

Editorial

# A new milestone for International Society of Manual Small Incision Cataract Surgeons

Barun Nayak<sup>1</sup>

<sup>1</sup>Department of Ophthalmology, Hinduja Hospital, Mahim, Mumbai, Maharashtra, India.

It marks a red letter day in the history of the International Society of Manual Small Incision Cataract Surgeons (ISMSICS) as you open the first page of the introductory issue of the Global Journal of Cataract Surgery and Research in Ophthalmology (GJCSRO). Although this journal is dedicated to Cataract and Ophthalmic Research, the scope is also to include novel developments in all aspects of ophthalmology. A long cherished desire of ISMSICS members has been fulfilled by the conviction and unending efforts of our Founder Chairman, Dr. Amulya Nath Sahu. I consider myself to be very lucky to have been chosen as this journal's Founder Editor-in-Chief along with Dr. Purvi Bhagat as Managing Editor.

A common question comes to our mind – Why a new journal? What is the purpose of this new journal? First and foremost, what I am going to say is that it was a necessity on humanitarian grounds. A cataract is the main cause of blindness worldwide and more so in developing countries. In 2020, among people above 50 years of age, about 15.2 million people were estimated to be blind and an additional 78.8 million had moderate-to-severe visual impairment (MSVI) worldwide due to cataracts.<sup>[1]</sup> The backlog is increasing every year in many countries. It was also noted that there has been an increase of 29.7% in blindness and 93.1% in MSVI due to cataracts from 2000 to 2020.<sup>[1]</sup> Phacoemulsification and MSICS are two main techniques of cataract surgery. Although the outcome is similar, MSICS has been given a step motherly treatment, so far.<sup>[2,3]</sup> The cost involved in MSICS is significantly lower as compared to that of phacoemulsification.<sup>[3]</sup> The industry mostly promotes phacoemulsification for obvious financial considerations and has created a perception, that it is a superior surgery. The only way to rectify this perception is by producing evidence through research, which is, unfortunately, right now not enough. Global Journal of

Cataract Surgery and Research in ophthalmology will provide a platform to all for dissemination of their research findings. Through this editorial, I invite all clinicians, surgeons, and researchers to conduct research involving MSICS and submit their manuscripts to GJCSRO, which is a peer-reviewed journal with an open-access policy. Cataract backlog can be tackled by surgery which should be low cost with a good outcome. The technique should also have the potential for mass scale surgery. Fortunately, MSICS fits well with all these criteria.

What is our responsibility? With the discussion in the previous paragraph, it is clear that the onus of scientifically proving that MSICS is an equally good surgery when compared to phacoemulsification lies with those who are performing MSICS. The only way to create evidence is by conducting quality research. Many surgeons say that I am doing MSICS with a good result. However, this statement, without research backing, becomes subjective with an element of bias. The bottom line is that there is a need to conduct robust research and create strong evidence.

What are my suggestions? To begin with, those who want to conduct research should first realise that it is not a simple process. It is hard work and involves a lot of time and energy, apart from the cost. Materialistically, it is not beneficial, but as a service to humankind, it assumes significance and satisfaction. One can feel that they are participating in the progress of medical knowledge and science. One can experience the priceless feeling of participating in the progress of medical knowledge and science.

How can one conduct research? The only requirement is the will and zeal to conduct the study with an inquisitive mind. The person should know the various aspects of research before he or she starts their journey. What they should have is a 'question that has yet to be answered' and to which they

\*Corresponding author: Barun Nayak, Department of Ophthalmology, Hinduja Hospital, Mahim, Mumbai, Maharashtra, India. [editor@gjcsro.com](mailto:editor@gjcsro.com)

Received: 03 February 2022 Accepted: 03 February 2022 Published: 29 April 2022 DOI: 10.25259/GJCSRO\_3\_2022

This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 License, which allows others to remix, transform, and build upon the work non-commercially, as long as the author is credited and the new creations are licensed under the identical terms. ©2022 Published by Scientific Scholar on behalf of Global Journal of Cataract Surgery and Research in Ophthalmology

badly want to find the solution. A proper literature search, formulation of a research question, study design, protocol writing, Ethics Committee Approvals, conduct of the study, results, analysis, and conclusion are the various aspects of research. This has to be followed by the preparation of the manuscript for publication. A detailed discussion is out of the scope of this editorial but one can attend a good course on 'Research Methodology and Scientific Writing.'<sup>4,5</sup>

I hope, that I have been able to answer the question; Why one more journal? I will be most satisfied if I am able to generate interest in research-related MSICS.

#### **Declaration of patient consent**

Patient's consent not required as there are no patients in this study.

#### **Financial support and sponsorship**

Nil.

#### **Conflicts of interest**

There are no conflicts of interest.

#### **REFERENCES**

1. Pesudovs K, Lansingh VC, Kempen JH, Steinmetz JD, Briant PS, Varma R. Cataract-related blindness and vision impairment in 2020 and trends over time in relation to VISION 2020: The right to sight: An analysis for the global burden of disease study. *Invest Ophthalmol Vis Sci* 2021;62:3523.
2. Ruit S, Tabin G, Chang D, Bajracharya L, Kline DC, Richheimer W, *et al.* A prospective randomized clinical trial of phacoemulsification vs manual sutureless small-incision extracapsular cataract surgery in Nepal. *Am J Ophthalmol* 2007;143:32-38.
3. Gogate P, Deshpande M, Nirmalan PK. Why do phacoemulsification? Manual small-incision cataract surgery is almost as effective, but less expensive. *Ophthalmology* 2007;114:965-8.
4. Nayak BK. Why learn research methodology? *Indian J Ophthalmol* 2009;57:173-4.
5. Nayak BK. How to enhance the skills of scientific writing. *J Clin Ophthalmol Res* 2016;4:63-4.

**How to cite this article:** Nayak B. A new milestone for International Society of Manual Small Incision Cataract Surgeons. *Glob J Cataract Surg Res Ophthalmol* 2022;1:1-2.