

## Unique experience from two-week Alcon phacoemulsification training program at a tertiary eye care centre

Dear Editor,

We read the very interesting and unique article by Farooqui *et al.*<sup>[1]</sup> on the multicentric Alcon phacoemulsification training program and we must congratulate the authors for bringing out this important analysis. The authors have broadly covered all the major and minor aspects of phacoemulsification training that are taught during this two-week program. However, we have few important points to add which we believe will be helpful to all the clinical ophthalmologists aspiring for this program in the future.

1. Before enrolling in this program, we believe that the surgeon should have mastered manual small incision cataract surgery (MSICS)<sup>[2]</sup> or must have performed at least 250 MSICS to be fluent in tissue handling. The same criteria were followed by our trainer during the program.
2. In the first week of training, the trainees must be allotted 1 case per day and 2 cases per day from the second week. This helps not only in building up the confidence and but also improves the OSCAR score of the candidate. The average OSCAR score, in the beginning, is 70, which improves to 85–90 at the end of the program.<sup>[3]</sup>
3. At tertiary eye care centers operating free patients under the National Program for Control of Blindness (NPCB)<sup>[4]</sup> scheme, the candidates can be initially trained on free patients through sclerocorneal phacoemulsification using PMMA IOL.
4. The last 2–3 cases should be clear corneal phacoemulsification as the candidate will be mostly performing clear corneal phacoemulsification in the future.<sup>[5]</sup>
5. This unique training program gives deeper insights into microscope settings, basics of instrument handling, core mechanisms of phacodynamics, and surgeon's hand position and posture while performing surgery, which a normal training program usually misses. The Alcon trainers are highly skilled candidates who take the responsibility of graduating you from a MSICS surgeon to a phacoemulsification surgery with a good follow-up.
6. Lastly, this program also provides you with a logbook where all the preoperative and postoperative details of the patients

can be noted down. The logbook acts as evidence of your training program and the outcomes can be analyzed to achieve target refraction in future cases.

To conclude, we recommend that every ophthalmologist must undertake this unique phacoemulsification training program to understand the minute details of the technique and to become a better surgeon.

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### Conflicts of interest

There are no conflicts of interest

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