Dear Sir,

We felt sadness and disappointment, and obviously great surprise, when reading the reply of Professor Luis Pablo, MD Luisa Gómez and Ph.D. in Medicine and Surgery Susana Pérez-Oliván from Zaragoza, submitted to the “Letters to the Editor” section, concerning our editorial titled “Local Anesthesia in Glaucoma Surgery”, authored by Dr. Antonio Alberte, Dr. Mar Brieba, Dr. Sergio Del Rio, and Dr. Fernando García of the glaucoma section of the Costa del Sol Hospital in Marbella and by Dr. Mª Dolores Pinazo-Durán, of the Dr. Peset University Hospital of Valencia.

With all due respect, dear editor, please include this reply in the next issue of your journal because I wish to respond point by point to the letter sent by our colleagues from Zaragoza, as follows:

1) The editorial in question did not involve a revision or “state of the art” as the responders indicate because it was only an editorial for the official journal of the Spanish Ophthalmological Society. I would ask the responders to kindly review the rules for publication of such editorials where it will be seen that we have strictly adhered to the style, length and number of references for editorials.

2) Please believe me when I state that said editorial does not portray any prejudice or shortsightedness in the technical area (as the senders indicate) in its substance, form or objective, which was to freely express our opinion and experience in this section as a discussion forum of Spanish ophthalmology. I have the feeling that everything that was expressed in said reply exists only in the minds or the hearts of the responders as the result of not being cited in this editorial. Look, I've been practicing

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**Glaucoma surgery and anaesthetic techniques. On editorials, scientific reviews and citation possibilities**

**Consideraciones sobre cirugía del glaucoma y técnica anestésica. Sobre editoriales, revisiones científicas y posibilidades de citación**

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the ophthalmological profession since 1980, I worked in Valencia nearly all my career and only recently I moved to the Punta de Europa hospital under a service assignment. Here, I’ve shared a clinical and surgical glaucoma practice with my friend and chief Ignacio Vinuesa, whose surgical skill, ability to innovate, excellent relationship with patient and above all professionalism never cease to amaze me. His empathy and spontaneity didn’t surprise me because I had known those traits of his character many years before. In this context I should also mention his indifference about appearing in publications and projects, generally about “building a name”. Even so, life sometimes takes unexpected twists. Ignacio always said that out mission is to facilitate the healing of patients and improve their quality of life, not to appear in the ranking of publications with the highest impact ratios. Can you see now why I am so surprised by a letter written by ophthalmologists who share common interests in our clinical practice, surgery and research but also maintain completely different objectives?

3) In what concerns the technical area mentioned by the responders, I must assure you (and believe me) that we know full well, perhaps due to our age more than anything else, that any anesthesia which does not increase intra-orbitary and/or intraocular pressure, that does not surprise the surgeon with an inconvenient clot, that cannot induce a vagal reaction or undesired movements, is clearly the most convenient anesthetic for approaching antiglaucoma surgery. It has to be understood that up to the seventies, glaucoma surgery was based on the induction of a fistula to communicate the anterior chamber with the sub-conjunctival space. For this purpose, the Elliott or Lagrange sclerectomies were performed. These were laborious and complication-ridden procedures. However, in 1968 techniques were described which re-established filtration under the concept of “fistulizing surgery”. Thus, Harms and Cairns ushered in the era of trabeculotomy-trabeculectomy. My first Ophthalmic chief in the INSALUD (Public health system), was Dr. Diego Díaz Estévez (son of Professor Diego Díaz Domínguez as my contemporaries will recall), both involved in glaucoma since countless years ago. I remember them with great affection (Rest in Peace), and give thanks because they introduced me to the world of glaucoma which I found so fascinating, and to surgery through the microscope when trabeculectomy and argon laser had appeared only recently to treat glaucoma through trabecuoplasty. This gives an idea of the times. Several years later, all ophthalmological surgery was performed under general anesthesia (excepting “minor surgeries”). How many times did we implore the anesthetist to reduce arterial pressure and keep an eye on the patient gases because the eye wasn’t looking good at all during the surgery. We’ve been through tight spots when faced with a reluctant vitreous or (fortunately not as often) a terrible expulsive hemorrhage without being able to prevent it in spite of our apparent skill. All those procedures had an expiry date because a few years later, between the eighties and nineties, the accessibility of intraocular microsurgery allowed the development of different instruments and maneuvers as well as the possibility of negotiating and agreeing the anesthetic approach with the specialists. I can assure that all this was done on behalf of our patient and also of our coronary arteries.

4) It was over 15 years ago when ophthalmologists all over the world effectively began to apply non-invasive anesthesia in glaucoma surgery or in combined glaucoma-cataracts procedures. Some chose to use xilocaine gel, others swabs, water-insoluble sponge films such as gelfoam or spongostan and many other similar products impregnated in well known local anesthetics, with or without sedation or associated neuroleptoanalgesia. The ophthalmologists from Zaragoza commented that their non-contact anesthetic technique (similar to topical anesthetic but extending exposure time with artifacts) is the technique of choice, without need of sedation. It is true that Prof. Pablo has published four papers in the past 7 years in relation to anesthesia in glaucoma surgery, under very similar titles: a) “Topical vs. contact anesthesia in conventional trabeculectomy. Randomized prospective study. Arch Soc Esp Oftalmol. 2003; b) “Contact versus peribulbar anesthesia in trabeculectomy: a prospective randomized clinical study. Acta Ophthalmologica Scandinavica. 2003; c) “Contact-topical plus intracameral lidocaine versus peribulbar anesthesia in combined surgery. Randomized clinical trial. J Glaucoma. 2004, and d) “Comparison of the efficacy and safety of contact versus peribulbar anesthesia in combined eye surgery. Ophthalmologica. 2009. According to an advanced bibliographic search through Thomson Reuters®, the result of worldwide citations of the above papers is of 3, 2 and 0, respectively. In my view, Prof. Pablo’s papers are excellent, but apparently his upset stems not only from the absence of citations at the national level as his letter seems to indicate. In the circumstances, we understand that not citing his work in our paper has increased his upset. It is true that the scientific community is not always as fair as they should be with all authors, regardless of how worthy of mention the latter consider their work to be.

5) In what concerns the paragraph referring to the disappointment and pain the responders feel due to the presumption that “... our colleagues deem it unnecessary to analyze, criticize or at least cite (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”, I must respond that I feel pain too when said attitude is presumed about myself. Obviously and without considering legal procedures, the intellectual property belongs to the author of a paper, and the viewpoints and ideas are in accord with freedom of expression. Therefore and with gratitude to the opportunity given by the Editor of Archivos in this forum, I would like to state that it is very unfair to recriminate any author for not citing another author or group of authors, regardless of nationality, or for not including “additional” authors who did not participate actively in the preparation of any scientific paper (the
long lists of authors in papers is suspect to say the least in some cases), attempting to disqualify the omitting author without evidence of any kind. I underscore the fact I pointed out at the beginning of this letter, i.e., that an editorial is not a revision as the amount of words and above all citations are limited (recently, the reviewers have returned us a new editorial submission for including four bibliographic references above the limit). I hope that the rest of national and foreign authors involved in glaucoma surgery, biotechnology, research and anesthetics will not similarly demand being cited in this section because I am certain that, throughout my revision work for well-reputed journals, I must have forgotten (as I’m sure I’ll continue to forget) some of the papers published on the subject at hand, even though the surnames are easy to read for Spanish language people. In addition, I must say that we never expected the cited authors to thank us for being cited in our editorial.

6) I encourage the authors of said letter to carry out a revision on anesthesia in glaucoma and cite all the authors of papers related to the topic, without omitting anyone.

To conclude, Prof. Pablo and collaborators, if you didn’t intend your request for citation to be seen as an attack, you have succeeded. I assure we agree with you. We like being cited, we like having our work considered, we like to publish and refer to our papers in forums, etc. And I assure you that the omission in question was not deliberate. As you aptly pointed out, we are sure that your reply was the result of a bad day or an expression of frustration. Therefore, it’ll be soon forgotten.

Kindest regards,

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