

Guest Editorial

## Cataract surgery training in India: Equipping young ophthalmologists to be the leaders of tomorrow

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Cataract imposes a substantial burden for preventable blindness on India. The young ophthalmologists play a pivotal role in addressing the increasing burden of the disease. Manual small-incision cataract surgery (MSICS) provides a cost-effective and efficient method, establishing itself as the primary approach for managing cataracts in limited resource settings.<sup>[1]</sup> Young ophthalmologists dedicate a majority of their surgical training to learning of MSICS.

The strength of India's cataract surgery training lies in its emphasis on MSICS. With more advance understanding of wound construction and further enhancements in surgical techniques, the outcome of MSICS has shown an improving trend.<sup>[2]</sup> Residency programs in India typically dedicate a significant time in mastering this technique, encouraging strong surgical skills in young ophthalmologists.<sup>[3]</sup>

The International Society of Manual Small-Incision Cataract Surgeons (ISMSICS) is expanding its reach across India and beyond, vigorously promoting the idea that MSICS surgeons should impart their knowledge, learn and adapt to the refinements in MSICS. This initiative further enhances training by providing standardised protocols and mentorship opportunities.<sup>[4]</sup>

However, challenges persist pertaining to the variability in training quality across institutions. Limited access to wet laboratories and simulation models further impedes nationwide skill development.<sup>[5]</sup>

Furthermore, the rapid evolution of technology, including surgical techniques, instrumentation, biometry and intraocular lens design Premium intraocular lenses (IOLs), necessitates continuous learning beyond MSICS technique.<sup>[6]</sup>

To address these issues, a multi-dimensional approach is necessary. There is need to standardise the training protocols across institutions, incorporating the best practices procured from studies across the globe.<sup>[3]</sup> Second, providing improved

accessibility to wet laboratories and simulation models can provide a safe and controlled environment for refining their surgical skills.<sup>[7]</sup> Incorporating training modules on advanced IOL implantation techniques and post-operative management will prepare young ophthalmologists for the future of cataract surgery.<sup>[8]</sup>

The ISMSICS has a pivotal role to play in these advancements. By cultivating collaboration of young surgeons, and promoting research, it aims to optimise MSICS training methods which can significantly impact the future of cataract care in India.<sup>[4]</sup>

The ISMSICS is set to launch its global small incision cataract surgery (SICS) training program, aiming to enhance surgical skills worldwide. This initiative underscores ISMSICS's commitment to improving access to quality eye care globally, particularly in regions with limited resources. Alongside this program, ISMSICS continues its efforts to expand cataract training in India by regularly organising biannual conferences.

In conclusion, India's MSICS-focused cataract surgery training offers a strong foundation for young ophthalmologists. By addressing existing gaps in training methods and embracing continuous learning, we can ensure that future ophthalmologists are well equipped to tackle the growing cataract burden and provide high-quality, comprehensive care to millions.

### REFERENCES

1. Honavar SG. Man vs machine - the future of manual small-incision cataract surgery. *Indian J Ophthalmol* 2022;70:3747-8.
2. Ravindran RD, Gupta S, Haripriya A, Ravilla T, Vardhan SA, Subburaman GB. Seven-year trends in cataract surgery indications and quality of outcomes at Aravind Eye Hospitals, India. *Eye (Lond)* 2021;35:1895-903.
3. Nair AG, Mishra D, Prabu A. Cataract surgical training among residents in India: Results from a survey. *Indian J Ophthalmol* 2023;71:743-9.

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4. ISMSICS - the international society of manual small incision cataract surgery - young ophthalmologists. Available from: <https://www.ismsics.com> [Last accessed on 2024 Apr 02].
5. Kumar A, Tandon R, Titiyal JS. Training in ophthalmology in India: Perceptions and suggestions for improvement. *Indian J Ophthalmol* 2013;61:284-90.
6. Jacobson DS, Gimbel JR, Werner L. American Academy of Ophthalmology Preferred Practice Pattern® Cataract. *Ophthalmology* 2022;129:P1-89.
7. Chang SF, Augenstein S, Chang DT. The role of simulation in ophthalmology: Current applications and future directions. *Clin Ophthalmol* 2018;12:2201-12.
8. Narang P, Jacob T, Auffarth C. Evolving trends in cataract surgery: A review of recent advances and future directions. *Indian J Ophthalmol* 2019;67:1722-32.

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