-eyed patients or extremely difficult or unusual cases be considered. If the goal is to demonstrate the surgeon's "usual" technique to his foreign colleagues, his patients' circumstances must also resemble the "usual." Difficult cases in a surgeon's home OR can become unusually difficult in an unfamiliar setting. Request an opportunity for the surgeon to examine the patients prior to surgery day; at this point, it may still be possible to change the patient selection.

Anesthesia protocols should be discussed. In countries where English is prevalent, topical anesthesia can be very successfully done. Where it is not, general anesthesia may be the best choice for the smoothest demonstration and best outcome. We've shared our anesthesia protocols and, with feedback from our hosts, have been able to confirm medication equivalents and availability ahead of time. We carry extras of so many things that it's a definite plus to eliminate any items we can from our list.

Pack for your trip as much ahead of time as possible (for us, that's usually within a week of leaving, because we use our instruments right up until the time we leave). Wrap and sterilize all the instruments you can at your facility, taking Polaroid pictures first, in the event that Customs officials want to know exactly what you have packed. This may eliminate a need to unpack sterile trays for Customs inspectors. Sterilization methods can differ by country and extra stress can be reduced if you have all your equipment sterile upon arrival. I have found that

dividing the small disposable supplies into zip-lock bags for each case, labeled Case 1, Case 2, etc., is helpful.

Instruments taken should include complete cataract sets, ideally on very small trays. Separately wrapped "SOS" instruments (instruments for complications or for suturing) and small sterile supplies, including extras, should be taken. Diamond knives should be in their own protective cases. Sterile supplies such as endocapsular tension rings, pupil expanders, viscoelastics, and intraocular medications, such as miotics and anesthetics, should be included and carried with you. Be sure to take a copy of your master list of all instruments and supplies with you, so you can account for everything at the end of surgery. Upon returning home, this list can also be used to reconcile the final bill to your office from your supplier.

We have found it advantageous to bring our own sets of scrubs, OR shoes, caps, masks, and shoe covers. Powder-free gloves are especially important and may not be available. The goal is to maximize surgeon and assistant comfort in an unfamiliar OR. It was interesting to see bare feet and sandals on the personnel in India and Egypt, but American surgeons may not prefer this for themselves.

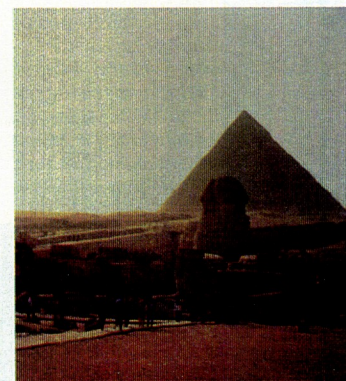
While traveling, carry copies of all correspondence with your host, including the letter of invitation, along with your instrument Polaroids for country officials. Instruments and sterile supplies should be in a small carry-on suitcase with wheels, always under your control. The viscoelastics should be kept chilled and upright. Flight attendants will generally refrigerate them for you if stored in a labeled thermal container. At the very least, make sure they are chilled and upright 24 hours prior

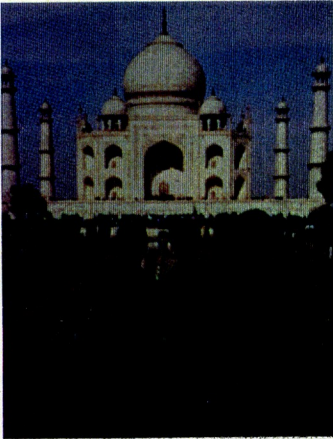


Hotel operating room in India



Operating room group in Egypt





is trying to help and has the same goals — the best outcome for the patient and the smoothest demonstration of the surgeon's technique.

After surgery, the instruments will need to be cleaned, counted, terminally sterilized, and packed for the trip home. Your foreign colleagues may want to observe this process as a secondary learning opportunity. The process can be explained, but it is best done by the assistant alone. This ensures that the care and handling of the surgeon's delicate and expensive instruments are accomplished to

your usual standards without damage. It's best to use the cleansers and instrument milk brought with you. Be prepared to be flexible — you may be using a bathroom sink!

It is nice to be able to leave something behind as a thank-you gift for those whose help was invaluable. We brought a few small gifts unique to Oregon and some postcards from home to share before leaving.

We are very thankful to have had these opportunities to participate in surgery in other countries and we hope to have many more.

We were fortunate to have had the opportunity to tour India and Egypt with guides arranged ahead of time by our hosts and are convinced that experiences like these cannot be purchased. Each trip was a rewarding experience that changed and broadened our perspectives on many levels and definitely enriched our careers.

We would like to offer a special thanks to Mary Ellen Watson, COMT, and Jodi Arcularius, ORT, who so graciously shared their learning experiences. ☺

to surgery (in your hotel room refrigerator, if possible).

Upon arriving at your destination, confirm a time with your host to visit the OR, preferably the day before the demonstration. You'll want to see the equipment and room arrangement, meet the OR personnel, and open communications with them. Significant language barriers may exist, but generally, everyone will try to understand and accommodate you. Try to make the OR resemble the surgeon's facility as much as possible. Check out the chairs, gurney, microscope, phaco machine, foot pedals, etc. Confirm that company representatives will be present for the surgery.

Arrive early on the day of surgery; you'll definitely have more ideas to implement after having had time to think about what you saw the day before. Check your patients' pupil dilation prior to surgery. Ensure that the surgeon's parameters have been programmed into the phaco machine. Be prepared to program or reprogram it.

During surgery, be watchful of sterile technique standards, as they can vary greatly by country. Be sure to save the sterile packaging as you unwrap the instruments; you can reuse it to repack them after the surgery. Make sure you are the only one to handle the diamond knives. Bear in mind that everyone present

ABOUT THE AUTHORS



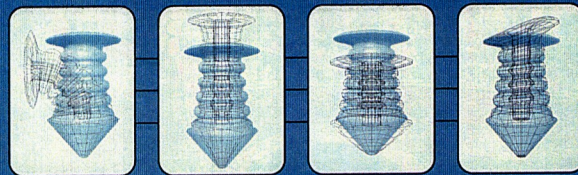
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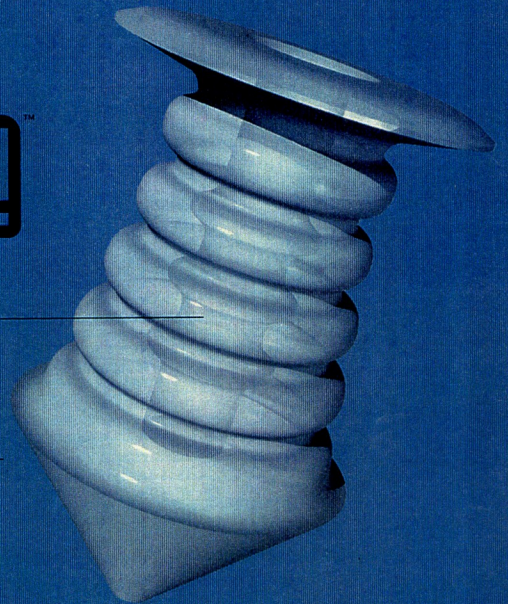
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