MEETING REJUVENATION

Each year when I attend Optometry's Meeting, I am reminded how lucky I am to be part of a profession that continues to innovate, collaborate, and progress to provide the best care possible for our patients. This year's meeting in Nashville in June was a great example, as I witnessed continued advances in optometry's scope of practice across the country, as well as collaboration supported by industry partners.

My favorite moments included time spent with colleagues discussing the latest technologies they are implementing in their clinics, new mindsets they plan to adopt to make their clinics more efficient, and discussions on the need to manage patients from start to finish when surgical care is necessary. Which leads me to this issue of *Modern Optometry*, with the focus on the role of the OD in cataract and refractive surgery. It is a crucial role—one that we as ODs need to embrace. We have all seen and heard the statistics around predicted surgical procedures being performed in the future. The numbers are daunting, and patients will receive suboptimal care if collaboration doesn't occur between optometry and ophthalmology. Our goal for this issue is to better equip you with the necessary knowledge to feel more confident when educating and managing patients undergoing these procedures.

Cataract surgery has essentially become refractive surgery—or at least, that must be our mindset. Patients who are ready to undergo cataract surgery are often seeking ways to reduce their dependence on visual aids. It is imperative that we take the time to discuss all appropriate available options with each patient. In the case of the healthy eye, minus a cataract, all lenses available are viable options (eg, monofocal or advanced monofocal lenses, light adjustable lenses, extended depth of focus lenses, multifocal lenses, and trifocal lenses). With proper expectations set in the preoperative clinical visit, success can occur in a high percentage of these patients. What happens when the eye is not so healthy, though? For example, when a patient presents with retinal disease or keratoconus, or is interested in one of these lenses but doesn't have a cataract? Is the only option a monofocal lens plus visual aids, or no option at all? Our all-star cast of authors, including Nicholas J. Bruns, OD, FAAO; Erich A. Hinel, OD, MS, FAAO; Luke B. Lindsell, OD, MD; Clark Chang, OD, MSA, MSc; and Brandon D. Ayres, MD, answer this question, and you will quickly find out that options do exist for these patients.

This issue mixes in a few other fun topics. The subfocus is on myopia, offering three articles on the subject, and our Complex Cases column will leave you better prepared on Monday. You can also read about nutraceutical use in geographic atrophy and ideas to help your clinic.

Optometry's Meeting was another great reminder of the high quality of care that so many of you provide daily. This issue of *Modern Optometry* is the perfect "piggyback" to that meeting and reinforces to me that our profession continues to move forward in the best interest of patient outcomes and care. We hope you enjoy this issue of *Modern Optometry*. Please reach out to us (kroman@bmctoday.com) if you have any comments or questions. ■

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