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RT Retina Today Asks...

What is one lesson in patient management that you had to learn the hard way?

Never underestimate what your patients can do to jeopardize their own health and care. A case that was very difficult for me was a postinjection endophthalmitis patient who had some challenging social issues. He was older, had little family support, and had reasonably poor hygiene. He was receiving injections for wet macular degeneration and had an active choroidal neovascular membrane.

He had brown stains on the front of his pants, and he didn't smell very good. Unfortunately, that was sort of his usual presentation.

Three days later, I received a call from the patient's optometrist and was told that he had significant vision loss with intraocular inflammation. I saw him again that night and performed a tap and inject, but the damage was done. The tap grew *Enterococcus faecalis*, presumably from auto-inoculation.

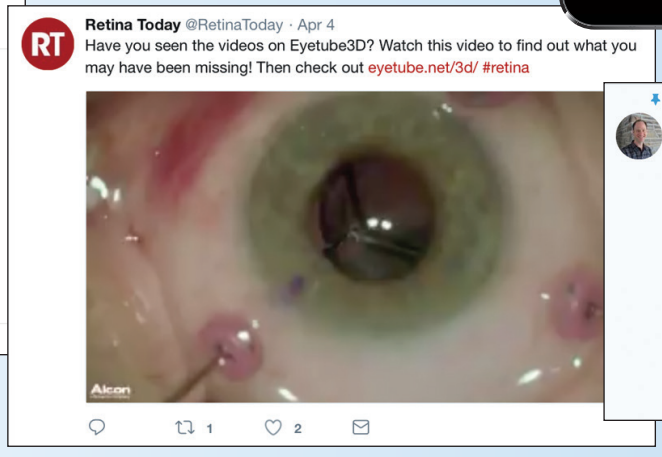
—John Frisbee, MD

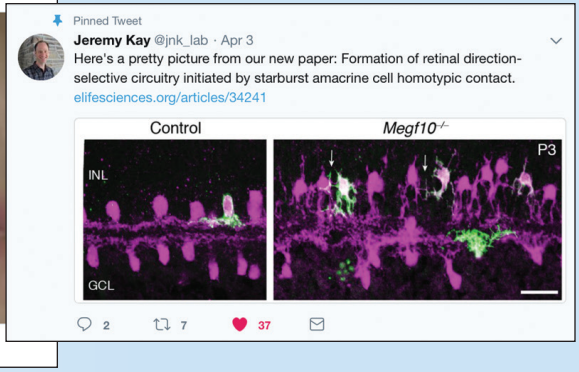
In each edition of @RetinaToday, the editorial team of* Retina Today *asks an editorial advisory board member or other expert in the field a question.

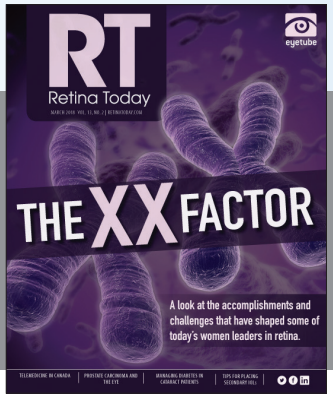
Maria H. Berrocal, MD, describes the back-cutting technique to remove fibrovascular tissue in the presence of a mobile, detached retina. Dr. Berrocal demonstrates the procedure, starting with blunt dissection and cutting with the opening of the probe facing anteriorly. Used with the lift-and-peel technique, back-cutting allows the surgeon to get between tissue planes and to shift easily between cutting and peeling.

To watch, visit bit.ly/Berrocal0418

TWEETS OF NOTE







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WOMEN IN RETINA, LEADING THE WAY

Interviews with Julia A. Haller, MD; Joan W. Miller, MD, FARVO; Joan M. O'Brien, MD; and Shlomit Schaal, MD, PhD

bit.ly/women0318