Preface

Do we really need another book about glaucoma diagnosis and management? There are probably several classic, fairly up-to-date, texts about glaucoma sitting on your bookshelf. Who would have the audacity to write a new text entitled “The” Glaucoma Book, as though it would be the one you would turn to first for definitive, pragmatic answers to questions about diagnosis and management of your patients? Not just a comprehensive academic work with evidence-based science and exhaustive bibliographies, but also an everyday, pragmatic guide for comprehensive ophthalmologists, optometrists, and resident physicians, who would look to it for answers to clinical questions while patients are being examined in their offices.

The Glaucoma Book has been written by physicians. Many of them are members of the American Glaucoma Society; all are either fellowship-trained glaucoma specialists, their current glaucoma fellows, and exceptional residents, optometric physicians, or experts on some special topics. These colleagues have large clinical practices and years of experience dealing with the everyday issues that confront eye physicians who manage glaucoma patients.

Our goal was to create both a clinically based book and an academic reference that would serve to bring the explosion of new glaucoma diagnostic techniques and therapeutic interventions to those doctors in the trenches who see the great majority of glaucoma patients. We invited not only “the usual suspects” from well-known academic institutions, whose names you are familiar with from the literature and international scientific congresses, but also community-based, real world ophthalmologists, who both know the latest science and also how to see 50 patients in a day while still delivering state-of-the-art care.

This book is nontraditional in several ways. We do not include a great deal of discussion on eye anatomy. We do have sidebar essays, inside of major chapters, that discuss important subtopics in greater detail. We have allowed the style to vary among manuscripts, some are more formal, with a large number of references, and some are more informal with a reflective or philosophical bent and few or no references. Photos, illustrations, and tables are sprinkled liberally throughout the book where most appropriate. The topic choices range from the conventional (e.g., open angle glaucoma, pigmentary dispersion syndrome) to those that have not previously appeared in a glaucoma textbook (e.g., medical-legal aspects of glaucoma care, doing community-based glaucoma research). The Glaucoma Book is intentionally idiosyncratic in its design.

We have allowed each author the space needed to discuss their assigned topic, so some chapters are longer than others. There is considerable overlap and redundancy in this multi-authored text. This repetition of ideas and facts, from different perspectives, adds strength to the volume. While some topics may be explored to different depths within different chapters, each chapter stands on its own and may be read without having a need to build upon a previous chapter. Cross-referencing of similar topics between chapters and sidebars is done within chapters.

The Glaucoma Book is divided into six sections, containing 92 chapters and 38 sidebar essays. Topics are presented in what seemed like a logical order. The book can be read from front to back or sampled intermittently as interesting patients present themselves in your practice. We did not censor our authors from expressing unconventional scientific ideas, as long as
they could present convincing arguments for their opinions. This book is not meant for glaucoma subspecialists who are surely familiar with most of the information it contains. (Of course, we hope that a few of them too will buy a copy!) Rather, the editors feel that we have created an informative, useful tool for the working ophthalmologists and the ophthalmologists in training on current thinking in glaucoma circles. This should ultimately benefit our glaucoma patients who place their trust in us for proper diagnosis and treatment.

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