British and Eire Association of Vitreoretinal Surgeons

This issue is not intended to be the proceedings of the British and Eire Association of Vitreoretinal Surgeons (BEAVRS) meeting held in Wales, November 2010. We randomly highlighted some of the topics and converted selected oral presentations into short essays. There were too many presentations, 61 to be precise, for one issue to do justice to the whole meeting. In this supplementary issue, I am pleased to include an article on fluidics by David Steel and our guest speaker from the USA, Steve Charles. Posturing after macular hole surgery was a topic much discussed in recent years and it is good to get a summary and an update from Aman Chandra, David Charteris and David Yorston. Som Prasad is a pioneer in the myriad of surgical techniques for the correction of aphakia. In this issue, he suggests an algorithm for a logical approach to the wide choice of surgical techniques and intraocular lenses.

The BEAVRS was conceived 25 years ago. Its durability relied on one simple principle, namely that the meeting should encourage maximum participation. This translated into two simple rules. Everyone who comes should present. The presentations should be short and the discussions long. Over the quarter of a century and with minor variations, we have abided by these rules. Gradually but spontaneously an unexpected phenomenon came into being, which I could best describe as 'collective wisdom'.

We cannot claim that British and Irish surgeons are in some way better than surgeons elsewhere. Wisdom comes from experience. Cumulatively, the surgeons have treated thousands of retinal cases. Treatment of the retina, especially via vitreoretinal surgery, is always challenging. Mistakes can happen. Yet, mistakes are our teacher and they help us to learn. At BEAVRS meetings, from the beginning, we have never been afraid to show our worst as well as our best cases. It is this ability to talk honestly, to laugh about disasters, to share common woes that is the essence of the BEAVRS tradition. If there is any humility, it does not arise from feigned politeness, but from a genuine need for mutual support. With the passage of time, it is becoming more and more obvious that no single person has a monopoly on wisdom. Equally, one fact is clearly emerging, which is that in a group, there is real breadth and depth of knowledge.

Let me illustrate this by just one strand of discussion. This is taking place online at the time of writing this editorial. A case was presented of a 59-year-old lady with cystoid macular oedema after scleral buckling surgery for a macular-on retinal detachment. The patient also had a schitic macula in the fellow eye. The patient was a low myope, with axial lengths of 25.0 and 23.8 mm. Optical coherence tomography images were posted on the Web. The discussion involved 9 surgeons and ranged from the complications of treating myopic foveal schisis over the

use of carbonic anhydrase for macular oedema in dystrophic retinas to a possible diagnosis of X-linked schisis in females. Previously published cases with optical coherence tomography images were convincingly similar to that of this case. The mechanism of how X-linked disease can occur in females was explained. Someone else joined in the discussion and summarised a recent presentation at the Asia Pacific Academy of Ophthalmology Meeting on surgery for myopic foveal schisis. Then enhanced S-cone syndrome was added as a possible differential diagnosis and electrodiagnostic tests were suggested to look for confirmatory changes. More references were posted with links to full articles.

It was Victor Hugo who said: 'Wisdom is a sacred communion'. This one case clearly showed that if there was any wisdom, it arose from the communion with close colleagues via the medium of the Internet. The BEAVRS has gone from just an annual meeting to a social/professional network. In the next few years, like many vitreoretinal societies across the world, we wish to extend our collaboration to that of a research network. Looking at the success of DRCR.net and counting on the close collaboration between colleagues in the UK, we are confident that such a research network will soon come about.

Practising as a vitreoretinal specialist in the UK is not without pressure. In the wake of several high-profile cases of negligence (in paediatric cardiology, in gynaecology and in general practice), the government is looking at the profession to revalidate our surgical competency and fitness to practise. In this supplementary issue, Bill Aylward also reports on the progress of developing a user-friendly database that will help us to demonstrate our competency in a balanced way without consuming an inordinate amount of time. With cumulated cases, the information from the database will allow us to stratify the risks (and the chances of surgical success) of individual patients. It is very much hoped that any audit will help us to improve our surgical outcomes and not make us risk averse.

Lastly, it has been good fun putting this supplementary issue together. I hope you enjoy reading the articles.

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