

A NEW YEAR, A NEW OPPORTUNITY



The start of a new year is an opportunity to set goals, reflect on what matters most, and express gratitude for those who built the foundation for our future.

As 2026 begins, it is my privilege to serve as one of CRST's chief medical editors, alongside George O. Waring IV, MD, and Cathleen M. McCabe, MD. We stand on the shoulders of several outstanding ophthalmologists, including David F. Chang, MD; Steven J. Dell, MD; John F. Doane, MD; Eric D. Donnenfeld, MD; Stephen G. Slade, MD; Robert J. Weinstock, MD; and William F. Wiley, MD. That list reflects what makes ophthalmology special: collegiality that elevates our field.

In this month's cover focus on decision-making with advanced technology IOLs, leaders in cataract and refractive surgery provide practical frameworks for evaluating candidates, counseling them effectively, and selecting lenses. Cataract surgery

can be a pivotal life event, one that restores visual clarity customized to the patient in ways that were not possible a generation ago. The flip side is that, with expanded options, decision-making has become more complex for both surgeons and patients. Choice brings confusion as well as opportunity. If there were a single perfect answer, there would be only one IOL.

When I began residency 25 years ago, cataract surgery training largely meant learning how to remove and replace the crystalline lens safely. IOL options were limited, and the primary question was often whether to operate now or later. In 2026, cataract surgery is safer and more precise, and patients' expectations are higher. Outcomes and patient satisfaction may suffer if the choice of IOL does not align with their visual goals, lifestyle, and tolerance of trade-offs. Modern cataract surgery melds science and art.

The US adoption rate of premium IOLs remains at around 20%. A

key limiting factor in the annual ASCRS Clinical Survey is surgeon confidence. Guiding patients to the most appropriate IOL requires good judgment, finesse, clear communication, effective education, practice efficiency, and a trained team.

Let's set some goals for 2026. Let's be purposeful, reflective, and detail oriented. Let's study our outcomes and identify opportunities for improvement. Let's challenge ourselves to increase our patients' spectacle independence and elevate our practice's offerings by making advanced technology available appropriately and consistently. By partnering with industry and with patients, we can support successful, individualized cataract surgery. ■

A handwritten signature in blue ink that reads "K Donaldson MD".

KENDALL E. DONALDSON, MD, MS

CHIEF MEDICAL EDITOR