

Barbara Kay: My reason to be grateful in a thankless year

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Today's theme is gratitude, without which equanimity in tough times is impossible. A personal story. In Grade 2, our teacher gave us a simple vision test. We covered our left and right eyes in turn and, from a distance, identified letters on the blackboard. With my right eye covered, I couldn't identify a single letter. Barbara Kay: My reason to be grateful in a thankless year I was taken to an ophthalmologist, who explained that my left eye was heavily astigmatic, and I was too old at seven — the cut-off was five — for it to be fixed. (Parents, arrange early eye exams for your children. I had no outward symptoms, no idea my vision wasn't binocular). In my early 20s I began to experience soreness in both eyes. My ophthalmologist — Steve Fichman: I name him because I am so grateful to him for more than 50 years of expert care — diagnosed me with an inflammation, uveitis, which could be acute or chronic. If acute, it could be very serious. Fortunately, my case is chronic. Daily cortisone drops kept it dormant. But eventually the drops caused side effects, such as tiny wriggly “floaters” crossing and recrossing my line of vision like a school of fish. Advertisement Story continues below This advertisement has not loaded yet, but your article continues below. Article content continued Another effect of the drops was early-onset cataracts. Steve removed both cataracts when I was in my early 50s. In those days, the artificial replacement lenses were hard. Nowadays they use a soft lens. That is pertinent to what follows. Last year I started experiencing intermittent blurriness while reading. Upon examination, Steve told me that the lens he had implanted in my good eye 25 years ago had partially detached from its mooring (“lens subluxation,” in the parlance). It would require surgery he described as both “major” and “complex,” words that clattered around in my head as I waited for my consultation with Dr. Michael Kapusta, ophthalmologist-in-chief at Montreal's Jewish General Hospital and director of Vitreo-Retinal Surgery at McGill University. Michael — I can call him that because we discovered his daughter is my granddaughter's best friend — took one look and said if I waited much longer, the lens could fall off completely, which would call for emergency surgery, and he would waste valuable time “fishing it out from the back of your eye.” He conceded the operation was indeed “major” and “complex,” but he had done hundreds of them, almost all successfully. Six weeks later, I was prepped and ready, feeling fatalistically calm as is my wont when there is no choice but to be where one is. At least, I comforted myself, remembering the efficacy of the freezing needles before cataract surgery, there would be no pain. Advertisement Story continues below This advertisement has not loaded yet, but your article continues below. Article content continued What followed was the most harrowing two hours of my life. First, the freezing needle missed the mark or was insufficiently powerful. I could feel pain, but in the circumstances was terrified of flinching. Worse, I knew something wasn't going right from Michael's perspective. He opened things up, worked a bit, then stopped. There was a long pause, then some muttering between him and his assisting surgeon. Silence. Finally, I heard Michael say, “Well, I guess I'm committed now ...” Ominous. Back to work. It went much longer than scheduled. I tried to think positively. I am very fond of audiobooks, I reminded myself. Next morning, a post-op meeting. Michael was pleased with his workmanship. I asked him to take me through the operation and its problems. I recorded his five-minute blow-by-blow narrative, which was riveting but a bit horrifying, too (skip the next paragraph if you are squeamish about these things). The objective, Michael said, using a technique that is only five years old, was to “bury the arms of a three-piece lens into the white of the eye.” The gist of the problem was that the area of the globe he expected to be normal for withdrawal of the old implanted hard lens through a “wound” in the iris large enough to accommodate it (soft ones fold, so need a smaller wound) was unexpectedly “like butter” and “functioning like a squished grape.” My iris was actually “coming out of the eye” (iridodonesis for the cognoscenti.) He had to work through a miasma of blood and tissue that shouldn't have been there. It sounded like he accomplished this feat of micro-surgery largely through visualization. I shudder to think of the consequences with a surgeon of lesser competence and experience. So I have much to be grateful for. I am grateful that Steve took the initiative to advocate for me to get a consultation with Michael quickly. I am grateful that the hospital allowed eye surgeries to go forward during COVID. I am more grateful than I can say to surgical rock star Michael Kapusta. (Hey Michael, look at me, writing a column, because I can see!) Wishing all my readers a better year ahead than the one thankfully behind us. National Post kaybarb@gmail.com [Twitter.com/@BarbaraRKay](https://twitter.com/BarbaraRKay)