

# PEOPLE MAKE ALL THE DIFFERENCE



When I was a wide-eyed resident physician, several patients in my clinic influenced my learning of ophthalmology. Every night, I would go home and thoroughly research each new diagnosis I had encountered that day. Oftentimes, I would make outlines that included key references from the literature. After every surgical

case I performed or assisted on, I would enter notes into an electronic library of procedures I created, with technical tips for each case. My grand rounds presentations were another excellent learning opportunity that reflected what I learned in select cases.

Karen was one of my very first clinic patients. A lovely red-haired lady in her early 60s, she lived in the Lincoln Park suburb of Chicago and had dense nuclear sclerotic cataracts that required surgical intervention. I informed Karen that I would not be able to perform my first cataract surgeries for at least 6 months, the minimum period of clinical training and surgical observation that my training program required first-year residents to complete prior to operating. To my amazement, she told me that she wanted to be my very first cataract surgery patient and insisted that she would wait.

I tried to talk her out of this decision on multiple occasions, but Karen refused. Instead, she expressed excitement about being a part of this landmark moment in my medical career. I will always be grateful to Seymour Goren, MD, who successfully guided me through my very first extracapsular cataract extraction. I distinctly remember driving to Karen's home to pick her up for her surgery and driving her home afterward.

Postoperatively, her recovery was a bit slow because of the astigmatism induced by my overly tight sutures and some retained cortex. After the release of several sutures and a YAG capsulotomy, however, Karen obtained a BCVA

of 20/20 approximately 3 months postoperatively. I then performed cataract surgery on her other eye using phacoemulsification. More than 20 years later, I still smile when I remember her commenting how much faster her recovery was after her second cataract extraction. Karen was so much more than my patient. She became a dear friend.

In this issue of *GT*, contributors share interesting case studies that influenced how they manage specific types of glaucoma patients. I hope that readers find these articles instructive for the management of their own complex glaucoma cases. More importantly, I hope that this issue highlights how medical decisions affect patients' quality of life. After all, it is the people who make the lives of glaucoma caregivers so rewarding. ■

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