



# TARGETING TREATMENT OVER A LIFETIME

*"The future depends on what we do in the present."*  
— Mahatma Gandhi



Today, more emphasis than ever before is placed on approaching treatment with patients' long-term visual needs in mind. In the past, surgeons tended to center the patient journey around immediate visual outcomes on postoperative day 1 or

month 1. This approach, however, is short-sighted. It fails to consider the full scope of a patient's visual needs throughout their lifetime and the expanding treatment options available to meet them. We should plan our patients' disease process journeys over their entire lives rather than merely correct or address their current problem. This requires us to ensure that the care we provide now is compatible with their visual goals, needs, and ocular health as they move forward through life.

Treatment of presbyopia is an excellent example of why a more holistic view of the patient journey is required. With the advent of presbyopia drops such as Vuity (pilocarpine HCl ophthalmic solution 1.25%, Allergan), we have a treatment option for patients with early presbyopia who are not yet interested in surgical vision correction. We therefore must consider both the immediate and long-term visual needs of younger patients with presbyopia. Patients may start their journey with presbyopia with a presbyopia drop and progress to multifocal contact lenses or monofocal contact lenses with mini-monovision as another treatment option. Over time, this same patient may consider LASIK with monovision or a refractive lens exchange with a presbyopia-correcting IOL. The patient's visual goal remains the same—to live free of glasses—but the best approach to their treatment evolves.

Likewise, the entire patient journey should be considered when choosing an IOL at the time of cataract surgery. Are there early signs of disease in a patient's eye that could evolve into a more vision-affecting disease process that would limit specific lens choices in the future? If early signs of a progressive disease such as Fuchs corneal dystrophy, glaucoma, or macular degeneration are present, the lens chosen for the patient should be compatible with their ocular health as the concomitant disease progresses.

Patients' long-term visual needs should guide our clinical decisions, and we should anticipate caring for them for years to come. If we foster long-term relationships with patients, they will trust us with their care throughout their lives.

This issue of *CRST* aims to enhance surgeons' ability to retain patients. The articles present strategies that pertain not only to the ocular pathology present on examination and the immediate treatment needed but also to treatment from the wide-angle view of winning patients for life. This is fundamental to optimizing patients' treatment at every stage of life.

We need to start thinking of patient care not just as a fixed point in time, where there is a patient with a problem to address now. Instead, we should think of it with patients' entire ocular health journey in mind so that we can plan their treatments to maximize their visual quality of life throughout their lifetime. ■

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