

Letters

Wording Matters

I write in response to “Watch Your Words,” (Letters, January). I agree with Dr. Bloom. As physicians, we use jargon and also have a way of thinking about things that is often different from the way the patient sees it.

Listening to how patients respond (which may depend on their education level) can help you mold your own response. Sometimes this may mean using terms such as “stronger” and “weaker,” even though you would not normally choose these.

Patients can easily and understandably be very sensitive to some phrases taken out of context. For example, the word “malignant” used to describe malignant glaucoma in a teaching round, or the word “detachment” in posterior vitreous detachment. We need to be careful with the words we choose in the presence of patients.

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Which Surgery?

In response to the January Clinical Update, “Marfan Syndrome: Safer Surgeries in Subluxation Cases,” Dr.



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I believe, especially given the greater propensity for retinal detachment in these patients, that the bag-sparing procedure described by Dr. Vasavada, which leaves the hyaloid intact, is far superior to any other approach. I advocate more surgeons learning this technique. Especially in children, the use of 8-0 Gore-Tex suture (approved for cardiovascular procedures but off label for ophthalmic use) for Cionni ring scleral fixation is optimal.

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WRITE TO US Send your letters of 150 words or fewer to us at *EyeNet Magazine*, AAO, 655 Beach Street, San Francisco, CA 94109; e-mail eyenet@aao.org; or fax 415-561-8575. (*EyeNet Magazine* reserves the right to edit letters.)

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