

SCHOOL'S NEVER OUT



Do you remember how you felt at graduation, knowing that you were finally *done* with school? That sense of exhilaration didn't last long, did it? That's because the field of retina is evolving before our very eyes, and we never stop learning new techniques. Just like recent generations have learned to use all the new technologies that have come our way—computers, the internet, smartphones, virtual reality games, etc.—so too have retina specialists learned to integrate anti-VEGF therapy, small-gauge vitrectomy, OCT, and even gene therapy into our practices.

We are perpetual students. In fact, the way we care for our patients today is hardly recognizable compared with the treatment paradigms many of us learned in school. Even those of you who are newer to practice—1 to 5 years out of fellowship—are learning new surgical techniques and drug delivery approaches that were not taught during your time in the classroom.

In our last issue, we covered any and all therapies in the retina pipeline, which is always a fascinating exploration of what will likely be our future. This issue, we roll up our sleeves and tackle what's changing our practices *now*. Thanks to the hard work of our colleagues and industry partners, we have several new tools at our disposal.

This issue is all about solving today's retina care problems: postoperative complications, treatment burden, timely diagnoses, you name it. But it's not always easy to incorporate new technologies and therapeutics into our practices—and boy, are some of the new options disruptive (in a good way, of course). So here we are giving you practical tips to help you feel more comfortable integrating these new tools and techniques into your practice.

The port delivery system (PDS) with ranibizumab (Sustent, Genentech/Roche) is a sea change in our field and offers a surgical option in the management of wet AMD, particularly for those patients with high treatment burden. To help all of us add this new surgical approach into our clinical armamentarium, we asked Dante J. Pieramici, MD; Nika Bagheri, MD; and Austin Couvillion, BA, to share some of the tips and tricks they have learned while implanting the device during the clinical trials. Their 10 surgical pearls can augment your training to ensure you hit the ground running with the first long-duration anti-VEGF therapy.

Other new concepts sending us back to the classroom, so to speak, include new delivery targets, such as subretinal

gene therapy and suprachoroidal injections. Those are covered by Aaron Nagiel, MD, PhD, whose article is peppered with tips as he explains the benefits and challenges of these new approaches. Theodore Leng, MD, and Kapil Mishra, MD, also touch on the first therapy delivered to the suprachoroidal space to be FDA-approved, Xipere (triamcinolone acetonide injectable suspension, Bausch + Lomb) and where it fits into our list of long-duration steroid options.

As for new technologies, we have a few that might have us cracking open a training manual or two. Small-gauge vitrectomy is making surgical intervention a possibility for several conditions that normally wouldn't send a patient to the OR, such as for visually significant opacities, according to Matthew A. Cunningham, MD, and Jaya B. Kumar, MD. They discuss how proper patient selection is the key to this otherwise straightforward procedure.

Another new tool shaking things up in the OR is hyper-sonic vitrectomy. While still in early-stage development, it is FDA-approved and just might change how some of us perform vitrectomy in the future. The open port and ultrasonic energy are completely different from what we are used to, so if you are thinking of implementing this tool, be sure to read this issue's article by Samir N. Patel, MD; Asael Papour, PhD; and Michael A. Klufas, MD.

And last but certainly not least, we gathered experts in the field to discuss one of the most challenging aspects of vitreoretinal surgery: the potential for postoperative vitreoretinopathy. Despite the leaps and bounds we have made in other areas of patient care, this remains a significant concern, and one we have yet to address well medically or surgically. Of course, a new study investigating intravitreal methotrexate (Aldeyra Therapeutics) might change all that, but until then, we share some of the preoperative planning and surgical techniques that have helped quell this complication in our clinics.

We are all in this together, and this year, we all have some learning to do. ■

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