

Personalization of Treatments in Ophthalmology

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In recent years, we have seen a massive change in our ways of life, thanks to the influence of technology. First the arrival of computers that began to perform certain functions of the human being, then the Internet that shortened the distance and allowed information to be available to all, and then Smart phones that are practically a tool without which we do not know how to live.

All aspects of our lives are influenced by technology, and ophthalmology has not been left behind, allowing the development of treatment devices and surgeries increasingly accurate and specific in their indication and functionality. This, together with the development of subspecialties, leads to a greater concentration of the capabilities of a physician in a specific area or pathology.

The cornea Specialists, have even detected a new layer in the corneal microanatomy, their lasers are increasingly accurate to treat refractive diseases, ectasias and keratopathies are treated with implants or transplants of high surgical complexity, only for specific cases.

Anterior segments surgeons have an arsenal of intraocular lenses and tools on the Phacoemulsification machines, which are used for certain types of cataracts, patients, previous pathologies, occupations, habits, etc.

Vitreoretinal surgeons have different options for antiangiogenic drugs, lasers of different spectra, specific for different layers and areas of the retina, vitrectomy consoles increasingly accurate, fast and with hundreds of tools that are used only in very specific cases.

And glaucomatologists have the development of lasers for the treatment of trabecular, different valved or non-valved drainage devices, and dozens of new devices or equipment for minimally invasive surgeries.

However, something that surpasses a gold standard technique such as trabeculectomy, which is practiced by all surgeon ophthalmologists, is still required and is effective in virtually all glaucomas, because it was their function to control everything. That is the difference with current ophthalmology, devices and technologies of minimally invasive surgery, have very specific indications, as well as selective trabeculoplasty. The valves can solve the most complicated cases, but if it is ill indicated, it can complicate the simpler glaucoma. In addition, not knowing the factors of drug interactions, behavior of the peaks and fluctuations of intraocular pressure, possible early or late complications, is still a cause of the fact that glaucoma arrives in very advanced stages to the specialist.

We now have to understand, that technological changes and the modernization and variety of treatments in the different subspecialties of ophthalmology, make it impossible for a single person to be a specialist in everything. Understanding that a good general ophthalmologist, can very cleverly control glaucoma, Antiangiogenic, lasik, or operate a phacoemulsification, but also know when, in a specific case, you are escaping your skills or knowledge. And is a detail of humanity, greatness and commitment to the health of your patient understand that Communicate with a colleague, and request collaboration, to lead the way, the specific case.

The subspecialties and procedures related to each one will be increasing, we must be intelligent and learn to surround ourselves or keep in touch, with a team of colleagues, with whom we can face most of the pathologies, which we have to deal with. Understanding that it is not our obligation as general ophthalmologists, to know everything that is published about, for example, strabismus, but a specialist in

this area, can know and open the range of surgical or therapeutic options that handles, and decide, which is the indicated one, Specifically for the case, of the patient being consulted.

A base of respect and ethics, will allow a better management of our general ophthalmology, in the short term, one can understand that the beneficiary is the specialist consulted, but in the long term, the patient will appreciate the professionalism and commitment of the consulting physician, and the final benefit is generalized, for the patient who maintains his vision, the family that surrounds him, and the doctor who wins the trust of his patient.

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