

May the Force Be With You

There is definitive proof that laser cataract surgery has entered the mainstream. I do not rely on the literature, improvements in technology, the number of units in place, or the procedures performed to issue this declaration. Instead, I rely on a barometer dramatically more sensitive than any of these variables, the Perry factor. Henry Perry, MD, my senior partner, is arguably one of the leading cornea specialists in the country and also one of the most conservative. When I started doing *Star Wars*-like excimer laser photocoagulation 20 years ago, Hank offered me, a young Luke Skywalker (in my mind), Obi-Wan Kenobi-like wisdom when he firmly stated, "Do not be seduced by the dark side." He appreciated LASIK and PRK, but it was not for him then or now, and he encouraged me to continue to focus on the academic side of cornea, cataract, and refractive surgery and not only on LASIK and PRK. It was good advice.

Fast forward 2 decades. We have had a femtosecond laser for cataract surgery at our surgery center for almost 2 years. Hank assiduously avoided the laser for the first year and then gingerly dipped his toe into the water. Today, he is performing almost half of his cataract cases with the laser and enjoying the technology. The other day he told me, "There is no doubt in my mind that this is a better way to perform cataract surgery." I rest my case, Yoda has spoken.

In this issue of *Cataract and Refractive Surgery Today*, we present a series of articles designed to improve the laser cataract experience from the

perspective of economics, workflow, and surgical outcomes. When we first started performing laser cataract surgery, we relied on the values and outlook we had developed based on years of performing phacoemulsification. Our learning curve has shown

that almost everything we know in regard to phacoemulsification has changed with laser cataract surgery. We will all benefit from the article in this issue by Jonathan Stein, MD, who has vast knowledge on this topic and has changed his patients' flow completely to optimize their experience and make this new technology more efficient in his OR. From a surgical point of view, the old techniques of phacoemulsification have been replaced by major changes in

our incisions, hydrodissection, sculpting, nuclear quadrant removal, and cortical cleanup. Michael Lawless, MD, who described the first complications of laser cataract surgery, shares his impressive experience so that we can benefit from his learning curve. His recommendations enable us to avoid the pitfalls he worked through and accomplish instead, the superlative outcomes he now achieves. Vance Thompson, MD; Skip Nichamin, MD; and Alan Reider, JD, MPH, provide important insights into the economics, marketing, and safe harbors for performing laser cataract surgery.

Whether you perform cataract surgery with ultrasound or femtosecond energy, enjoy this issue, and may the force you choose be with you. ■



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