

Raising the Bar

This week, I spent half an hour speaking (or, more accurately, listening) to a patient who had undergone uneventful cataract surgery with a result of 20/20 UCVA in one eye and 20/40 in his second eye. Although the visual acuity of his second eye was easily correctable to 20/20 with a minimal prescription, the patient was irate about what he perceived to be a terrible outcome of his surgery. He conducted himself as if he had suffered an expulsive hemorrhage or endophthalmitis. Although most of my patients have more reasonable expectations or better outcomes, I encounter at least one patient a week who fits this mold.

My practice may be a little different than most, but I would suggest that we ophthalmologists are facing a growing trend of more demanding cataract patients. They expect a painless procedure, a rapid return of quality UCVA, and safety. As a refractive cataract surgeon, I embrace these patients. They force us to push the envelope, develop better technology, improve our skills, and simply make cataract surgery more successful. The first step, of course, is to make certain that our patients have reasonable expectations before we bring them to the OR and then to give them our best effort.

Their demands may be daunting, but for some ophthalmologists, these patients represent an unparalleled opportunity. Meeting or exceeding patients' expectations is what grows a practice

through word-of-mouth referrals. Rising to the challenge they present requires evaluating (and, when appropriate, adopting) techniques and new technology that improve our refractive cataract and corneal outcomes. The mission of *Cataract & Refractive Surgery Today* is to give readers the tools they need to succeed in this rarefied atmosphere. This edition focuses on optimizing refractive corneal and cataract outcomes. Articles cover how to decide between a toric IOL and an arcuate incision, pearls for laser vision correction, and ways to improve the ocular surface. Contributors also analyze market trends for premium IOLs, laser cataract surgery, and laser vision correction.

This brings me to the subject of education in refractive cataract surgery, which needs to begin earlier in our training. According to a recent article by the American Society of Cataract and Refractive Surgery Young Physicians and Residents Committee, 60% of residents had not implanted a toric IOL, and more than 75% had not implanted a presbyopia-correcting IOL. Nor had they performed LASIK or PRK.¹ From my perspective, many residents are unprepared for the challenges of modern refractive cataract surgery, and they need on-the-job training as they enter private practice. The future of our profession depends on residents' exposure to and education on refractive corneal and cataract surgery. ■



Eric D. Donnenfeld, MD
Chief Medical Editor

1. Yeu E, Reeves SW, Wang L, Randleman JB; ASCRS Young Physicians and Residents Clinical Committee. Resident surgical experience with lens and corneal refractive surgery: survey of the ASCRS Young Physicians and Residents Membership. *J Cataract Refract Surg.* 2013;39(2):279-284.