Dear Sir,

We felt saddened although unfortunately not surprised when reading the editorial of the latest journal issue. Said note reviewed the current status of anesthesia in glaucoma surgery and, in our view, depicts many of our prejudices and shortcomings, not only in the purely technical area but also in our evolution as a group and scientific Society.

In the technical area, a surgeon who approaches glaucoma surgery has to understand that non-injected anesthesia is the most convenient type of anesthesia for this type of intervention because it does not pose the risks of peribulbar or retrobulbar anesthesia. Among others, these include vagal reaction, increased orbitary volume, increased intraocular pressure, periocular bleeding, patient discomfort due to the pain experienced with the anesthetic injection. As we all know, these risks are clearly negative for a glaucomatous eye.

Over 10 years ago several groups, some of them in Spain, began to utilize and disseminate topical anesthesia for glaucoma surgery. A range of publications described a series of techniques and results with high safety and efficiency levels although, as indicated in the editor’s note, in the majority of cases a varying degree of sedation is required, in all cases with the co-operation of an anesthetist.

In the light of said publications and after several conversations with the group of the Ramón y Cajal Hospital and other colleagues, the idea arose to increase the duration of the anesthetic substance in the area to be intervened. It was clear that higher anesthetic efficiency and the need for sedation were problems that required a solution.

Accordingly, we began to apply an anesthetic technique for glaucoma surgery which we called “contact anesthesia”, a solution midway between topical anesthesia which was becoming prevalent in cataract surgery and was clearly inadequate for glaucoma surgery and peribulbar or retrobulbar anesthesia which was damaging and dangerous for the majority of our patients with relatively advanced glaucomatous neuropathy. We saw that a sustained application of the anesthetic provided an efficiency compatible or even superior to traditional injected anesthesia, thus rendering sedation unnecessary in most cases. Some characteristics of the anesthetic procedure include total conservation of motility and the impossibility of superior rectum traction. In our experience, these changes in the usual procedure are not a problem for surgeons with at least some experience. In fact, our residents are performing filtrating surgery with this anesthetic technique from the beginning.

In compliance with the long and complicated process required by scientific evidence and international publication procedures, we presented a number of papers in national and international meetings related to ophthalmology and anesthesiology. Subsequently, we published several articles in Spain, Europe and the United States. In due course, the technique has gained ground and is being applied in centers in Europe, the United States, Asia and even some in Spain.

In what concerns our membership of a professional group, it is somewhat disappointing and painful to see that our colleagues consider unnecessary to analyze, criticize or at least quote (which does not imply sharing a viewpoint) the work of Spanish groups. Anyone has the right to refrain from demonstrating the efficiency or inefficiency of a technique for whatever reason but it should be requireable that, when a revision is made on the topic, publications should not be omitted even when the authors do not have Anglo-Saxon surnames.

Our intention is that the above comments should not be construed as an attack against the authors or the editors of this journal but as a constructive criticism and an expression. We describe our sadness as well as our lack of surprise because the above commented omission is very frequent. If someone has a good idea, substantiates it in a scientific manner and shows it to whoever wishes to learn about it (as was the case with many ophthalmologists who came to Saragossa to see the technique in operation), that person tends to be ignored.
Probably, if our surnames were American or “European”, at least the work would have been mentioned or criticized.


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