Dear Editor,

The Letters Page! Available in different formats! Here's hoping an ePub version that enables partially sighted readers such as myself to choose a resizable sans serif font is now in the pipeline.<sup>1</sup>

Talking of sight, I am writing this letter six hours before undergoing cataract surgery on my only eye. The ophthalmologist tells me his surgical complication rate is 0.2%. Although this sounds extremely low, I lingered beneath the salmon pink clouds on Friday, and on Saturday considered the might of the delicate snowdrop planted in memory of my godson, Alex. Will I ever see such sights again?

Have you considered an audio version of the journal?

Three words are on my mind: serendipitous, phacoemulsification and toric. Thankfully no one will poke a stick into my eye to dislodge the opaque lens, as might have happened in the 6th century BC. But, as they say, what goes around comes around, somewhat differently.

When Perspex cockpit shields shattered, wartime RAF pilots sometimes sustained penetrating ocular injuries. Ophthalmologist Harold Ridley realised Perspex was inert. The eye would heal even though fragments remained. Later in the 1940s he developed an intraocular lens (IOL), made from similar material, to replace an extracted cataract-affected lens. Initial results were poor.

The introduction of the operating microscope, and subsequently micro-instruments, made extra- rather than intra-capsular extraction possible. This leaves some of the lens's bag behind, into which the IOL is placed securely. By the late '80s the insertion of an IOL became standard practice. Thick-lensed spectacles were consigned to the museum.

The next challenge was to reduce the incision size (and thus the complication rate), and to develop a lens that would fit through it.

Phacoemulsification, first used in the 1960s but not generally in the NHS until the '90s, emulsifies the lens with ultrasound. The same instrument (a very small and hygienic stick) aspirates the lens remnants.

In the third millennium AD along came the rollable lens. This is placed within an instrument (a very clever stick) small enough to fit through the tiny 2-3mm incision needed for phacoemulsification. The IOL is released and unfurls within the residual lens capsule. Sutures are no longer needed.

A standard intraocular lens replaces the natural lens and corrects any pre-existing myopia or hypermetropia. A toric lens also corrects astigmatism and is the one for me. Fancier IOLs are available privately.

Well, that shift into the factual has whiled away some of the morning and depersonalized the events now four hours away. As a former ophthalmic nursing tutor, I would rather be scrubbed-up, assisting and teaching, than lying on the table, under the knife. When I started nursing, cataract patients were nursed in bed for several days. Today, DV,<sup>2</sup> I will be home and eating shepherd's pie by 8pm.

Would you like to know which post-operative format of *The Letters Page* I will need?<sup>3</sup>

Kind regards,

Helena Durham<sup>4</sup>



- <sup>1.</sup> There are indeed plans for a digital edition of *The Letters Page* which will include full accessibility options and, potentially, an audio version. Bear with us.
- <sup>2</sup> An abbreviation of 'Deo volante,' the latin phrase meaning 'God willing' or 'if God wills it'. Which we totally knew without having to ask or look it up.
- <sup>3.</sup> We did want to know. We expect, dear kind reader, that you would also like to know. Here's what Helena told us:

'Fear not! The operation went very well, thanks. The surgeon came to remove the dressing a couple of hours after surgery. Instantly (no exaggeration) the world, as much of it as could be seen from my hospital bed, appeared so much brighter and sharper-edged than it had earlier: contrast was more apparent and colours more vivid and intense (a lemon yellow wall, a pale wood door with white architrave and scarlet and white NHS slipper socks). I realised then how much the cataract had dimmed and faded everything. I'd kept thinking things were mucky, so when I returned home the following day I found I'd been keeping my house super clean.

Being driven along the ring road that evening to stay with friends was a scary experience as all the single lights appeared to have multiplied many-fold. A personal firework display! This temporary aberration settled within a few days. The shepherd's pie was very tasty, particularly the crispy edging scraped off the inside of the dish'.

<sup>4</sup>·Helena Durham has been a staff nurse, clinical nurse teacher, curate, hospital chaplain, and a mature undergraduate at the University of Nottingham. She has published work in *The Lumen*, a journal of medical humanities.

