Guest Editorial

Manual small-incision cataract surgery: Surgery for all

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It is enormously heartening to know that the *Indian Journal of Ophthalmology*, in collaboration with the International Society of Manual Small-Incision Cataract Surgeons (ISMSICS), is publishing a special issue dedicated to manual small-incision cataract surgery (MSICS).

It is indeed ironic that just a few decades ago, MSICS was considered a poor cousin of phacoemulsification. The scenario has changed dramatically today. Many surgeons are now using MSICS as "the" surgery of choice. A good scleral tunnel, to use a simple yet profound platitude, is the core, and also heart, of MSICS.

MSICS techniques vary from phacoemulsification at two stages: incision and management of nucleus. Scleral tunnel incision is a secure valvular incision that is well covered with the conjunctiva. Yes, MSICS is perhaps a painful learning process, primarily because there is a high chance of corneal damage, especially in one's learning curve. But once it is learned well, it offers excellent results. As a matter of fact, a host of studies have reported equivalent results in terms of visual outcomes and endothelial damage with MSICS and phacoemulsification.[1-5] Early postoperative upturn in corneal thickness has been reported, no less, with phacoemulsification.[6]

Surgically induced astigmatism (SIA) has been reported to be higher in MSICS.[7,8] Yet the best part now is astigmatism can be corrected with customized incisions with relative ease. This special issue features an article on this methodology.

The nomogram of surgically-corrected astigmatism (SCA) can help the surgeon use premium intraocular lenses (IOLs) in MSICS with full confidence, leaving less room for surprises. Customized incision cataract surgery (CICS) and newer vistas, namely, SMART MSICS, and MSICS, through 2-mm incision, likewise, have progressed well in MSICS. This bids fair to the reason why MSICS is today not only the surgery for the underprivileged but also a premium choice.

It is imperative for a surgeon to be well-versed with various techniques of cataract surgery. MSICS has the wherewithal to bail out a surgeon in difficult cases of phacoemulsification. Do we not always hear deliberations as to how to convert to SICS? Or how rarely do we hear a riveting talk on "how-to" convert to phacoemulsification in difficult cases of MSICS? To state the obvious: MSICS is for all surgeons and all cataracts.

ISMSICS—the brainchild of Dr. Amulya Sahu—was formed about two decades ago. It has given MSICS that glowing and eye-catching impetus it richly deserves. Many developed countries are now showing great interest in learning and using MSICS. ISMSICS, as you know, has chapters in most states in India and also in several developing as well as developed countries. It has become a global phenomenon. This calls for celebration and also a focus to taking it to the next level.

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Dr Jagannath Boramani is an ophthalmologist from Navi Mumbai. He has received numerous the awards is state and national conferences. He has conducted several Instruction Courses, live surgical demonstrations and wet labs across the globe. He has also contributed articles in various text books and journals. He was the Chief Editor of Journal of International Society of Manual Small-Incision Cataract Surgeons (ISMSICS). Presently he is the Executive Chairman of ISMSICS as well as the Chairperson of Editorial Committee of Global Journal of Cataract Surgery and Research in Ophthalmology.