IT'S COMPLICATED

New challenges unfold with glaucoma surgery.

BY EUNICE YOOK, MD

When I started my fourth and final year of ophthalmology training, I wondered what would be the biggest difference between residency and fellowship. The obvious evolutions that came to mind were increased responsibility and autonomy. However, there was one specific lesson I learned from that entire year of performing glaucoma surgery in fellowship: When you cut, things get complicated.

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FELLOWS CLINIC

I was fortunate that my fellowship program had the resources and volume to support a weekly clinic run by the fellows. The patients in the clinic were usually individuals with end-stage glaucoma who were quickly progressing despite maximum medical therapy. I remember my first day of Fellows Clinic: I could have easily justified booking every single patient I interviewed for surgery.

Obviously, booking 20 cases for my first operating day would not have been ideal. Many of these patients had social situations that required patience and time, and these factors took priority at this point in their lives. However, a good number of patients were ready to sign up for surgery. I ran them by my attending, and their procedures were scheduled.

WHAT GOES UP MUST COME DOWN

At last, my first day in the operating room arrived. My first case was completed smoothly thanks to good supervision and ideal patient selection. Postoperatively, the patient did well, and her vision seemed to be stabilizing. From that point on, as additional cases were completed each week, I started gaining the confidence to book more surgeries. However, what goes up must come down, and that included my confidence level.

A few weeks later, I was scheduled to perform surgery on what seemed like another ideal patient candidate. During surgery, my attending watched my every move. On postoperative day 1, the patient's IOP was low but nothing I had not dealt with before. Then, in the weeks following, I learned what *hypotony* and *choroidals* meant in real life. For this patient, they meant making multiple visits to the clinic in a week, losing time from work, coming in on the weekend, and hearing that another surgery was needed.

All of the lessons I have learned in the clinic and operating room are invaluable. However, it was the ones that came with a bit of extra work that I will remember the most. I am not unique in encountering these teachable complications; it happens to everyone who operates. But when you do have complications, remember that, as much as you hate seeing that choroidal on the ultrasound, there is a patient behind the probe. Be sympathetic, and let the patient know that the person holding the probe is a human being as well.

CONCLUSION

For me, encountering these complications was the biggest difference between residency and fellowship. When you have your own patients whom you know will be yours for the entire year, you feel every milestone and every obstacle they encounter because you are human, too. ■

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