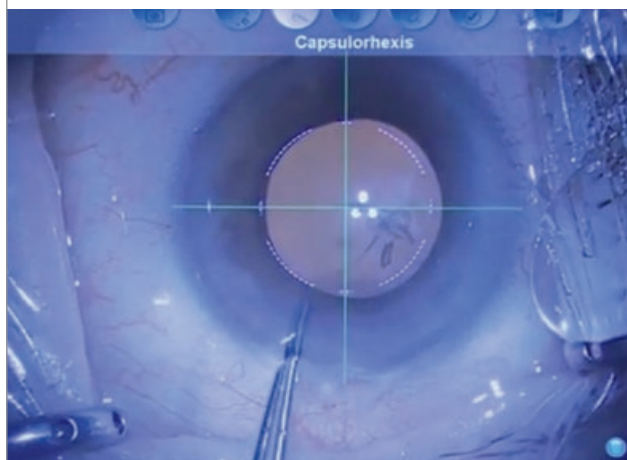




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Letters

Ophthalmologist as the Patient

I write regarding “When the Physician Becomes a Patient” (Opinion, May). I had a posterior vitreous detachment (PVD) 3 years ago, with typical symptoms. The PVD left me with an epiretinal membrane and slight distortion in my central vision. Unfortunately, I developed a PVD in my other eye, leading to a shallow total retinal detachment.

My buckle was successful, and I was back to work in a couple of weeks, sporting a new pair of glasses that corrected the increased myopia. Although my initial vision was decent (20/40–) considering that I had a “mac off” detachment, I began to slowly notice more and more metamorphopsia over the next few months. My surgeon and I finally decided to do a vitrectomy with membrane stripping. During surgery, I was aware of instruments and light moving around in my operated eye—surreal, but not painful. The gas bubble lasted only about a week, but the facedown positioning postop was agonizing. I could only sit in the rented facedown chair for about 45 minutes before my back and neck began to ache. Sleep was impossible, even with the facedown ring attachment for our bed. Once the bubble dissipated, the distortion was much better, although not completely resolved.

As expected, about 6 months later, my cataract worsened. Cataract surgery was performed. I recall the calming reassurance and gentle touch of my surgeon’s hand on my forehead. Things went well for a year and a half, and I returned to work with a much-changed attitude toward my patients’ complaints. I found myself listening with much more empathy.

About 2 years after the initial buckle, I began to notice a rather strange “afterimage” in the far temporal periphery of my vision in the operated eye. Thinking I was becoming paranoid, I called my retinal surgeon, who agreed to see me the following day. He found a new detachment, nasally this time, which needed surgery again—another vitrectomy with laser retinopexy. This time the bubble persisted for about 6 weeks, and the sleeplessness and neck pain returned. The most frustrating thing was the inability to drive or work.

My mood improved when I returned to work and started seeing patients again. Almost 3 months after my second detachment, I noticed another afterimage, this time in my inferior visual field. My retinal surgeon agonized over whether to use silicone oil, or try a higher concentration of C3F8 gas that would last longer. We opted for the gas bubble. It has been 6 months since my last detachment, and so far, so good.

Even though my vision is pretty good, I noticed that while conducting eye exams, I would miss subtle findings, so I decided to retire. The adjustment to “ex-ophthalmologist life” should be the subject of another Opinion by Dr. Williams.

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