THE RIGHT *MIGS* FOR THE RIGHT *PATIENT*

When the Millennium Bridge opened in London in 2000, it immediately began swaying unnervingly. Londoners dubbed the structure the *Wobbly Bridge*.

After attempts to dampen the bridge's vibration failed, it was discovered that this phenomenon was not a result of poor construction. Instead, pedestrians' natural side-to-side motion matched the bridge's natural frequency; the bridge amplified the sideways oscillations, which made people sway more and created a feedback loop. The fix was not to rebuild the bridge. Engineers simply added dampers to dissipate energy—tuning the structure to its environment.

A great work of engineering fails when it is not in sync with its environment. The same is true of the impressive arsenal of MIGS devices now available. Our quest is not to find the single "best" procedure but, in my experience, to match the device to the eye based on the target IOP, the specific ocular anatomy, and the patient's priorities.

The engineers who fixed the Millennium Bridge did not need to create a new structure; they needed a better understanding of the one they had built. We are in the same position with MIGS. We must get to know our environment and then make decisions accordingly. With this approach, MIGS shines in many clinical scenarios. ■

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