

# A Landmark Event?

As a practicing ophthalmologist for close to a quarter of a century, I have observed, and been a part of, several landmark events in ophthalmology. During my residency training, I watched the transition from intracapsular to extracapsular cataract extraction and the advent of IOLs. Later, I took part in the revolution of small-incision cataract surgery with the adoption of phacoemulsification. During the past 15 years, I have participated in the refractive corneal revolution involving the excimer laser, PRK, and LASIK. These changes have altered the course of ophthalmology. They have redefined surgeons' ability to treat patients and to provide safe, effective visual rehabilitation from cataract and refractive surgery.

Only time will tell if the availability of laser cataract surgery becomes a landmark event, but it has that potential. Years passed before IOLs and phacoemulsification became safe and effective. Early evidence suggests that laser cataract technology will improve surgical efficacy and safety from day 1. I am hopeful that these lasers will level the playing field for all cataract surgeons.

My limited experience with femtosecond lasers in cataract surgery is 2 months and 60 cases. As with any new technology, preoperative chair time has increased. I now discuss with patients surgical options, such as phacoemulsification versus laser cataract surgery as well as a conventional versus a premium IOL. My time in the OR has also increased. More important, however, is that complications have been rare to date and that the refractive and visual

results have been superb. Occasionally, I have had an incomplete capsulorhexis, and I have found that pupils constrict during the laser treatment if the laser is close to the border of the iris.

Overwhelmingly, however, the procedure has met my expectations in terms of safety and efficacy. In my opinion, the greatest benefit of this technology is a perfect capsulorhexis and arcuate incisions. I have also found laser technology to be very helpful for eyes with mature lenses and weak zonules. Thus far, my refractive outcomes have improved, but more data are necessary before ophthalmologists can determine the true efficacy of laser cataract surgery. Of great interest is that my patients overwhelmingly embrace the procedure.

As with any new technology, I am certain that surgeons will face unexpected hurdles in the adoption of laser cataract surgery, and I look forward to discussing them in *Cataract & Refractive Surgery Today*. If my early experience is any indication, however, this technology is here to stay. The proof will be in the surgical outcomes and whether laser cataract surgery improves safety and efficacy for all surgeons and their patients. Five years from now, I hope to view this moment as a landmark in ophthalmology. ■



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