

The technical skill involved in performing surgery takes years to hone. But what takes even more time is knowing when and when not to perform surgery. As a retina specialist who is often referred patients by optometrist, I know that they are a valuable member of the eye care team. Many provide years of excellent care to their patients. They refer to us when necessary for second opinions and when their patients need services they cannot provide. The structure of the eye is visible at a cellular level with office-based equipment. There are many times when we can see an anatomic problem but it is not the cause of a patient's symptoms. Treating it surgically would put a patient at risk for complications without benefit to their vision. The only way to understand when to perform these procedures is by seeing enough patients with the problem, and optometric training programs do not generally provide enough exposure to patients with pathologies. That is why we have specialists and subspecialists. Patients do not generally understand the difference in what we all do, which is why we should limit surgery to those who have trained as surgeons.