

# Is There Still a Place for Intra-capsular Cataract Extraction or should it be Relegated to the History Books?

Dear Sir

Since cataract is the most common cause of world blindness in nearly all less-developed countries, one of the major thrusts in blindness prevention and in the programme 'VISION2020: The Right to Sight' is in making cataract surgery available to all. All the major agencies concerned with blindness prevention, such as the International Agency for the Prevention of Blindness, as well as non-governmental organisations and charities, seem to be strongly recommending extra-capsular cataract extraction with lens implant as the operation of choice. No-one would dispute that this is the most effective procedure with the lowest complication rates, *provided that all the necessary equipment is available*. Unfortunately, in much of the world the necessary equipment is not yet available nor is it likely to be for some years yet. Certainly there are very many surgeons doing extra-capsular cataract surgery who do not have access to a YAG laser, and there are considerable numbers who may not have an operating microscope at all, or, if they do have one do not have reliable coaxial illumination. When some or all of these facilities are not avail-

able then the results of extra-capsular surgery are not satisfactory and may indeed be worse than the results of intra-capsular surgery.

Effective intra-capsular cataract surgery requires neither an operating microscope nor a YAG laser and anterior chamber lens implants, provided they are of the correct design and the correct size, appear to be perfectly stable and free of long-term complications, certainly as far as patients over 60 are concerned.

The recent change to recommending extra-capsular cataract surgery and lens implants has come for three reasons:

- intra-ocular lenses have become very much cheaper
- numerous surveys have shown that many aphakic patients without implants are either never given spectacles or if given them have lost or broken them
- the excellent results of extra-capsular surgery with lens implants in the industrialised world.

I would like to suggest that whilst lens implant surgery should be strongly recommended and promoted, we should not condemn an intra-capsular extraction with an

anterior chamber lens implant until a good audit and a retrospective analysis has shown that the results of this are significantly inferior to extra-capsular extractions in situations where YAG lasers and top quality microscopes may not be available.

My reason for writing this letter is a consequence of two recent events. I have just visited northern Nigeria and found that the method of cataract surgery which has increased more than other methods, over the last 15 years, is, in fact, couching rather than modern cataract surgery. Also, I have heard that the DU-AL Corporation, which for many years has made excellent low cost cryo-extractors for intra-capsular extraction, has been facing an uncertain future.

I would be grateful for your readers' views about this important subject which I feel has not been discussed as fully as it should.

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## Car Seat Belts

Dear Sir

In many places the main cause of corneal perforations in adults is vehicle windscreen perforations. Eye departments, which often carry out very little surgery, stitch these corneas after traffic accidents, with whatever sutures they have.

In many cars, even belonging to eye

hospitals, the safety belts have actually been removed!

I have observed ophthalmologists who did not know how to put on the safety belts, while sitting beside the driver, in the front, as they never ever used them.

When I suggest putting on safety belts, professional eye care people and col-

leagues actually begin to laugh in disbelief! Also, the drivers are offended, as if I am suggesting that they are not good drivers.

As such perforations may well be bilateral, these can be a direct cause of blindness.

When I was training in ophthalmology in Holland, we learned how to repair corneal perforations during duties on Friday/ Saturday night. However, since the introduction of safety belts by law, such perforations are now hardly ever seen. Safety belts really prevent this type of injury.

The Journal should remind people of these facts. Eye care personnel should take the lead in campaigns for the use of safety belts in cars!

**Margreet Hogeweg MD DCEH**  
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**Wear Seat Belts!**

Dr Hogeweg's concern exactly reflects the experience of the Editor who recalls inserting 80 sutures in one patient's face after a windscreen injury – while working in Glasgow, Scotland – *before* the requirement to wear seat belts became law in the United Kingdom. This type of injury was dramatically reduced after the required use of seat belts was instituted.

Dr Hogeweg's experience of astonishing reluctance to wear set belts by ophthalmologists was the Editor's own discovery during a workshop in Asia in recent years.

We invite comments by our readers and challenge each one to encourage legislation in his/her own country – *seat belts (or equivalent) must be available and must be worn!*

**DD Murray McGavin, Editor**