

PRACTICE LONG AND PROSPER



Retina. The final frontier. These are the experiences of today's retina specialists. Their continuing mission: to explore new vitreoretinal technologies, to seek out new techniques, to boldly treat even the most

challenging cases.

In retina, but also in the medical profession as a whole, constant improvements in technology and ingenious innovations in techniques allow us to treat and manage a growing variety of serious diseases and disorders. In this issue we take a look at some of the tools and trends that keep our profession prosperous.

Many surgeons have switched from conventional 20-gauge vitrectomy systems to smaller-gauge systems, the newest and smallest being the 27-gauge systems. There seems to be a constant buzz in the air about 27-gauge surgery. Just check out the program for any upcoming retina conference and you will see a variety of relevant presentations listed. In these pages we offer three articles on the use of 27-gauge vitreoretinal surgical platforms. In "Hybrid 27-Gauge Vitrectomy" on page 52, Yoshihiro Yonekawa, MD, and Thanos Papakostas, MD, discuss 20-, 23-, 25-, and 27-gauge instrumentation and how mixed-gauge vitrectomy can be an elegant, surgeon-friendly approach to tackling certain cases. Rohit Ross Lakhanpal, MD, FACS, in "Best Practices for MIVS" (page 60) stresses that "any vitreoretinal surgeon interested in microincision vitrectomy surgery (MIVS) should be comfortable with his or her current gauge instrumentation before moving to a smaller gauge" and offers advice for being successful with the new platform. In "The 27-Gauge Revolution" (page 55), Michael A. Klufas, MD, and Jason Hsu, MD, question whether smaller is always better and discuss the ideal indications for use of this (so

far) smallest of gauges.

The cover focus looks at other subject matter as well. John D. Pitcher III, MD, and Omesh P. Gupta, MD, MBA, describe a novel technique using a diathermy probe to both clear and halt bleeding during diabetic vitrectomy cases ("Making Endodiathermy a Multifunctional Tool," page 45). Want to know how recent updates may expand indications for laser therapy in retina? Jay Chhablani, MD; Mahima Jhingan, MD; and Komal Agarwal, MD explain how newer laser technologies may help laser therapy regain importance in their article, "Lasers in Current Retina Practice" (page 48).

In addition to the articles featured in the cover focus, the Retina Pearls column details a novel technique that Charles C. Wykoff, MD, PhD, often uses during retinectomy to treat rhegmatogenous retinal detachment caused by proliferative vitreoretinopathy ("Treating Recurrent Retinal Detachment Due to PVR," page 32).

Researchers have already developed and are working on improving a real version of the hypospray injection tool, and we are close to achieving technologies like the visor and ocular implants worn by Lieutenant Commander Geordi La Forge. Perhaps one day our patients will be able to call upon our holograms when advice is needed in an emergency situation. But in the here and now, being aware of and familiar with standard and novel vitreoretinal techniques and technologies will ensure us fruitful professional careers. So when the next device, tool, or approach emerges and you question whether you should give it a try, channel your inner Jean-Luc Picard and make it so! ■

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