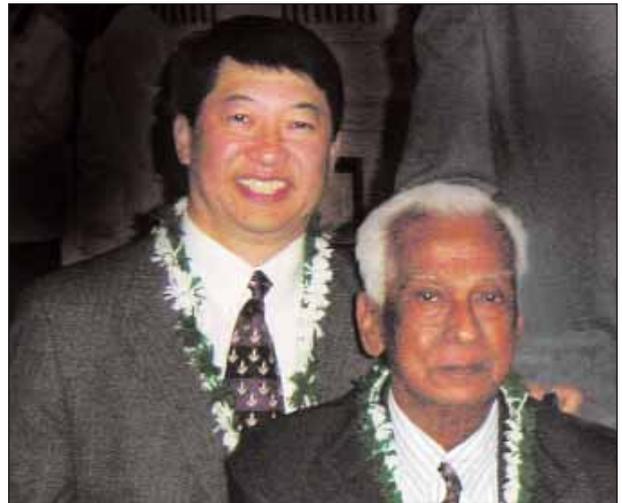


Celebrating 5 and 88 Years

In the summer of 2001, I was asked to contribute an article for the inaugural issue of a trade publication specifically devoted to cataract and refractive surgery. Like many other ophthalmologists, I wondered why we needed another trade journal. Indeed, the first editorial by then solo Chief Medical Editor John Doane, MD, was entitled, "Oh, No! Not Another Publication!" Nevertheless, I ended up writing about an unreleased and unnamed new phaco technology that I chose to call *hyperpulse*. As a result, September 2001 marked the public unveiling of both Whitestar (Advanced Medical Optics, Inc.) and of *Cataract & Refractive Surgery Today*. Five years later, it is clear that Publisher David Cox, Editor-in-Chief Gillian McDermott, and Dr. Doane have succeeded in proving skeptics like me wrong. There is a place for a fresh periodical with a contemporary, specialized focus on cataract and refractive surgery. We hope you'll agree that this anniversary issue demonstrates why.

Last month, the AAO and the ASCRS launched a collaborative campaign aimed at educating patients, ophthalmologists, urologists, and general physicians about intraoperative floppy iris syndrome (IFIS). Their efforts resulted in e-mail advisories to the global membership of both organizations, followed by an AAO/ASCRS national press release issued jointly with the American Urological Association. Patient information sheets and physician educational resources were placed on their respective Web sites, and more than 300 ophthalmologists signed up for a jointly sponsored educational teleconference within days of its announcement.

It was clear from the August teleconference that ophthalmologists are anxious for more guidance on how best to manage IFIS. The ineffectiveness and inadvisability of mechanical pupillary stretching has rekindled interest in heretofore less popular small-pupil techniques—iris retractors, pupil expansion rings, viscomydriasis, and intracameral mydriatics. However, because the severity of IFIS varies significantly from one patient to the next, it is difficult to determine if one approach is better than another. Surgeons will develop personal preferences. Because these techniques are complementary and because the severity of IFIS is often unpredictable, however, we should become adept at multiple approaches.



The author with Dr. Venkataswamy in 2005.

This issue presents 16 articles describing different devices and strategies for managing IFIS. In many cases, the surgeons who first described their particular approach for IFIS wrote the article. The ability to provide such a definitive and up-to-date primer on managing IFIS is unique to our publication's format.

Finally, please read the moving memorial tribute to the founder of Aravind Eye Hospital, Dr. Govindappa Venkataswamy, by Dick Litwin, MD. Although relatively unknown among American ophthalmologists, Dr. V. arguably accomplished more in the fight against global blindness particularly due to cataract than any other individual during his 88-year lifetime. His legacy is of pioneering an eye care delivery system that has become the model and hope for the developing world. He also inspired a generation of colleagues who had the privilege and good fortune of learning from and working alongside this humble, spiritual, and unselfishly dedicated man. ■

David F. Chang, MD, Chief Medical Editor