

Enlightening Discussions on Decision-Making in Refractive Surgery

I have always found the user meetings held by the laser manufacturers to be the most stimulating meetings that I attend in a given year. In my experience, the conferences or meetings that have the greatest value are those that elicit the most audience participation. Over the years, for me at least, these have included the Wavelight user meetings, and, when I was using other technologies, it would have been their user meetings too. I am sure that this trend is noticeable at all of the laser platform user meetings: Surgeons enjoy discussing refractive surgery cases, sharing their management of problems, getting the best performance from their technologies, and, ultimately, practicing the best medicine they possibly can.

This issue of *CRST Europe* reminds me of a user meeting in that it features case discussions, experts sharing their views on laser versus intraocular approaches, experts offering tips on how to improve outcomes, and experts teaching us about their best practices. Stefano Barabino, MD, PhD, provides an excellent overview on the importance of managing the ocular surface before refractive surgery is performed. Vikentia Katsanevaki, MD, PhD, makes the case for laser refractive surgery in patients who could also be treated with an intraocular procedure, while Tobias Neuhann, MD, discusses the

benefits of IOL surgery.

Five expert refractive surgeons—Suphi Taneri, MD; Robert Ang, MD; Detlef Holland, MD; Diego de Ortueta, MD, FEBO; and Jodhbir Mehta, MD—share their advice



on six case studies; their differences of opinion regarding the best management approach demonstrates that there are often more suitable options than a simple one-size-fits-all solution. It is most enriching to contemplate such a comprehensive overview of the possible management of these cases that we encounter on a regular basis and learn from others' experiences and expertise. One comment on Case No. 4 of the case studies series is that we underutilize the Pentacam's anterior chamber dimensions in our manage-

ment of refractive cases. The patient under discussion has very narrow angles, a shallow anterior chamber depth, and a much diminished anterior chamber volume. In my opinion, clear lens exchange plus IOL implantation must at least be entertained as a solution, whereby the thick crystalline lens is replaced with a much thinner IOL and the anterior chamber congestion is relieved at the same time. How do our readers feel about this?

I hope that you enjoy this issue as much as you would a user meeting. And, just like at a user meeting, your views would be highly appreciated. ■

Arthur B. Cummings, MB ChB, FCS(SA), MMed (Ophth), FRCS(Edin)
Associate Chief Medical Editor