



SURGICAL ADVOCATES

Optometry plays a critical role in the management of patients before and after cataract and refractive surgery. The number of patients requiring ocular surgery continues to rise in this country, and patients often seek guidance on what type of IOL they should choose or which corneal refractive procedure is ideal for them. In order for optometrists to provide proper guidance, we must stay up to date on the latest technologies and trends in the field. In the cover focus of this issue, Rebecca Miller, OD, talks about how to be your patients' trusted source for answers about refractive surgery. Our responsibilities as surgical advocates for our patients don't end there, however. To avoid surprises after surgery, sometimes you have to look for certain conditions perioperatively. In his article, Thomas Chester, OD, offers strategies for managing ocular surface disease perioperatively.

There are many considerations to take into account before referring a patient to the surgeon for ocular surgery. Robert Chu, OD, and Richard Chu, DO, explain that setting clear, reasonable expectations is paramount for success in cataract surgery. They take us through the importance of treating ocular surface disease and irregularities of the anterior segment before surgery, as well as setting proper expectations for advanced IOL technologies and for posterior segment findings that can complicate outcomes after cataract surgery.

Embracing postoperative care is best for all parties: patients, optometrists, and ophthalmologists. It allows our patients to get postoperative care with a doctor they are comfortable with and who understands their visual demands and needs. It allows ophthalmologists to perform surgeries without jamming up their schedules with postoperative visits. Optometrists must be prepared to

deal with complications and expectations after cataract and corneal refractive surgery. Larae Zimprich, OD, FAAO, and Sean W. Smolenyak, OD, help us understand what is necessary to manage patients after refractive or cataract surgery, two of the most common situations that optometrists will encounter in the clinic. After reading their articles, you will have a sense of renewed confidence when managing patients postoperatively.

The cover focus in this issue also offers articles on specific devices and another on a new technology. Griffin Christenson, OD, and Leonid Skorin Jr, DO, OD, MS, FAAO, FAOCO, describe their experience with an intracanalicular steroid insert, and Charles Roseman, OD, FAAO, provides facts and data on an intraocular steroid suspension, each of which aim to improve compliance with postoperative medication regimens. And Gillian McDermott explains a new imaging method that could increase the safety of corneal and cataract surgery.

We also have an exciting collection of photo essays in this issue, short and sweet but full of educational goodness. This section includes a variety of case presentations in an easy-to-digest, short essay format. Our contributors picked some of the most unique yet clinically relevant cases they have encountered.

We hope you enjoy this issue of *Modern Optometry*. Once you have read the articles, we feel confident that you will implement some of the tips and ideas presented by the authors in the preoperative and postoperative care of your corneal refractive and cataract surgery patients. Please don't hesitate to reach out to us or give us feedback at modernOD@bmctoday.com. We would love to hear from you! ■



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