INSTINCT: A SURGEON'S GREATEST TOOL

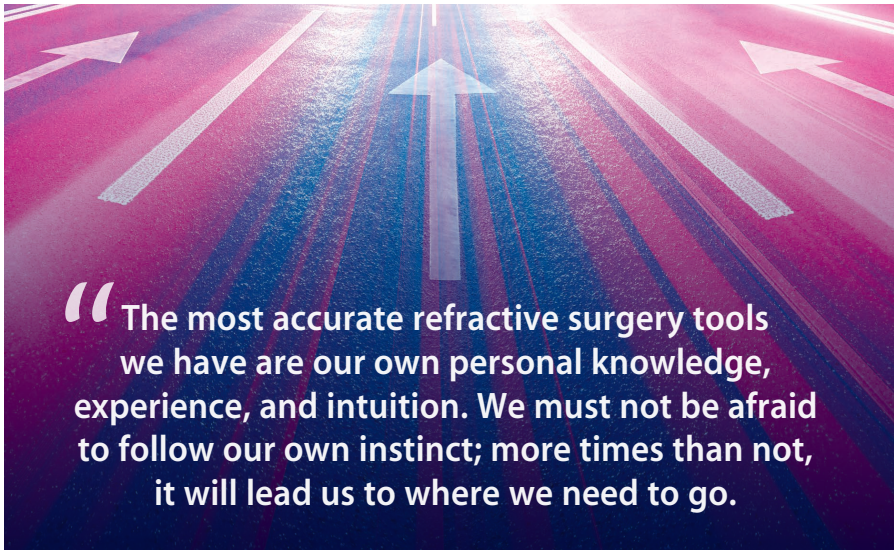
Would you perform laser vision correction in a 22-year-old patient with a history of corneal scarring and corneal infections? How about in a 27-year-old with high myopia and thick corneas: Would you opt for a phakic IOL over laser vision correction? How would you approach a patient in whom keratoconus had progressed after a CXL treatment?

These are some of the questions that, in this issue, a group of our esteemed colleagues ask a panel of mystery contestants. In response, these mystery contestants from both Europe and the United States offer their advice and point the case presenter toward how they would have managed such difficult situations.

I am excited to have had the opportunity to participate as a contestant in several of these cases and as a case presenter in another. Hearing each scenario made me take a step back and think about what I would have done if I were in the presenter's shoes. What technologies would I have used to examine the patient's ocular condition? What treatment would I have chosen? What devices would I have used during surgery? When you read the cases and the contestants' responses that follow, I think you will share the same feeling I do: Refractive surgery has come a long way in just a short time. Not long ago, we were measuring clinical refraction and prescribing glasses, performing RK, and even applying basic laser ablation onto the cornea. Now, we are more likely to counsel patients on several treatment options and offer them their choice of multiple customized treatments, any of which could help them to achieve the refractive results they have come to us to provide.

Participating in this cover focus has also helped me to remember just how important peer-to-peer consultation and peer-to-peer education are. Luckily for us, there are many organizations that can help us to achieve both. Take, for instance, the American-European Congress of Ophthalmic Surgeons (AECOS). This progressive group, composed of leading anterior segment surgeons, ophthalmic industry executives, venture capitalists, and technology entrepreneurs, is dedicated to advancing vision care and to improving the quality of life that we practitioners can provide to our patients. Every time I attend one of the AECOS meetings, which I do three times per year (and I consider these the highlights of my refractive surgery academic life), I gain valuable insights into new ways to treat patients, into alternative technologies to use, and into unique ways to manage difficult cases.

I think that our refractive surgery colleagues in general, and the AECOS group in particular, already understand that we must approach challenging refractive surgery patients scientifically. At a minimum, these cases require significant documentation and the use of relevant diagnostic technologies. But we must not forget something else: The most accurate refractive surgery tools we have are our own personal knowledge, experience, and intuition. We must not be afraid to follow our own instinct; more times than not, it will lead us to where we need to go.



I enjoyed contributing to and reading this issue, which, in my mind, also underlines the value of belonging to forward-thinking organizations such as AECOS. Thanks again to all the surgeons who expended the effort to present their difficult cases and to the contestants who taught me a lot about what to consider in my own surgical routines. ■

A. John Kanellopoulos, MD
Associate Chief Medical Editor