



COLOR VISION CHANGE LEADS TO AN IRATE PATIENT IRATE PATIENT

Sometimes clinical experience outweighs scientific evidence.

BY TOBIAS H. NEUHANN, MD, FEBOS-CR

Ten days after a straightforward cataract procedure to implant a clear, glistenings-free, one-piece IOL in a 71-year-old man with an almost mature, dark-brown cataract, the patient presented for his scheduled postoperative follow-up visit. He would not agree to sit still for automated measurements such as noncontact tonometry or autorefractometry and instead demanded loudly to speak immediately to the surgeon who had destroyed his life. In an extremely harsh tone, he complained to me about a dramatic change in his color vision.

I acknowledged his complaint but did not pursue it straightaway, attempting first to check the postoperative findings on the slit lamp and measure his refraction. Not a chance. The patient stood up and shouted about what I had done to him. He was a professor at the Bavarian Academy of Fine Arts, and he had lectured for decades on the theory of colors dating back to Johann Wolfgang von Goethe and the theory of color types originally developed by Bauhaus master Johannes Itten. He reported that he was seeing all his specially produced color pigments, which are extremely expensive and complex to produce, far too intensively, and all his paintings

were now unusable. I had destroyed his career. He was ruined.

Fortunately his wife had accompanied him to the appointment. Although she was able to calm him somewhat, he refused to engage in any discussion or listen to explanations on my part, and he exited the examination room cursing loudly.

ANOTHER ENCOUNTER

Three months later, his wife made him another appointment. At first, I wondered whether I should refuse the examination, but, in the end, I decided to see him. Not a good idea. Again he started with insults and threats. I let him rage for about 10 minutes, until I also made it clear very loudly that I'd had enough. I said he should tell me what he thought should happen next.

That was too much for him. He stood up and made as if to strike me. His wife intervened, leading him out of the practice and asking if they could return in the afternoon. Okay, I said, one last attempt. Why I let myself be taken in, I no longer recall.

When he again appeared with his wife, I asked two colleagues to join us in the consulting room. The professor had totally changed, apologizing for his rough nature. It's just the way he

is, he said. He explained that his visual acuity through the operated eye was fantastic, but up close everything was out of focus, and the color difference was simply unacceptable.

When I tried to explain the color difference, he immediately interrupted me again, raising his voice. I rose and left the room without a word, assuming he would storm out once again. On the contrary, he remained seated while my colleagues calmly explained to him the reasons for the color difference and the other factors he had noted, like seeing poorly at near. He still refused to be examined. My colleagues therefore let him leave without an examination.

A YEAR LATER

One year later, he came to the practice again. He had sought advice elsewhere, where his surgical outcome was praised. He had by now become accustomed to the new color spectrum, which he said would require him to make a few changes in his work. He then told me that art history was full of similar experiences with famous artists such as Vincent van Gogh, Claude Monet (Figures 1 and 2), and William Turner. But, he said, we should have warned him of the change before surgery.

refraction of -1.00 D. I could not judge the postoperative outcome, as the patient did not return for follow-up.

The response to my colleague's telephone inquiry as to why he did not attend the scheduled follow-up appointments was rather succinct: His eyesight was fine, he had no pain, he was using the eye drops as prescribed, and he simply did not have the time to come in again. He still needed to get used to his new sense of color, but he was currently working on refining Goethe's theory of colors.

In retrospect, I have discussed this patient with my colleagues for some time. A generalized lesson cannot be drawn from the experience, as fortunately we encounter people of such a nature rarely. However, we recently had another patient—an esteemed

expert in medieval copperplate engravings—who reacted just as angrily and aggressively to the change in postoperative color vision after clear IOL implantation.

In light of these two difficult cases, we have discussed the idea of giving preference to blue-light-filtering lenses if there is any doubt about a patient's reaction to color vision change, in addition to conducting thorough preoperative explanations and gaining knowledge about our patients' professions.

The reason for this may be pragmatic and at the same time highly unscientific: Simply, we have not yet experienced any similar complaints from patients after implanting blue-light-filtering lenses. The current scientific literature does not suggest

that either clear or blue-light-filtering IOLs offer any significant advantage, but published studies emphasize that there is slightly reduced contrast sensitivity and a slightly modified color spectrum with blue-light-filtering lenses.

However, if patients experience a postoperative change in color vision like that of our two patients with a clear IOL, those study findings are rendered null and void. Sometimes clinical experience still outweighs scientific evidence. ■

TOBIAS H. NEUHANN, MD, FEBOS-CR

- Ophthalmologikum Dr. Neuhann, Munich, Germany
- tneuhann@web.de
- Financial disclosure: None