



# IS LENS SURGERY THE NEW LASIK?

**DEPENDING ON THE SOURCES USED TO DEFINE MILLENNIAL AND GENERATION X, I COULD TECHNICALLY BELONG TO EITHER DEMOGRAPHIC.**

Born in 1981, I am somewhat sandwiched between the cynical generation Xers and the blithely optimistic millennials, and I admit that I possess qualities said to be associated with each.

I grew up in an analog world, but I progressed quite naturally with technology into a digital adulthood. I was among the last generation to play the popular computer game Oregon Trail in grade school and among the first generation to have (dial-up) internet access and to log onto AOL Instant Messenger, MySpace, and eventually Facebook.

Although I do remember a time without cell phones, I must admit that I was pretty unaware of the transition to constant connectivity. Being a mid-to-late-teen at that time, I had trouble seeing the big picture and the impact that technology was having on the world. Rather, I just knew that my term papers were seemingly easier to write and that

my social network grew from the friends I knew at school to those I made and kept up with online. In some strange way, the transition seemed subtle, yet it also happened almost instantaneously.

Today, it could be said that a similar transition is happening in refractive surgery. In March, we celebrated the 30th anniversary of laser vision correction with the milestone first PRK surgery on a sighted patient, performed by Marguerite B. McDonald, MD, FACS. Since that time, many other advances in refractive surgery have made an impact on patient care, from the advent of LASIK, to the incorporation of wavefront- and topography-guided technologies and the birth of advanced surface ablation, to the evolution of the femtosecond laser, to the introduction of other procedures including small-incision lenticule extraction.

All of these procedures continue to be progressive choices that benefit a growing range of potential patients. But now, in addition, many surgeons are turning to lens-based approaches to refractive correction. Is this because

of the availability of better premium IOL technologies? The promise of forthcoming adjustable and exchangeable IOLs? The innovations in preoperative diagnostic technologies? The confidence surgeons have in treating refractive errors without touching the cornea? The aging demographic? The articles in our cover focus this month explore these questions and provide pointers for surgeons who are interested in expanding their forays into lens-based refractive correction.

Regardless of which refractive correction methods a surgeon may prefer, one thing is for sure: Patients have an abundance of surgical options to choose from to achieve their desired visual outcomes. The future is bright for refractive surgery, and that future just might be viewed through an adjustable or exchangeable lens. ■

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