

The results of the BCVA obtained in our study group ranged from 2 to 24 weeks postoperatively with a mean of 11.8 weeks. The aim of our study was to ascertain the best achievable visual outcome and therefore it is impossible to extrapolate this information to a specific time frame. Thus, we are unable to comment on the short-term visual outcome, but agree that complicated cataract surgery poses a risk to a poorer visual outcome with a high incidence of post-operative cystoid macular oedema as shown in our study.

We look forward to reading Chan and Au Eong's paper in depth and are most reassured with the similarities in our findings.

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The study indicated that the rate of vitreous loss during phacoemulsification surgery was higher when performed by junior trainees. Correlation of the rate of vitreous loss with the presence of predisposing factors, pre-existing eye disease and the grade of the surgeon, and degree of supervision can show the true nature of the problem. With careful selection of cases for junior trainees, modular stepwise training in performing phacoemulsification surgery, adequate supervision and mandatory completion of the basic microsurgical course can decrease the problem of vitreous loss during surgery.

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Sir,

Phacoemulsification cataract surgery and unplanned anterior vitrectomy—is it bad news?

We read the article 'Phacoemulsification cataract surgery and unplanned anterior vitrectomy—is it bad news?' Published in March 2002 *Eye* with interest. The study noted that out of 92 patients who required anterior vitrectomy, 65 did not have pre-existing eye disease; 49 out of the 57 achieved visual acuity of 6/12 or better. However, the visual outcome for the 27 who had pre-existing eye disease is not mentioned. The authors were implying that unplanned vitrectomy was not bad news; however, will this be the case if the outcome of all unplanned anterior vitrectomies were taken into consideration? Considering the 65 study patients without pre-existing eye disease, assuming the worst-case scenario, 16 (25%) had poor visual outcome, which is bad news. We would like clarification from the authors about their conclusion 'patients who undergo complicated phacoemulsification cataract surgery do comparatively well' when all the patients (including those with pre-existing eye disease) who underwent such procedure were not included in their study.

Sir,

Reply

We appreciate the comments from Kolli and Vempali. This study is a measure of visual outcome in patients undergoing complicated phacoemulsification cataract surgery requiring an anterior vitrectomy. A successful visual outcome is defined as the best-corrected visual acuity of 6/12 or better. In an attempt to isolate the effect of anterior vitrectomy on the visual outcome of cataract surgery, we excluded patients with pre-existing ocular conditions that may have affected the final visual outcome notwithstanding any surgical complications. Thus, we believe that our study is a more realistic reflection of visual outcome in complicated cataract surgery in those having no pre-existing problem. We feel that the 86% figure found is a comparatively good result, but this objective figure is obviously open to subjective interpretation.

We have acknowledged that there was a correlation between the rate of vitreous loss during phacoemulsification and the level of inexperience of the surgeon, which is purely an observational correlation. We