

Editorial

Manual small incision cataract surgery – need for literature backup

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Manual small incision cataract surgery (MSICS) has not received its due recognition. There are a large number of surgeons who perform this surgery as their first choice. The much lower cost compared to phacoemulsification with equally comparable results makes MSICS the preferred choice of surgery for tackling a large number of cases of blindness, due to cataracts in the community setup.

Those who are experts in MSICS claim this surgery is at par with phacoemulsification. However, enough publications are warranted. The article by Adeogun, *et al.* in this issue is a welcome trend that MSICS surgeons are also getting inclined towards research.^[1]

There is enough scope for performing research related to MSICS. I would invite surgeons to perform head-to-head comparisons of MSICS vis-à-vis phacoemulsification regarding visual outcomes, surgically induced astigmatism, resultant astigmatism, endothelial cell count, surgical time, recovery time, and discomfort in the post-operative period. Since a large number of MSICS are performed, I would

suggest that surgeons document their surgical details including the outcomes diligently. Later on, these data can be clubbed together for analysis.

I am quite confident that the International Society of Manual Small Incision Cataract Surgeons will strengthen the value of MSICS by promoting more research. The Global Journal of Cataract Surgery and Research in Ophthalmology provides great opportunities for researchers for the publication.

REFERENCE

1. Adeogun IJ, Adekoya BJ, Balogun MM. Comparison of pupil dilation in manual small incision cataract surgery using topical versus intracameral mydriatic agents - a randomised controlled trial. *Glob J Cataract Surg Res Ophthalmol* 2024;3:4-9.

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