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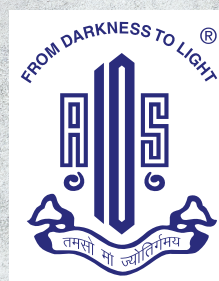
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AIOS TIMES

Bulletin of All India Ophthalmological Society

FOCUS

- Ophthalmology Practice
- Cluster Endophthalmitis



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AIOS
ALL INDIA
OPHTHALMOLOGICAL SOCIETY

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Dr Lalit Verma
PRESIDENT AIOS

From the Desk of President

AIOS : My Vision for 2022-23

My heartfelt gratitude to all the members of AIOS for bestowing upon me this honor of leading your society as its president. All India Ophthalmological Society today is a vibrant society, with over 25000 life members, the largest such society of Ophthalmologists in the World. Annual Conference of AIOS is one of the best ophthalmic conferences in the world.

I have been closely associated with AIOS for 23 years in different capacities. Often in the past, Presidents have given great suggestions for betterment of society & set ambitious goals regarding blindness control, diabetic retinopathy, childhood myopia,... etc. However it is often not possible to fulfill those goals as the term of president is only for one year. Such goals need long term planning and close coordination with union government, state governments, local administration, civil society, hospitals etc

Therefore I propose to setup an advocacy team which will work in close coordination with Government & all other stakeholders and ensure AIOS as national society of

ophthalmologists in India has a key role in formulation of National Programme, Policies, National Surveys, TPA's, Rates of procedures / Surgeries etc. For me, Interest of AIOS, Interest of Members is & shall be of paramount importance & We shall gear all our activities accordingly.

I have worked With Single Aim i.e, "Upliftment of AIOS & its members" Whether it is Finance; Whether it is Membership; Whether it is Scientific Program. All these would not have been possible.. But for the Support of members & Governing Council.

During my 1 yr term as President of AIOS, I propose to the following for the benefit of our members :

1. Mid Term Conference

To facilitate our members from smaller towns & remote areas of the country, to participate in scientific deliberations & update & upskill themselves with advances in Ophthalmology, I propose to hold Mid term AIOS conferences in Tier 2 / Tier 3 cities.

2. SSTC facility at AIOS headquarters

Establish & Develop SSTC facility at AIOS HQ & May be

in various states subsequently. We all know & understand that Ophthalmology is primarily a surgical specialty. Theoretical knowledge you can gain by attending various conferences or through various online channels. BUT to develop Surgical Skills / Diagnostic skills,

One needs to learn them from the Masters
One needs to practice on experimental eyes ...

This was the whole inspiration & thought process behind organizing SSTC (Surgical Skill Transfer Course) , DSTC (Diagnostic Skill Transfer Course) & TSTC (Technology Skill Transfer Course) courses during Annual Conference of AIOS. Encouraged by overwhelming response to these courses , I propose to establish facility for Skill Transfer Courses at AIOS HQ.

3. International Recognition of AIOS

Today AIOS is the 2nd largest body of Eye Surgeons in the World & the Largest body of Life Members in the World; BUT ,Despite the numbers,Despite Huge Talent ,We somehow have not been able to project AIOS as a body to reckon with internationally. I plan to pursue this mission with full force and make AIOS a global name & AIOS annual conference the most sought after Ophthalmological Conference in the World.

4. FAICO

With help of Dr Azad &

Dr Babu Rajendran , we conceptualised & launched the much popular FAICO .. the Fellowship of All India Collegium of Ophthalmology. Started in 2009 and implemented in 2010 FAICO received tremendous response from members.

Our FAICO .. the ONE OF ITS KIND IN THE WORLD
Need be projected in SAARC region , ASIA PACIFIC , AFRICA & The ENTIRE WORLD.

5. Managing Committee Members

Couple of years ago - MC meeting used to held only once & that too during Annual conference. When I was secretary of AIOS , I introduced Mid term meeting of MC, with the slogan " to improve Centre-state connect ". But if you see there is hardly any active involvement of MC. I propose to introduce concept of Best state society.

All affiliated state societies will be encouraged to promote scientific & educational activities. Then based on the work done by all states, Best state will be honored with President's Medal.

I am sure with the cooperation , we shall be achieve , at least , some of the above goals.

Looking forward to your cooperation

Dr Lalit Verma

President , AIOS (2022-23)



Prof. (Dr.) Namrata Sharma

HONY, GENERAL SECRETARY, AIOS

From the Desk of Editor-in-Chief

The AIOS has seen a fair amount of change at the hand of the pandemic and probably the most prominent of this was the inability to have a physical conference last year. Fortunately we have come out of this situation and were able to participate in a physical conference at Mumbai with attendance of over 5000 delegates and faculty. It was heartening to see so many of you come out and travel to meet with each other and network amidst the academic fiesta in the city of dreams. Given the brief hiatus, the risk of COVID and practices picking up again, it was indeed commendable that so many of the members took out time to attend the conference.

As members of the society, we are all responsible for electing our leaders and it is truly amazing to see how well the democratic machinery works year on year and as new leaders take over, they work towards making the society stronger and bigger and help strengthen your trust in the organization.

In this issue of AIOS Times, we have focused on the issue of cluster endophthalmitis, something which is a threat to patients' eyesight and practitioners' reputation. As a society, we have worked towards mitigating this threat

through establishing protocols for infection control and sterilization. We have also setup a task force to update these protocols and provide support to members who land up in an unfortunate cluster endophthalmitis situation. This issue provides the basic guidelines and knowhow of how to prevent postoperative infections and deal with a cluster endophthalmitis should one end up in that circumstance.

My team and I have been trying our best to bring all of you up to speed with the latest occurrences in the field of ophthalmology through webinars, focused meets and CMEs as well as our publications. We are always happy to hear back from you about anything you feel we should focus on or incorporate in the society working and academics.

Hope you enjoy reading this issue of AIOS Times.

Prof. (Dr.) Namrata Sharma

HONY, GENERAL SECRETARY, AIOS
secretary@aios.org



Prof. (Dr.) Rajesh Sinha

HONY. TREASURER, AIOS

From the Desk of Executive Editor

Dear Friends,

Let me present to you another issue of AIOS Times which includes some of the pertinent topics that need to be understood and discussed in order to provide better ophthalmic care for our patients. A very useful article related to update in ophthalmic practice with opinions of stalwarts like Dr Lav Kochgaway, Dr Alok Sen and Dr Rajat Mohan Srivastava will help the young ophthalmologists a lot in starting up their own practice. Endophthalmitis is a dreaded condition that needs emergent attention and management. It should better be prevented than managed and the article written by Dr Lalit Verma, Dr Namrata Sharma and Dr Digvijay Singh highlights all the important aspects related to this. There are some other related and relevant articles on OT Sterilization and also by the Endophthalmitis Task committee wherein key opinion leaders like Dr Lalit Verma, Dr Debasish Bhattacharya and Dr Mahesh Shanmugam have given their opinion, which can be very useful for the readers. Further the Interesting Reads on Cataract, Retina, Glaucoma, Oculoplasty and Ocular Oncology can be very useful particularly for the postgraduates.

The AIOC 2022 was organized with great flare and very good attendance at a world class venue, JIO Convention Centre at Mumbai. It was a great experience for all not only because of the excellent scientific programme and the world class venue but also because of the fact that we could meet each other after a long lull of covid pandemic. I pray to God that we should not see any such pandemic in the rest of our lives.

We are sending the new futuristic smart card to all the AIOS members. This has unique QR code which has all the information of that member. The purpose of sending this card is to enable AIOS members to attend the AIOS conferences through this card by having the registration details into it. This will take away the cost of the badges that we make every time separately for each conference. Additionally you can get your details by just scanning the QR code. For this I request all the AIOS members to send their latest good quality photograph that can be put on the card. A lot of members have sent their photographs, a lot of them have received the card as well and I sincerely thank them for their co-operation and words of appreciation. I request all the remaining members to send their latest photograph so that their smart cards are also sent to them.

We have also sent mailers inviting application for travel fellowships. This idea was conceived and passed in the AIOC held in 2020 at Gurugram from the fund that the AIOS headquarter received from the then Chairman Scientific Committee Dr Lalit Verma. Unfortunately due to the covid pandemic there was hardly any travel and hence no option of travel fellowship. As the travelling to conferences both national and international has once again started it was decided to initiate the activity of granting travel fellowship to young AIOS members as so as to encourage our young colleagues to attend conferences and present their valuable research works.

AIOS is a vibrant society and we have to keep working for the benefit of our members. There may be shortcomings for which we apologize. There is still a lot of scope of improvement in our working. We will try to do our level best, however, we invite feedbacks from you so as to perform better to take AIOS to greater heights.

Best regards

Prof. (Dr.) Rajesh Sinha
Hony Treasurer, AIOS



Dr. Digvijay Singh

MANAGING EDITOR, AIOS TIMES

From the Desk of Managing Editor

At the outset of this editorial, I want to thank our readers for their positive comments and appreciation of AIOS Times. Every time we have to plan a new issue, there is lot of brainstorming as to what the most relevant topic of the season is and what will matter most to our readers. Keeping these topics in mind, the current issue of AIOS Times has focussed on a recent spate of cluster endophthalmitis cases which have caught our attention. AIOS Times interviewed members of the Endophthalmitis task committee and has shared their tips and pearls to managing a cluster of cases of endophthalmitis. Prevention is better than cure is the best motto for endophthalmitis and experts share just how to improve practices to prevent cluster infection. The experts also talk about the whom the onus of an unfortunate mass infection situation falls upon in the event of a surgical camp.

This issue also sheds light upon a few styles of ophthalmic practice in the interview with key opinion leaders. Read what it takes to have a successful practice. In today's day and age, be it in a government medical college or a group setting. Paraclinicals play an important role in a holistic ophthalmology setup and steps to help setup an ocular

microbiology setup are discussed in this issue too.

One of the most favourite sections of this publication is the interesting reads which I enjoy extracting from huge number of publications we have in the field of ophthalmology every month. I try to search papers which are interesting, clinically relevant and unlikely to have been read by you otherwise. So do go through the most interesting snippets of research in your sub-specialty of interest.

I hope you have all enjoyed the recent annual conference in Mumbai and know that this physical meet is a symbol of life returning to normal for all of us.

Take care and remain joyful!

Dr. Digvijay Singh

MANAGING EDITOR, AIOS TIMES

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Ophthalmic Practice: The past, present and future

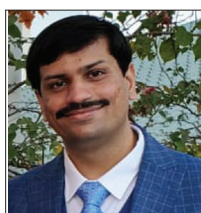
AIOS Times spoke to prominent key opinion leaders from various facets of ophthalmic practice to understand their thoughts on their practice models, how it has changed in the past 5 years and what they envisage the future holds and how to future-proof our practices. Excerpts from the interview are published here and include the interesting life stories of each of these practitioners.



Dr Lav Kochgaway
DIRECTOR, NETRALAYAM, KOLKATA



Dr Alok Sen
CONSULTANT VR SURGEON,
SADGURU NETRA CHIKITSALAYA, CHITRAKOOT



Dr. Rajat Mohan Srivastava
ASSOCIATE PROFESSOR, THE KING GEORGE'S
MEDICAL UNIVERSITY, LUCKNOW

How do you classify your practice?

LK: I would describe our practice as a large group practice. None of the consultants at our centre are salaried - that makes it a genuine group practice. At our centre - we have two sets of doctors, first set has invested in the hospital and second set are visiting consultants. There are no restrictions on consultants to practice full time at our place, but we have observed in last 12 years of self-employment that consultants who are focussed on 1-2 places do better in building their own practice. That helps younger colleagues to build a sustainable patient base. Rules are same for all doctors in spite of their status as promoter or non-promoter. The core team of doctors have mostly trained and worked initially in the same institute. That helps in a broader way to maintain similar work culture. As we are growing - now we are getting consultants from other institutes as well. We maintain a basic working protocol by trying to engage with consultants - so for people not familiar with working system, it seems like an institute. Consultants enjoy all freedom in patient care and practice development. Administrative team of the hospitals is separate - who try to keep everyone in loop

on various issues. Almost all the consultants in our centres are first generation ophthalmologists, who were in salaried job earlier. As they grow in their career - some of them want to setup their own practice. That is where we come into picture. We provide them top class facility with no investment, but all freedom that they desired while thinking of setting up their own practice. So their focus is only on patient care with absolutely no stress of setting up the place, pressures of EMI and administration. It helps a lot in initial stages of practice.

Advantages of our model is -

- Due to large group practice there is no limitation in procuring state of art equipments for better patient care.
- All sub speciality doctors are available, so cross consultation is very convenient.
- This model provides lot of freedom to doctors to take decisions for themselves and their patients.
- Doctors enjoy much better remuneration compared to any other model - so we attract the best talents to our place.

Disadvantages of our model -

- The centre earns less compared to other models - so scope of expansion to

multiple centres is difficult. But that was never the aim of our model. Our model is aimed to provide high quality services by highly skilled team and to expand based on needs. Following this principle in 8-9 years, presently we are operating at two centres jointly having about 30000 square feet, 20 consultant rooms, 45 optometrist cubicles, 6 operation theatres, 30 doctors, 70 optometrists and about 200 staff. We constantly keep analysing need to expand further based on requirement. Till now we haven't encouraged investors or bank loans - though it doesn't make business sense, it helps us to be stress free in maintaining ethical standards of practice.

AS: Sadguru Netra Chikitsalaya, Chitrakoot is a unique fusion of a high volume charitable tertiary eye care centre and an academic institute that is recognised by National board of Medicine for post graduate course in ophthalmology, International council of ophthalmology for fellowship courses in various ophthalmology subspecialties and also runs its own fellowship and training programs.

RMS: I work at King George's Medical University, Lucknow, which is a Government aided Medical Institution. I look after the Glaucoma Subspeciality. My role is clinical work, teaching and research.

What changes have you seen in your practice in the last 5 years?

LK: In last 5 years we have transformed ourselves to a more

structured model in terms of administration. The systems have become more standardised. We have invested majorly into upgrading our infrastructure to bring it at par with patient expectations - to provide them more comfort during their stay in the centre. We have added one centre last year keeping in mind to expand our services to other part of the city. We have transformed our operation theatre to a modular one of stainless steel. As our model became popular more consultants have joined us.

“We have always thrived to provide the best to the most underprivileged section of society - Dr Alok Sen”

AS: Here at Chitrakoot “change is the only constant”. I started retina practice in 2006 in a single room with very basic instruments. In last few years it has transformed in to state of the art retina and urea clinic. A large part of this change has come due to the increasing footfall of patients in our department which chatters to patients from three states of UP, MP and Bihar where speciality services are largely restricted to private sector. We at SNC have always thrived to provide the best to the most underprivileged section of the society. Apart from high patient demand, our academic thirst also pushed us to add new techniques and

technology so as to keep us abreast with the rest of the world.

RMS: With ever-evolving fast paced Ophthalmology, the onus of advanced ophthalmic care has been limited to a handful of premiere apex government institutes and majority of private/corporate centres. Over the last few years, there has been a push by the government to upgrade the medical facility at every level and accordingly, there has been a major upgrade in the provision of equipment and technology even in a government set-up like ours. The patients' expectations from a government centre are no longer the same as they used to be. The patients are more educated and have higher expectations. There is also an enhanced sense of accountability and responsibility among government doctors. The push for every practitioner to keep abreast with the latest trend is at an unprecedented level. Over the last five years, our practice has become even more patient centred. We have procured the best of technology available to treat retinal disorders, pediatric diseases, glaucoma and oculoplasty. We are in process to have a refractive unit in the near future in our efforts to provide best services at affordable cost to the masses.

What determines if practice will be successful in the next ten years?

LK: As per my understanding - the most important determinant of a practice to last for next 10 years will be a good standard of care and patient satisfaction. We will have to constantly keep upgrading in new technologies and will have to keep our rates competitive. We

may have to set up peripheral vision centres to reach out to far away patients as travelling long distances may not be possible in future. I think rather than competing with others - we have to look within and keep improving our services. Another important factor that would determine our longevity will be not only our ability to keep our team intact, but also to attract new and younger talents. That is the most important challenge in a model like us. We are service providers to not only patients, but to doctors as well. As management we have to be careful to not lose that focus. We have to constantly communicate to understand the aspirations of our doctors. Over the years we have seen many group practices disintegrate - and are very conscious that we don't have the same fate.

AS: The key to any successful practice is patient's satisfaction and same is true even for a charitable organization. Although one might think of a charitable organization as volume centric without much emphasis on quality. At SNC our focus has been to try to constantly improve the quality of care that we provide. This includes and is not limited to continuous training of staff and doctors, adaptation of latest techniques and technology, improvement in facilities provided to the patients including their food and stay. SNC probably is the largest eye care provider in the country to have full NABH accreditation.

RMS: Interesting question. By the way, the eye department at KGMU is now 110 years

young. Having a backing up by the Government is the biggest assurance that the practice will continually grow. Since ours is also a medical teaching hospital, the teaching will continue too. Am very hopeful that over the next decade, the government

“**The most important determinant of a practice to last will be a good standard of care and patient satisfaction.**
- Dr Lav Kochgaway”

set-ups like ours will have more funding and will have better facilities to offer. Considering the massive cost involved with the latest technology, government set-ups are more likely to keep up, especially when there is a political will. In my humble opinion, a government set-up like ours is one of the best bets for providing standard and affordable care in future. Cost of treatment at corporates and private hospitals may not be affordable to the majority.

Can you provide some tips for readers about how to keep your type of practice future-ready?

LK: We will have to be very alert to preempt what can disrupt our models - whichever we may be in. With so many new technologies coming in, and the huge capital requirements they bring - we will have to maintain a very fine balance on what to procure and what not to. That would be very important to maintain financial

viability of any practice. Sharing of infrastructure will have to become a norm rather than exception - especially for non-salaried practicing doctors.

AS: I will state three golden tips:

- Treat your patients with compassion and empathy.
- Keep updating your knowledge
- Adapt new techniques and technology

RMS: As a government aided practitioner, one of the most important things is to realise the need for continuous self upgradation (skills and knowledge) and prevent one self from getting into the trap of comfort and convenience often encountered in government practice. It is necessary to understand the trends and keep patients a priority. This will help one to apply for relevant projects and procure the latest technology. The future is going to be result (performance) oriented even in a government aided practice. Collaborations with apex institutes and participation at global platforms will keep your practice relevant and future ready.

What is the story behind your practice? How did you start or choose this style of practice?

LK: When we look back into our journey - I would say what worked best for us was that we started in a new hospital of a large institution in a different city. That way we got exposed to management right from the beginning and were regularly interacting with leaders of healthcare industry like Dr S S Badrinath, Dr Devi Shetty, Dr T S Surendran, Dr Lingam Gopal

and Dr Alok Roy. Apart from learning patient management - we were passively learning leadership from them. As soon as our first hospital was taking off- there was a crisis and we had to start a new hospital again from scratch. Then the third one within 4 years of my joining my first job (Rotary Narayan Sankara Nethralaya, Sankara Nethralaya RSM Square and Sankara Nethralaya Mukundapur). By the time we finished our first 5 years of job - we realised that we should move from a salaried job to self-employment. Somewhere in between of our journey I saw an interview of Jack Ma of Alibaba with which I could relate very well. He said that upto 40 years of age you should work at relatively small place at higher level rather than large corporation. This helps you to skill yourself fast and after 40 you should work for yourself. Probably that's exactly what happened to us. I was just 34 years old when I ventured out from salaried job to self-employment and had our own hospital at the age of 38 years. Once we ventured out - we got exposed to this business model (Famously known as the B B Eye Foundation Model) which was conceptualised by Dr P K Bakshi and was taken forward by Dr Partha Biswas/Dr Ajoy Paul. Till now we were starting new hospitals - this was the only established place we worked in our career. Within 2-3 years of working in this arrangement - we realised that we must have a centre of our own. Then we got back to our core competence that was building a new centre and started B B Eye Foundation VIP. The core team that was formed during our first job - is still intact

and comprises of Dr Sourav Sinha and Dr Rupak Biswas apart from me. When we got our own first centre - about 9 years after we started - we started expanding the core team apart from 3 of us by giving them shares in our subsequent ventures. About 5 years after starting B B Eye Foundation VIP - the team had become quite large and we felt the need to start another hospital to cater to patients from the southern part of the city - that's when Netralayam happened. By then we had expanded our core team with Dr Sagar Bhargava, Dr Maneesh

“ **One should prevent one self from getting into the trap of comfort and convenience often encountered in government practice**
- Dr Rajat Mohan Srivastava ”

Singh, Dr Krishnendu Nandi and our administrator, now CEO, Mr Ashwini Kumar. Once Netralayam was formed - we have a larger group with shares in the new company as well. This journey was not preplanned, but outcome of circumstances - but we could take tough decisions based on the situation we were in - that led to this growth. Only common factor I would say in the whole journey was that we were very conscious to keep our team intact and to take care of new people joining us. The watchman who served our first hospital when I landed in

Kolkata in 2004 is still with us in 2022 - we value relationships up to that level. Also that we were very careful in selecting the core team - and we kept supporting each other at all times and managing all crisis swiftly when it came. What started with 3 colleagues has now expanded to two centres jointly having about 30000 square feet, 20 consultant rooms, 45 optometrist cubicles, 6 operation theatres, 30 doctors, 70 optometrists and about 200 staff. Our expansion is need based and still we are in constant conversation as to what next.

AS: After completing my ophthalmology training from GMC, Nagpur in 2003, I was looking for opportunity where I could improve my surgical skills in cataract. This brought me to Chitrakoot, as I had heard about the volumes of work that was been done here. Although within me I always had this strong desire to practice retina, unfortunately back in 2005 when I joined SNC we did not have retina services. This gave me the opportunity to develop one here and for which I was amply supported by my director Dr BK Jain. I would not have been where I am today without his support and inspiration. I am probably one of the very few retina surgeons in the country who have not received any formal fellowship training and this gave a unique opportunity to learn from experts across India. I will remain indebted to all my mentors Dr Gunjan Prakash, Dr Preetam Samant, Dr Rajiv Raman and Dr Dinesh Talwar who over the years have helped me in improving my skills and further develop my department. I would also like to mention one name that completely changed

my approach to ophthalmology; Prof Amod Gupta. I believe whatever little uveitis I know, the 70 odd publications that I have and whatever academic growth that the retina department has seen in past few years have all been possible only because of his constant guidance and motivation. No wonder he is known as “Teacher of Teachers” and is literally worshiped by many of his disciples including me.

RMS: For me it appears like Divine intervention. Having passed out from Dr RP Centre for Ophthalmic Sciences, I aimed to pursue a fellowship and start private practice. And as luck would have it, I joined senior residency at KGMU and then Faculty. And my hometown is also Lucknow. So everything looked like a perfect situation. Recently, the benefits equivalent to the centrally governed institutes like AIIMS have been extended to the faculty and staff at KGMU. Thus, KGMU provided me with a prestigious platform to lay the foundations of my professional career and also a wide horizon to establish myself as a Glaucoma practitioner with no nuances of private practice. It just suited my temperament and also provided me with an opportunity to remain attached to academics as well. So, it was all destiny for me and I am grateful to the almighty.

What can practitioners draw from societies like AIOS? What else can AIOS do to support practitioners?

LK: I would say that AIOS has been providing exemplary leadership in supporting and interacting with ophthalmologists even in remotest part of the

country. I have been a keen observer of AIOS leadership for last 20 years and have found that the frequent travel of office bearers have helped them understand issues from all sections of the country. The frequency in which conferences, webinars, live surgeries are being held has helped a long way in standardising treatment protocols throughout the country. Having said that, as the largest ophthalmological society in the world, AIOS has been providing excellent support to practitioners. Only one extra point that I can think of is that we can get organised to stop arm twisting by mediclaim companies as the contract has become to one sided in favour of them when we try for cashless tie ups.

AS: AIOS as a body has grown over the last few decades to one of the largest society not only in India but across the world as well. It is a great example of strength in unity.

It is already doing a tremendous job, be it continuous medical education or practice development.

The greatest challenge that we face at Chitrakoot is retention of skilled manpower. It is very unfortunate that very few eye surgeons are willing to practice in rural areas where. I come from a large eye care centre in rural India and I am enjoying both my professional and personal life. AIOS should bring out success stories of ophthalmologist working in hinterlands of India so that more and more eye surgeons are motivated to work and serve the most needy.

RMS: AIOS is the backbone of

Ophthalmologists irrespective of what kind of practice they are involved in. The guidelines on various topics made by AIOS are very pertinent even while making protocols in a government setup. Teaching courses offered by AIOS help government institutes in better teaching and training. There is continuous support extended to all of us. In addition to all the AIOS already offers, may be a separate incentive (in the form of travel grants/ special recognition) to students and faculty from government setup may boost their participation and aid improved practices at government set ups at large.