

# Happy New Year!

I am currently thinking about the year to come and believe it will be one of our best in terms of scientific innovation and change for the industry. The current dynamic business climate of mergers and acquisitions, which has been so positive for ophthalmology, will continue. I am even daring to make a few predictions on the record.

PRK will become less common. The literature supports that LASIK is safer and more effective than surface ablation.<sup>1</sup> Contralateral eye studies have shown that, although the results even out at 6 months, sub-Bowman's keratomileusis is kinder to patients during the first postoperative months.<sup>2</sup> Plus, luminaries like John Marshall, PhD, believe it might be possible to create a flap with sub-Bowman's keratomileusis that is more stable than the cornea in PRK.<sup>3</sup>

Femtosecond lasers will continue to take market share away from metal keratomes. The cost of the lasers, however, will either limit their market share to around 80% or drive low-volume surgeons out of the game. The next improvements to lamellar refractive surgery will include topographically driven ablations, intrastromal ablations, and corneal inlays. Ectasia will become less alarming and less common, and its treatment will improve. Indeed, infectious keratitis after PRK has a chance of replacing ectasia as surgeons' next nightmare.

The popularity of phakic IOLs will grow, and they will replace PRK as the refractive modality of choice for eyes with suspicious corneas. To flourish, however, these lenses will have to become more affordable, and manufacturers will have to produce toric designs.

Although the use of presbyopia-correcting IOLs will increase, the surgery will have to become even safer and more predictable. Baby boomers will not tolerate broken capsules. Accommodating lens technology will continue to grow. Surgeons will rely increasingly on LASIK rather than limbal relaxing incisions to fine-tune the results of presbyopic correction, and this change will drive up LASIK volumes.

Unfortunately, I expect that the US government will continue trying to cut ophthalmology's reimbursements. On the positive side, I anticipate a greater appreciation among ophthalmologists of their colleagues and their partners in industry. Ophthalmology has historically included an amazing collection of individuals: acclaimed writers; professional mountain climbers; car collectors; piano players; cyclists; surfers; philanthropists; and generally those folks with whom you would love to have a

beer. My hope is that diversity within the field will continue to grow. ■



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2. Durrie DD, Slade SG, Marshall J. Wavefront guided excimer laser ablation using photorefractive keratectomy and subBowman's keratomileusis: a contralateral eye study. *J Refract Surg*. 2008;24:77-84.
3. Marshall J. Surface ablation—back to the future. Paper presented at: The AAO Annual Meeting; November 9, 2007; New Orleans, LA.