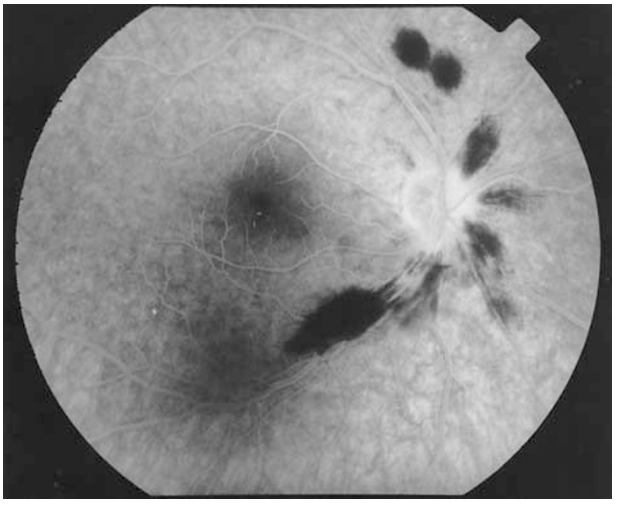

Figure 1 Altitude retinopathy: a late phase right fundus fluorescein angiogram of a mountaineer taken 5 days after descent from 7500 m. Haemorrhages are seen orientated in the nerve fibre layer. There is mild venous dilatation, but a normal capillary network and no sign of disc oedema.

climber taken 5 days after descent from Mount Everest is shown for comparison (Figure 1). This climber also had no symptoms of altitude sickness and the haemorrhages cleared without long-term sequellae.

Altitude retinopathy is a poorly understood condition, due in part to the remoteness at which it usually occurs and the difficulties in performing invasive ophthalmological tests at altitude. It may be that the authors need to be congratulated for the first reported case following travel in a commercial jet aircraft.

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Sir,

'One-stop' cataract surgery

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I read with interest the article on 'one-stop' cataract surgery.[1] I agree that such a system reduces the number of hospital attendances and thereby provides more effective use of time and resources. The ophthalmic unit at Warrington General Hospital is currently in the process of expansion with the addition of a new theatre dedicated to high volume cataract surgery based on a similar 'fast track' system and is keen on learning from the experiences of others using such a system.

I am concerned at the poor theatre utilisation reported and the high rate of inappropriate GOS18 and GP referrals thereby defeating the very purpose of 'one-stop' surgery. Perhaps if optometrists were to be provided with referral guidelines and exclusion criteria, this might be avoided. It is also surprising that up to 9% of patients refused same day surgery in spite of having been sent a letter stating that they should be prepared for this.

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