grew *Corynebacterium pseudotuberculosis*, which was sensitive to penicillin and vancomycin but resistant to erythromycin. One week of systemic amoxicillin and clavulanic acid together with 4 weeks of topical penicillin and vancomycin were prescribed. The conjunctival wound healed without sequelae and the retina remained attached. Upon inquiry, he did not have any history of trauma or gross contamination over the ocular surface. There was no recent travel history within 6 months from buckle exposure. He had constant contact with animals, as a dog was kept as a pet at home.

**Comment**

A hydrogel episcleral implant is the most resistant material to be infected in buckling surgery. This peculiar clinical and bacteriological pattern may be related to the intricate physicochemical and biocompatibility characteristics of hydrogel. The low infective incidence of hydrogel implant was believed to be because of the lack of dead spaces and probable antibiotic absorption and depot effect. However, observations related to the fragility of the material, and fragmentation of the hydrogel material with time were made since the first report in 1997 and the dead spaces created could possibly contribute to delayed episcleral implant infection years after surgery.1-3

*Corynebacterium pseudotuberculosis* is a veteran infection and throughout the literature only 25 cases have been reported in humans and 22 of them have been reviewed.1 Exposure is usually occupational especially with a history of contact with sheep. The sheep farming industries within New Zealand and Australia are particularly involved. Infected humans generally presented with lymphadenitis, abscess, and constitutional symptoms.

Animal acquired infection was deemed as the most probable source of infection in our patient since he had a contact history with domestic animals, but otherwise no gross ocular soiling or contaminations was noted. Just like other human infection, the presentation of scleral buckling infection is closely related to the virulence and infective dose of the offending organisms. Our case may represent the first human ocular *Corynebacterium pseudotuberculosis* infection involving a scleral buckle after retinal reattachment operation.

**References**

p<0.0001). Attendance to optometrists appeared to increase linearly until about age 11 when it reached adult levels (fig 1, inset). Our analysis suggests that only ~7% of children aged 0–5 years visit an optometrist (1.48% of visits in the optometric cohort were for infants aged 0–5 years, and there were 16.6 million sight tests carried out in Great Britain in total, in the year 2000, suggesting 246 000 tests on the 3.7 million infants in this age group). Because infants in whom a refractive error has been detected are likely to visit their optometrist each subsequent year, this figure must be an overestimate of the proportion attending for the first time—that is, in a screening context.

Comment

The fact that a visit to the optometrist is such an exception to the rule at this age underlines the importance of vision screening programmes, and suggests that every effort should be made to implement a comprehensive system of screening at age 4–5 in order to detect children likely to benefit from early treatment for amblyopia. However, where such programmes are not in place, we suggest that encouraging children to visit an optometrist should help in the early referral of non-strabismic amblyopes.

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J A Guggenheim

School of Optometry and Vision Sciences, Cardiff University, Cardiff, UK

J E Farbrother

Optometry Department, Oxford Eye Hospital, Oxford, UK

Correspondence to: Dr Jez Guggenheim, School of Optometry and Vision Sciences, Cardiff University, Redwood Building, Edward VII Avenue, Cardiff CF10 3BN, UK; guggenheim@cf.ac.uk

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“Only rarely seen in dreams”—visual experiences during cataract surgery

Cataract surgery is the most commonly performed elective surgery in many countries including the United Kingdom. With the majority of procedures performed under local anaesthesia, it is important for surgeons to recognise if patients are indeed visually aware of their environment. Understanding their experience would be a step forward in providing the safest and the most effective ophthalmic care to cataract patients.

Clinical significance of patients’ visual experience lies in the fact that a large number of patients are frightened by their experience, which potentially leads to a number of problems. This could range from poor cooperation during surgery to a sympathetic surge with undesirable adverse effects of hypertension, tachycardia, hyperventilation, and acute panic attack.

Since the visual disturbances during cataract surgery can cause fear and anxiety and adversely affect patient satisfaction, any measure that could reduce its negative impact would contribute to making the operation safer and more bearable.

Visual experiences during cataract surgery have not been discussed in any major ophthalmic textbooks and have not been well studied until recently. It is commonly expected by the majority of ophthalmologists that patients are not able to perceive much of the eye being operated on during surgery. Even the patient information leaflet published by the Royal College of Ophthalmologists, London, states, “you will not be able to see what is happening, but will be aware of a bright light.” This advice, unfortunately, may not be accurate in a sizeable proportion of patients undergoing cataract surgery. A number of artists have expressed their experience during cataract surgery previously. Two of our patients also wrote back describing their visual experiences. Both underwent uneventful cataract surgery by phacoemulsification and intraocular lens implantation in our unit. One was a professional artist and the other a local poet. The artist sent us an elaborate drawing resembling a “colourful monkey” which portrayed his visual experience (fig 1). The poet sent us a poem, inspired by his visual perception (fig 2). His words clearly reflect the drawing. Taken together the drawing and the poem can in fact provide a tangible insight into how patients may visually experience cataract surgery under local anaesthetic.

Wondrous light from laser beams

To show such strong dramatic scenes

Only rarely seen dreams

This helps the eye to see

Bright and beautiful coils of light

Crystal clear to heal the sight

Soft and warm and glowing bright

Fascinating mystery

Subtle shades of pink and blue

Smoky white and yellow too

Will these show the same for you

As they did for me?

Our thanks to those who show the light

Their skills and loving care delight

And much improve our failing sight

A wondrous place to be

Figure 1

Poem inspired by visual experiences during cataract surgery.

This documentation of visual experiences during cataract surgery could prove helpful to counsel patients on what to expect during the procedure. An explanation of possible visual experiences during local anaesthesia may relieve patient anxiety and should be included in patient information leaflets regarding cataract surgery. This could provide a useful tool to offer some reassurance to the anxious patients about to undergo the procedure. Patient counselling in this way may increase patient comfort and cooperation during the entire procedure.

R Zia, F C Schlichtenbrede, B Greaves

William Harvey Hospital, Head and Neck Directorate, Kennington Road, Willesborough, Kent, TN24 0LZ, UK

M U Saeed

Leeds General Hospital, UK

Correspondence to: Frank C Schlichtenbrede, East Kent Hospitals, William Harvey Hospital, Head and Neck Directorate, Kennington Road, Willesborough, Kent, TN24 0LZ, UK; f.schlichtenbrede@uel.ac.uk

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