

THE FIRST WIN IS ON THE SURFACE



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An AI language model (Claude, Anthropic) was used to assist with manuscript writing. All content was reviewed, verified, and revised by the author, who assumes full responsibility for the accuracy and integrity of the manuscript.

Guidance on ocular surface disease (OSD) management is plentiful. Cataract and refractive surgeons understand how tear film instability can affect preoperative measurements, the refractive accuracy of surgical intervention, patients' postoperative quality of vision, and, ultimately, their satisfaction. We also know how common OSD is in our patient population. For many of us, however, the ocular surface remains a secondary consideration—something to address after measurements are taken, the IOL is chosen, or a patient returns dissatisfied.

In an era defined by refractive precision and patient-reported outcomes, the ocular surface can no longer be an afterthought. It is foundational to surgical planning and success. If the ocular surface is unstable, the data are unreliable, and the surgical plan is compromised from the start.

The challenge is not just identifying OSD but educating patients about it. Many of them do not think they have dry eye disease because they lack the classic symptoms. They attribute the blur, glare, fluctuating vision, irritation, or reduced visual quality they have been experiencing to a cataract, a cloudy capsule, or an imperfect surgical result. When we explain that an unhealthy ocular surface is the cause, they may not believe us immediately. That is why early wins matter.

OSD management is often long-term and multifaceted, and its success depends on patient adherence to treatment protocols. Meaningful results may take time, but when patients experience an early, tangible improvement in their comfort or visual quality, they are more likely to trust the diagnosis, follow through with treatment, and commit to the longer-term therapies that many of them require. This is an important milestone before surgery, when reliable measurements are required, and it may be even more important after surgery, when an unhappy patient needs reassurance that the source of their problem has been identified and can be addressed.

Newer therapies and treatment strategies have made these early wins more achievable, which has simplified OSD management considerably for many of us. The disease has not become less complex, but patients who feel better quickly are more willing to stay engaged with the full treatment plan.

Managing OSD is key to delivering an excellent surgical outcome. Addressing OSD earlier, more consistently, and in ways that help our patients recognize improvement quickly may be the simplest win in the entire surgical journey. ■

A handwritten signature in black ink, reading "Cathleen M. McCabe". The signature is written in a cursive style and is positioned at the bottom right of the page.