

Dear Readers,

It is with a sense of purpose and reflection that we present to you the Second issue of the Indian Journal Of Ophthalmic Anaesthesia for this year. As the field of ophthalmology continues to evolve rapidly, so does the role of ophthalmic anaesthesia in shaping surgical safety, precision, and patient-centric care. This issue highlights advancements that span from refined regional techniques to innovations in perioperative management, each contributing to the delivery of high-quality eye care.

Before delving into the contents of this edition, we pause to acknowledge the tragic Air India accident that recently occurred, resulting in the loss of many innocent lives. We extend our heartfelt condolences to the families affected by this devastating event. Such tragedies serve as a sobering reminder of life's fragility and our profound responsibility as healthcare professionals to uphold the highest standards of care and safety in all circumstances.

This issue includes an original article on caruncular anaesthesia, highlighting its potential advantages in facilitating longer, combined ophthalmic procedures by offering effective and sustained anaesthetic coverage. The importance of airway management in microscopic ophthalmic surgeries is further emphasized in a short communication, which presents a concise yet insightful discussion on strategic airway choices tailored to the unique demands of ophthalmic anaesthesia.

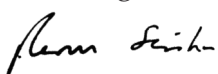
A case report of subcutaneous and orbital emphysema following vitrectomy examines the possible causes and outlines a structured approach to management. The issue also addresses the increasing prevalence of retinopathy of prematurity (ROP), now recognized as a leading cause of preventable childhood blindness. A case report describing ocular venous air embolism during vitrectomy for Stage 5 ROP provides critical insights into the potential intraoperative risk factors and delineates appropriate management protocols for this rare but serious complication.

Additionally, the challenge of perioperative hypothermia in preterm neonates, particularly during laser photocoagulation, is discussed. A novel and cost-effective fluid collection device is proposed to mitigate fluid seepage and thermal loss, thereby enhancing thermal stability and procedural safety in this vulnerable patient population.

As always, we remain committed to fostering academic exchange and clinical excellence in this subspecialty. We thank all our contributors and readers for their continued engagement and encourage you to explore the wide range of content presented in this issue.

See you all soon at our 5th National AIOA Conference, 7-9 November Guwahati, India

Warm regards,



Dr Renu Sinha

Editor-in-Chief

Indian Journal Of Ophthalmic Anaesthesia