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Eye (2010) **24**, 1417–1418; doi:10.1038/eye.2010.25; published online 9 April 2010

Sir,
Reply to Dr Tan

We thank Dr Tan¹ for taking interest in our paper and note his comments on the issue of fright resulting from subjective visual perceptions (VPs). We agree that there is a variation in the number of patients who are frightened by intra-operative VPs, but overall the percentage of such patients is small. It is appropriate to state that the majority of patients find VPs during intra-ocular surgery bearable; some find them even pleasant^{2–4} and one has found them good enough to write a poem about them.⁵

In our study, 52/72 (72.22%) of patients described their VPs as 'bearable', and only two patients (2.7%) thought that they were 'frightening'. Interestingly, one of the patients who was initially frightened found the experience to be pleasant as the surgery progressed. Dr Tan has suggested that previous surgery may be a contributory factor in reducing the fright associated with the VPs. In our study, 38 patients had previous intra-ocular surgery, 39 had none, and in 3 this was not recorded. Although neither of the patients who were initially frightened had undergone previous surgery, there were 16 patients in our study who thought the VPs were 'pleasant', of whom 9 had undergone previous surgery but for 7 it was their first experience.

Contrary to the view expressed in the letter, previous surgery does not always work as a 'practical' form of counselling. Some patients find the second surgery to be more frightening. In a study by Ang *et al*,⁶ patients who had had previous cataract surgery were more likely to be frightened compared with those undergoing surgery for the first time ($P = 0.018$).

Tranos *et al*⁷ examined if fright was related to whether it was the first eye surgery or the second one. The second eye surgery was less frightening, although this was not statistically significant ($P = 0.06$). Similar observations have been published by other authors.^{8,9} Although fear did appear to be associated with the first eye surgery in these studies, once again it failed to reach statistical significance.

As far as the issue of forewarning is concerned, it is noteworthy that in our study only 4 patients wished to be forewarned about the VPs. More interestingly, of

the two patients who were frightened, only one would have liked to be pre-warned. One patient who found the VPs to be pleasant thought that warning patients about them would result in unnecessary worry.

Based on the literature and our experience, it would appear that it might be beneficial to inform people should they wish to know. As far as the issue of fright is concerned, we are still of the opinion that VPs are not normally frightening.

Conflict of interest

The authors declare no conflict of interest.

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Eye (2010) **24**, 1418; doi:10.1038/eye.2010.29; published online 9 April 2010