

Bad Things Happen

This edition of *Cataract & Refractive Surgery Today* focuses on difficult scenarios in cataract surgery. Most likely, as you read the articles, you will hope never to need the information and advice they contain. Unfortunately, no surgeon is immune to vitreous loss, dropped nuclei, intraoperative floppy iris syndrome, tears in the posterior capsule, and ruptured zonules. For that reason, this month's cover series provides pearls on the aforementioned topics from some of the most gifted surgeons I know. Their insight forms a sort of safety net for readers.

Preventing complications is always important. The true test of great cataract surgeons, however, is how they respond to challenges. Rescuing an eye from the brink of disaster and rehabilitating that same eye to achieve the best possible vision is the highest achievement in the OR.

I have heard presentations at professional meetings during which the speakers describe their experience with a new technology and state that they have completed 10,000 consecutive cases with no complications. I always recall the axiom that the only surgeons who do not have complications are the ones who do not perform surgery.

Certainly, I love watching videos of surgery performed perfectly by incredibly skilled surgeons. The rhythm and flow make everything seem effortless, but in actuality, they represent years of dedication and practice. Often, how-



ever, the most illuminating, and fascinating videos are those in which the surgeon gets into trouble, sweats a little, and then finds a way to escape. I have noticed two salient characteristics to these cases. First, the surgeon almost always pauses and assesses the situa-

tion before acting. Too often, a poor decision at an inopportune time can make an enormous difference in surgical outcomes. Second, the surgeon has a plan. Handling complications is similar to a great chess match. The most successful approach is not always a straight line from point A to point B. Sometimes, one must take detours when responding to an opponent's moves.

Intellectual decision making and the thought process are almost always more important than manual dexterity.

I hope you will read this month's cover series carefully, because the articles offer important concepts for handling the most difficult complications of cataract surgery. For more information, I suggest visiting Eyetube.net where Bryn Mawr Communications LLC, the publisher of *CRSToday*, has compiled wonderful surgical videos to further hone visitors' skills. ■

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