FIGHTING SIDE BY SIDE

BY SZE H. WONG, MD

Early in my residency, I enjoyed the relatively straightforward treatment of patients with glaucoma in the general eye clinic. Despite the variety of glaucoma medications, I soon had a favorite sequence and combination of drops. My list consisted of affordable generic agents, because the majority of my patients lacked insurance coverage. If the drops failed to work, I sent the patient to the glaucoma clinic and never saw him or her again.

Rotating in glaucoma clinic opened my eyes. Many patients were on the brink of blindness and urgently needed surgery. Some had received a prescription for oral diuretics to maximize IOP control but could not tolerate the side effects. Even after surgery, management could be complicated and involved. One memorable patient was nicknamed Mama Bear by her daughter, who always accompanied her in clinic. Mama Bear underwent a trabeculectomy but mistakenly instilled the postoperative steroidal drops in the contralateral eye. Her bleb scarred down despite repeated rescue injections of 5-fluorouracil. The patient was devastated every time she heard that her IOP was high, and she blamed herself.

After frequent interactions and long conversations about a second surgery, I got to know Mama Bear well. She agreed to undergo a second trabeculectomy, which succeeded in the immediate postoperative period. I distinctly remember discussing the postoperative drug regimen 1 day after surgery. I recorded the regimen in big letters on a sheet of paper and then asked her to recite it back to me. I asked her daughter to do the same. Like many glaucoma patients, Mama Bear asked why her vision had not improved postoperatively. I reminded her that the purpose of the surgery was not to improve vision but to prevent progressive vision loss. I was vigilant about her care and was relieved to see her bleb functioning and her IOP controlled each time she followed up.

Residency taught me that physicians and patients fight glaucoma side by side. Working to develop a close relationship with patients is key to overcoming barriers to optimal management. In the case of Mama Bear, her weeklong confusion over eye drops rendered her first surgery useless.

Spending time educating her on what the medication was for and how to use it resulted in a favorable outcome after the second surgery. Her success was gratifying, and it reminded me why I became a doctor in the first place. ■

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