

Editorial

From the Editor's Desk



Making Of An Ophthalmic Surgeon

Ophthalmology has evolved immensely over the last century like all other sciences. Striving for better outcomes with earliest rehabilitation and aided by huge leaps in biotechnology and improvement in techniques, ophthalmic surgery has also become super specialised. Out of these ophthalmic super-specialities, cataract and refractive surgery and vitreoretinal surgery have grown enormously in last two decades. While this has been beneficial for the patients and society as a whole, the road to become a surgeon has become much longer and challenging. Specially in our country, where the number of postgraduation seats is much less than the MBBS seats, not all medicine graduates are able to get in to the postgraduation courses. Non-uniform infrastructure, teaching faculty, curriculum and clinical exposure further add to the woes of medical postgraduate students specially in surgical disciplines.

Due to this, after completing three years of postgraduation, all the fresh pass out students are not proficient even in basic ophthalmic surgeries like phacoemulsification (or small incision cataract surgery), dacryocystorhinostomy and lid procedures. In fact many students do not even get the chance of exposure to various super specialities in the ophthalmology. This has created the need for further clinical exposure that may be in the form of senior residency, lectureship and fellowships. The exposure even during this period tends to be variable and may be associated with poor remunerations. Performing independent ophthalmic surgeries requires a mountain of exposure and self-confidence. A surgeon is never complete unless he can anticipate complications and manage them without further damage. Another skill of a successful surgeon is to recognise cases which are not to be operated. All these make the journey of becoming a surgeon a daunting and time consuming task.

Recently, the Central Council of Indian Medicine issued a gazette notification allowing postgraduate (PG) ayurvedic practitioners to receive formal training for several general surgery ENT, ophthalmology and dental procedures. The decision followed the amendment to the Indian Medicine Central Council Regulations 2016, to allow PG students of Ayurveda to practise general surgery. The various ocular procedures taught to them would include, ocular blocks, cataract surgery, lid surgeries (including benign tumors and ptosis surgery), horizontal squint surgery, traumatic repairs, lacrimal sac surgery and trabeculectomy. These students will simultaneously learn various ENT and dental procedures as well.

The surgical training is poorly regulated even in mainstream allopathy. Allowing doctors of Indian medicine to perform specialised surgeries will add to the already existing problems and is likely to demoralise allopathic surgeons. Further this may carry medicolegal implications in the event of a complication which is an integral part of any surgery. While it may be good to increase the numbers of doctors (in view of poor doctor patient ratio in our country), policymakers must not compromise on the quality of future surgeons.

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