

Presbyopic glide: A simple aid to prevent grave errors in high surgical volume centers

Dear Editor,

Ocular surgeries are the most commonly performed surgeries worldwide. Cataract surgeries account for more than 50%, with half of them being performed in developing countries.^[1] Identification and confirmation of patient and surgery details are an essential component of patient safety. The important pre-operative checks include verification of patient's name, eye to be operated, biometry details, and IOL power.^[2] Pickel *et al.* showed that 60% of participants had prepared a patient for wrong surgery.^[3] It is of utmost importance that operating surgeon verifies the details himself/herself. In developing nations with low doctor-to-patient ratio and high surgical volume, patient identification and verification are a big hurdle, especially for elderly presbyopic surgeons.^[4]

We at our center use one of the low vision assistive products (LVAP's)—the presbyopic glide/page magnifier as an easy alternative. Magnification of patient details, biometrics, and IOL power in the case sheet allows easy cross-verification [Fig. 1a and b]. The page magnifier is a Fresnel lens constructed using several lenses into a flat sheet of dimensions 28 mm × 21 mm × 2 mm. It is a cost-effective device and can be sanitized easily using a disinfectant. Magnification is brought by bringing an object within the focal distance of the magnifier sheet [Fig. 1c]. Since high power spherical lenses are used, the focal length reduces and thereby subtends a large angle at the eye.

In the COVID-19 era, this can further be added as a routine protocol, as this would help in maintaining social distancing while case verification [Fig. 1d]. Verbal communication is avoided; thus, it reduces aerosol dispersion; providing an aseptic environment. This magnifier can also be used to check the batch details of intravitreal injections, and for lens loading in cataract surgeries.^[5] Thus we propose the use of this LVAP to ensure more safer surgeries, especially in high surgical volume centers.



Figure 1: (a) Image depicting a magnified view of case record through the presbyopic glide. (b) Image depicting a magnified view of IOL box allowing reconfirmation before IOL implantation. (c) Image depicting a magnified view of A-scan. (d) Image depicting optimal use of glide for verification with social distancing

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Conflicts of interest

There are no conflicts of interest.

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