

The 17th Annual Downeast Ophthalmology Symposium

SEPTEMBER 21-23, 2018
Bar Harbor, Maine



UltraSert

PRE-LOADED DELIVERY SYSTEM

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof® IQ aspheric intraocular lens ("AcrySof IQ") is intended for the replacement of the human lens to achieve visual correction of aphakia in adult patients following cataract surgery. This lens is intended for placement in the capsular bag.

WARNING/PRECAUTION: Use the UltraSert™ Pre-loaded Delivery System ("UltraSert") at temperatures between 18° C (64° F) and 23° C (73° F). Use only Alcon viscoelastic qualified for this device. Do not use the UltraSert if the nozzle appears damaged or deformed. Follow the Directions for Use for correct order and sequence of steps to avoid damage to the IOL or the UltraSert.

Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use. Caution should be used prior to lens encapsulation to avoid lens decentrations or dislocations.

Studies have shown that color vision discrimination is not adversely affected in individuals with the AcrySof® Natural IOL and normal color vision. The effect on vision of the AcrySof® Natural IOL in subjects with hereditary color vision defects and acquired color vision defects secondary to ocular disease (e.g., glaucoma, diabetic retinopathy, chronic uveitis, and other retinal or optic nerve diseases) has not been studied. Do not resterilize; do not store over 45° C.

ATTENTION: Reference the Directions for Use for Model AU00T0 for a complete listing of indications, warnings and precautions.

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Letters



Toxic Colleagues: A Step Further

I write in response to Dr. Williams' editorial on toxic colleagues (Opinion, November). I would call the situations she describes "old school," or tribal behavior. Openness to new ideas and others' points of view is crucial to advancing our communal knowledge and understanding. This

instinctive human reaction to the other should improve as we continue to become more diverse in our field in terms of gender and ethnicity. The old boys' club mentality that underlies toxic behavior should become a thing of the past, although vestiges will remain.

Openness has always been an avenue to better collective understanding and intellectual growth. We ophthalmologists now have many media and networks to build our professional knowledge. In the context of broader society, we can look forward to more innovations that will help us share and verify information without much cost or hindrance.

The current movements in general culture toward greater transparency and sharing of insights have created heightened divisions between those who have different views and values. The respect that we have for each other in person is hard to replicate online, where anonymity easily breeds contempt. The social mores that underlie our discourse cannot hold when tested by faceless and divisive media.

The question remains: How do we hold our institutions and professionals accountable for their behavior? Education is the first step. We need to teach problem-solving skills that involve both colleagues and patients in a respectful manner. Our culture is preoccupied with adversarial conflict and asymmetric profit-taking. This creates an environment in which suggestions are left unsaid by those who wish to avoid creating tension. A more open, quality-oriented environment would value the best outcomes for each patient and provider without innate conflict and competition. Given our human nature, that may be a difficult goal to achieve!

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CORRECTION: In the January News in Review article "Using the Visual System to Treat Multiple Sclerosis" (page 17), *EyeNet* incorrectly identified clemastine fumarate as Claritin. *EyeNet* regrets the error.