



HEALTHY DEBATE

Without healthy debate, it's impossible for our field to move forward. In this issue, our cover focus examines a number of controversial topics in the field. By presenting multiple perspectives on each topic, we hope to shed light on these issues to promote informed decision-making by our readers.

One of the topics addressed is which refractive surgical procedure is better for low myopia, LASIK or small-incision lenticule extraction (SMILE). This is a practical economic matter as well as clinical one because SMILE is (for now) a proprietary procedure performed with a specific device, the VisuMax femtosecond laser (Carl Zeiss Meditec). It is a tough decision right now for a new surgeon whether he or she will pursue SMILE and/or LASIK and PRK. There will come a time when both procedures are labeled for similar ranges of indications, and the debate will become even hotter. Will it be too expensive for most surgeons to have *both* femtosecond and excimer laser technologies? Which is better for the patient? Which provides better outcomes and fewer complications? Stay tuned.

There is also an ongoing search for the holy grail with premium IOLs, and there has been a slow uptake of these devices based on a few factors. First, not all patients can afford the out-of-pocket expense for a premium IOL. Second, not all surgeons are comfortable talking to patients about these options and recommending them. Over the years, there have been many questions and caveats with regard to the quality of vision offered by some of these lenses, although recent generations are improving.

One question is whether the latest generation of premium lenses, including trifocal IOLs, will give surgeons more confidence in results and thereby expand the premium channel. But many of us have heard this story before as new technology became available. Surgeons may be little gun-shy about getting involved with these new lenses based on past experience.

Another topic of interest in refractive surgery today is how young surgeons can break into this field. Breaking into refractive surgery requires mentorship or fellowship experience, through which one can be exposed to all types of refractive surgical eye care. It is not until a surgeon becomes confident in all refractive procedures that he or she can feel free to offer each patient what is best for that individual. Elective surgery is all about making good decisions about who is a good candidate and what is the best technology for that patient. Sometimes it's not an easy fit. Not everybody is an easygoing patient with an appropriately healthy eye.

Beyond the basic understanding and training, a new refractive surgeon also needs access to technology. There are now many devices that aid surgeons in the OR, and it is imperative that refractive surgeons be well versed in most or all of them. If we are to tell our patients that we offer the very latest technologies, we must have access to those tools.

Those of us who have been around a while have seen many products achieve FDA approval and come to market, only to later fade from our consciousness because of disappointing results. Without surgeons' experience, healthy debate, and discourse, we cannot discern what will be best for our patients. Products may get approved, but it is doctors and patients who decide what will truly stand the test of time and prove to be a high-quality procedure or device. Debate and discourse are key to the advancement of our field. ■

A handwritten signature in black ink, appearing to read 'R. Weinstock'.

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