The value of surveys for cataract and refractive surgery

R
eporting the practice styles and preferences of
ASCRS members has been a long tradition in the
journal. These surveys were started by David Leaming
in 1984 and have been repeated annually. Questions
about cataract surgery, intraocular lens (IOL) prefer-
ences, refractive surgery, and miscellaneous contempo-
rary issues are asked each year. A survey of IOL use in
children was first performed in 1993, repeated in 2001,
and reported again in this issue of the journal. For re-
fractive surgery specifically, Solomon et al. performed
the first survey in 2001; this has been repeated annually.
A remarkable series of surveys on all aspects of glaucoma
practice has also been published in the journal. The
journal recognizes and appreciates the effort of Drs.
Leaming, Wilson, Solomon, Shingleton, Brown, John-
stone, and their coauthors.

Surveys indicate the general trends in our field and
can educate us about current state-of-the-art treatment.
They help standardize our subspecialty, minimizing
complications and improving surgical outcomes.

What are the weaknesses of this type of survey? Al-
though published by the American Society of Cataract
and Refractive Surgery (ASCRS) and the European So-
ciety of Cataract and Refractive Surgeons (ESCRS), the
journal currently has editorial board members and sub-
missions from all over the world and has evolved into an
international journal. As most of the questions in the
surveys are sent to particular societies only (eg, ASCRS,
ESCRS, American Association for Pediatric Ophthal-
mology and Strabismus), the surveys do not reflect oph-
thalmologists who perform cataract and refractive
surgery worldwide. Ongoing efforts are required among
continents and countries. Valuable information will re-
result from this. The effort has been started in the refra-
tive surgery survey. However, even if a survey is sent to
many countries, the response rate from the countries
might vary significantly; the outcome would therefore
not reflect the true situation. Improvement of this situ-
uation should be attempted.

The relatively low response rate (usually between
18% and 25%) is another major concern with these
surveys. The effective fraction of respondents out of the
general population should be considered. If the return
rate is 20% and questionnaires were sent to only 10% of
the general population, the results could not be consid-
ered representative. Who are the respondents? Those
who are interested in research, those who are most active
surgically, those who primarily perform administrative
functions, or others? Duplication of answers by respon-
dents who are members of multiple societies or duplica-
tion of employees from the same institution or clinic is
difficult to monitor in an anonymous process. World-
wide communication systems (eg, the Internet) should
help to improve response time, monitor results better,
and increase the response rate.

As the individual response is very important, the
editors of the journal encourage all readers, in particu-
lar members of ESCR S and ASCRS and everyone inter-
ested in the improvement of our field, to spend a few
minutes to complete these surveys. The ophthalmic
community, each physician in particular, and our pa-
tients will benefit from the results obtained and pub-
lished in the journal.

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