

Old Habits Die Hard

I am a competitive triathlete who has finished five Ironman races and is currently training for a sixth. Even though I have come extremely close to qualifying for the Ironman World Championship in Kona, Hawaii, I always seem to come up just shy of doing so.

On most training days, I am a creature of habit. I venture out on the same run route, I bike the same roads, and I swim in the same lane at the same pool all of the time. I don't know why exactly, but it is comforting to me to see the same houses and buildings when I am running or biking—essentially, to know where I am going without having to think too much about how to get home. I guess it is safe to say that I find joy in the familiar and even safer to say that I like being in control of my surroundings.

On the day I sat down to write this editorial, however, I decided to run some place different. I left my house and instead of heading toward our local college and the neighboring town as I usually do, I forced myself to head away from it. I ended up running on roads and through neighborhoods I had never seen before. It was a challenging run, as I did not expect the multitude of hills I encountered nor the blistering heat that seemed to suddenly materialize as I walked outside. It also seemed to take a lot longer to cover the same distance I normally run, probably because I was not familiar with where I was going. Even though I had to work a bit harder, in the end I was able to navigate my way home and cover the same distance in approximately the same amount of time I usually run. Intrinsically, all the variations in my run that day still produced the same end result—a quality workout.

I imagine that a surgeon's typical day in the operating room is much like my typical running route: familiar and controlled. I can relate to the comfort that a surgeon must feel when performing surgery using a well-established technique, knowing, from start to finish, precisely what to expect.

But every now and then, just like my run the other day, it must feel good for a surgeon to take a different approach—to learn a new technique and hope that the outcome is just as positive as it normally is.



This is one of the themes of the current issue. In articles addressing corneal dysfunction and related treatment options, several authors compare new treatment modalities with more traditional surgical approaches. First, Yaron S. Rabinowitz, MD, describes two therapeutic options, intrastromal corneal ring segments and corneal collagen crosslinking, that can potentially delay the need for corneal transplantation. Donald T. Tan, FRCS, FRCOphth, overviews the evolution of keratoplasty, discussing the gold standard technique, penetrating keratoplasty, and newer partial-thickness approaches including deep anterior lamellar keratoplasty, Descemet stripping automated endothelial keratoplasty, and Descemet membrane endothelial keratoplasty. Articles by Claus Cursiefen, FEBO, and by Jack S. Parker, MD, and Gerrit R. J. Melles, MD, PhD, explore reasons why surgeons should consider using these lamellar techniques to treat several types of corneal dysfunction, including Fuchs dystrophy.

Other articles in the issue describe new ways of looking for incipient keratoconus.

First, A. John Kanellopoulos, MD; Ioannis M. Aslanides, MD, PhD, MBA, FRCOphth; and George Asimellis, PhD, suggest that epithelial profile thickness may be an indicator for early keratoconus. Next, Damien Gatinel, MD, and Alain Saad, MD, describe an automated system based on a combination of elevation and tomography data that may allow more sensitive recognition of sub-clinical keratoconus than is detectable with Placido-disc-based topography alone.

In another article, Massimo Busin, MD, and Elena Albé, MD, share their pointers for preoperative assessment of the cornea and ocular surface, and finally I provide an overview of several new dry eye diagnosis techniques.

Perhaps incorporating new routes into my workouts will make me work harder and bring me one step closer to qualifying for the Ironman World Championship. In any case, at least I have another run route to incorporate into my training regimen. Similarly, I hope that this issue motivates you to learn a new technique or consider a new treatment option for any of the types of corneal dysfunction discussed in this issue. ■

Laura Straub

Laura Straub, Editor-in-Chief