The first edition of Ophthalmic Photography, published in 1997, was an ambitious undertaking that attempted to gather all aspects of retinal photography and angiography into one volume. The result was a comprehensive yet accessible book that has become a valuable reference for ophthalmic photographers worldwide. Five years have passed since publication of the first edition, and while the fundamentals of retinal photography and angiography remain constant, the world of electronic imaging has undergone, in the authors' words, “a technical renaissance.” In an effort to address these advancements and how they apply to a modern practice that performs retinal imaging, the authors have now released a second edition of their important work, which is my pleasure to review for you here.

The book’s target audience is ophthalmic photographers of all skill levels. The book consists of 9 chapters, written in turn by the authors and 7 guest contributors. Saine and Tyler, both veteran ophthalmic photographers, have arranged the book like a good fluorescein angiogram, with distinct early, middle, and late phases. The early chapters cover in detail the history of fluorescein angiography, basic and advanced fundus photography techniques (required reading for aspiring retinal photographers), and stereo fundus photography. A section on pediatric wide-angle imaging has been added. The uses and side effects of both fluorescein sodium and indocyanine green dye are thoroughly covered. The middle chapters, practical in tone, discuss instrumentation and techniques required to perform ocular angiography, the ophthalmic darkroom, and electronic retinal imaging. The latter chapter has received a complete overhaul from the first edition, and includes a detailed discussion of the anatomy of a digital image. Recent or future converts to digital imaging will discover a wealth of information here to guide them through operational and purchasing decisions. Also updated from the first edition is a section covering the history, utility, and current state-of-the-art of scanning laser ophthalmoscopes.

The later chapters are dedicated to helping the reader maximize diagnostic information contained in their ophthalmic photographs and angiograms, and to understand their role as important contributors toward successful patient care. A new section entitled “Reading Center Overview” provides instructions to photographers participating in clinical trials. The book concludes with an excellent overview of common retinal findings and a primer on descriptive interpretation of fluorescein sodium and indocyanine green angiograms.

Readers familiar with the first edition will notice an overall improvement in what was already a superb graphic presentation. Most photographs have been (gently) enhanced in contrast, color photos have replaced black-and-white in some places, and some figures and tables have been reworked. I appreciate the addition (in chapter 2) of the section “Record Keeping Essentials,” which, aside from giving practical record-keeping advice, encourages an honest appraisal of the time and effort required to properly edit, label, and track photographs in a clinical setting. Other subtle changes, pearls of wisdom too numerous to describe here, are scattered throughout.

All in all, Ophthalmic Photography is a major achievement. The second edition effectively addresses new developments in electronic imaging while remaining relevant to those engaged in traditional photography. The authors have scored on all points in their effort to produce a complete reference for ophthalmic photographers and angiographers.

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Illustrated Tutorials in Clinical Ophthalmology


Illustrated Tutorials in Clinical Ophthalmology is a compilation of clinical photographs and key points about various eye diseases. It includes a book and CD-ROM, and it is based on a series of lectures given to ophthalmologists-in-training. The authors’ stated goals are to provide a framework for beginning residents and to serve as a source of review. Both of these goals have easily been met.

There are 64 illustrated chapters that represent the breadth of general ophthalmology. All of the chapters are on the CD-ROM, which is considered by the authors to be the more useful of the 2 tools (the reviewer agrees). The book contains only 46 of the 64 chapters and includes the same pictures and diagrams as the CD-ROM for the corresponding chapter. Chapter topics range from eyelash and eyelid disorders, corneal dystrophies, and white dot syndromes, to childhood strabismus, optic neuropathies, and others. Chapters are not numbered, but they have a logical sequence. An index in the book lists the chapter order and designates which are included in the book and which are only on CD-ROM.
The information in this book and CD-ROM is concise and well presented. A minimal amount of text is used efficiently to give only the most important highlights of the given disease entity. Each chapter has approximately 20 to 40 images, including external, slitlamp, histologic, and fundus photographs. They represent excellent examples of the clinical conditions. Occasionally, diagrams or illustrations depicting concepts in pathogenesis or treatment options are included. The CD-ROM chapters are presented in PowerPoint (Microsoft Corp, Redmond, Wash) slideshows with excellent quality photographs and appropriately minimal text. Perhaps the title “tutorials” connotes the potential to use the book or CD-ROM as a self-test. This is not the case; it is, rather, an introductory atlas.

Illustrated Tutorials in Clinical Ophthalmology is an excellent picture guide for beginning residents, as well as for any resident reviewing for the Ophthalmic Knowledge Assessment Program examination. The breadth of topics is wide and highlights the clinical entities with which ophthalmologists must be familiar. It is certainly not intended to be, and it should not be used as the exclusive review source for assessment or licensing examination. Kanski’s text is easy to use, and the CD-ROM can be completed in a few hours. I have found it helpful for my own test preparation and recommend it to other residents.

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The Complicated Cataract: The Massachusetts Eye and Ear Infirmary Phacoemulsification Practice Handbook


I was asked to review this book shortly after I had started my first job as a comprehensive ophthalmologist specializing in cataract surgery. In the operating room, I no longer had a seasoned eye surgeon at my side to help me avoid making a complex cataract surgery more complicated. In my outreach practice, there was no other ophthalmologist to assist me in the preoperative evaluation and postoperative management of patients with complicated cataracts. The Complicated Cataract found its way to me at the perfect time.

After the initial chapter on determining and documenting the appropriateness of cataract surgery, this handbook from Massachusetts Eye and Ear Infirmary (Boston) follows a consistent chapter format. Each chapter leads from preoperative strategies, to perioperative considerations and techniques, to postoperative issues, and finally to alternatives and key points. This format allows each chapter to stand on its own.

Chapters 2, 3, 4, and 5 focus on coexisting ocular conditions that can conspire to cause poor outcomes with cataract surgery. Discussions include eyes with compromised corneas, small pupils, pseudoexfoliation, and uveitis. All 4 of these chapters stress the anticipation of intraoperative problems by preoperative preparation. They also highlight the prevention of postoperative poor outcomes by tailoring the perioperative techniques. As experienced cataract surgeons know, a miscalculation at an early step of the procedure often translates into increased difficulties in later steps. Attention to detail in all steps is emphasized in these chapters, including choices in viscoelastics, methods of hydrodissection, and capsulorhexis size. Advanced techniques described include the use of pupil dilators, capsular rings and microhooks, and anterior capsule polishers.

Chapter 6 and the final chapter are both concerned with eyes that have had previous surgery. When performing phacoemulsification after glaucoma filtration surgery, or after refractive surgery, it is essential not to complicate previously successful procedures. The authors explain the proper intraoperative choices that increase the chances of a postoperative functioning bleb. How to obtain the necessary data for accurate intraocular lens (IOL) calculations for postrefractive surgery patients is detailed.

Cataract surgeons must also pay extra attention to obtaining accurate IOL calculations in eyes with short and long axial lengths. In the next 2 chapters concerning the short and the long eye, mention is made of the importance of choosing the best IOL formula. The use of piggy-back lenses is considered in patients with short eyes. Information is provided detailing which IOL formula to use and how to reduce interlenticular opacification with these lenses.

The next 4 chapters (9, 10, 11, and 12) examine difficult cases resulting from the features of the cataract itself. The dense, white, traumatic, or posterior polar cataract poses special problems for the cataract surgeon. The steps in using capsule stains to facilitate capsulorhexis is well described. The preferred method of the authors, bimanual automated vitrectomy, is also clearly described.

The diabetic patient and the pediatric patient are each devoted a chapter. Considerations and techniques that had been mentioned in previous chapters are again emphasized and applied in the care of the patient with diabetes. Intraoperative concerns specific to pediatric cataract surgery, including IOL use, lens removal maneuvers, and posterior capsulotomy, are presented.

The book concludes with 5 appendixes dealing with IOL formulas, limbal relaxing incision nomograms, cystoid macular edema treatment, diabetic retinopathy classification, and viscoelastics.

This book is well written and well organized. It is a very handy book to have nearby when it becomes necessary to evaluate and treat a patient with a complex cataract. The guidance provided in its pages should prove valuable to all cataract surgeons who take the time to slow down during a busy clinic or surgical day to contemplate how to provide the best care for a patient with a complicated cataract.

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Ophthalmology Review: A Case-Study Approach

Ophthalmology Review uses a novel concept to present practical and common-sense approaches to commonly encountered clinical scenarios. Each topic is introduced as a case study, with the pertinent history and physical findings of actual patients treated by the authors. Each case follows a standardized format consisting of differential diagnoses and key points, test interpretation, diagnosis, medical and/or surgical management, rehabilitation and follow-up, and a list of pertinent references.

The case-based format certainly maintains reader interest, and offers a distinct advantage over other concise reviews in outline format. The excellent color photographs are highly representative of the clinical conditions, and well-organized tables provide relevant clinical information. I particularly appreciated the sections on rehabilitation and follow-up; they address the question of “What do I do now?” once the diagnosis is made and the initial treatment is instituted. The referenced literature is concise but well-chosen for the conditions at hand.

A few limitations are inherent in any review-type book or any text with multiple authors. The differential diagnoses are pertinent and reasonably thorough, but not exhaustive. The management sections differ the most; some provide fairly detailed information on medication usage and even surgical procedures, while others are somewhat sparse. Additionally, while this format is more fun than that of other reference guides, it does not lend itself to the same level of detail overall.

Ophthalmology Review is a great adjunct for the house officer or comprehensive ophthalmologist “slugging it out” in a busy clinic. It is an excellent, concise review that will prove quite applicable to a wide variety of patients in the chair. For those in training, it will help to reinforce thought pathways for commonly encountered conditions. For subspecialists like myself, it affords an opportunity to maintain knowledge at the comprehensive level that we have forgotten.

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