NEW YEAR, NEW OR


It's that time of year again when everyone is struggling to keep up with their New Year's resolutions to get back into shape, improve their diet, or pick up a neglected hobby. One survey found that only 13% of Americans make it to month 4 with their resolutions![1] Why so low, you ask? Experts have suggested that failed resolutions are often due to unrealistic expectations.

To do better, one Harvard-trained clinical psychologist recommends that people link their New Year's resolutions to their personal values to improve their chances of sticking with them.[1] As retina specialists, we all want to save our patients' vision—but what specific outcomes should we aim to achieve? Maybe your goal this year is to *learn a new approach to macular hole repair*, *discover a new OCT biomarker* (anyone else identifying SMACH, DRIL, DRAMA, or RIPLs on OCT?),[2-5] or *attend more retina conferences* (check out retinatoday.com/calendar for this one). However big or small your goals may be, realizing them will benefit your patients, which will also lead to a happier, healthier, and better-informed physician.[6,7]

So, let's start 2025 off right by setting attainable goals for ourselves. If one of your resolutions is to enhance your surgical skills, this issue of *Retina Today* is a great place to start. Here, experts share tips and tricks for optimizing their favorite secondary IOL techniques, while others explain why you need to dust off those scleral buckling maneuvers or practice handling human amniotic membrane grafts. Several novel surgeries are poised to shake up your OR routine, such as implanting the port delivery system (Susvimo, Genentech/Roche) or performing subretinal drug delivery, and you will find a step-by-step guide to these procedures at your fingertips.

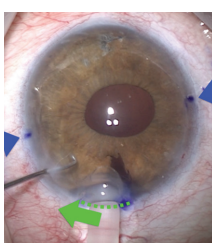
If you are feeling particularly ambitious this year, contemplate the feasibility of office-based vitrectomy and learn from international surgeons who have found success with this unorthodox model. On the lighter side, we also have a fun Q&A in which leaders in retina discuss their approaches to tough surgical scenarios (think symptomatic vitreous opacities in younger patients) and controversial topics (is music in the OR a yay or a nay?).

This issue is a celebration of innovation made possible by surgeons and researchers who never consider failing at their resolutions to improve clinic flow, OR efficiency, and patient outcomes. Try some of the surgical tips and tricks outlined in this issue, and you will be well on your way to a year of growth and prosperity as a vitreoretinal surgeon. Happy 2025, everyone! ■

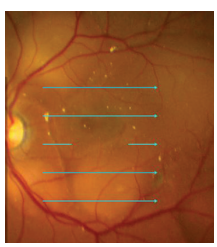
– Christina Y. Weng, MD, MBA, and Ashkan M. Abbey, MD

1. Lloyd M. 2024 New year's resolutions: nearly half cite fitness as their top priority. *Forbes*. January 12, 2024. Accessed January 3, 2025. www.forbes.com/health/mind/new-year-resolutions-survey-2024
2. Ramtohul P, Pellegrini M, Pichi F, et al. Stellate multiform amelanotic choroidopathy (SMACH). Clinical and multimodal imaging features [published online ahead of print May 1, 2023]. *Retina*.
3. Midena E, Torresin T, Schiavon S, et al. The disorganization of retinal inner layers is correlated to müller cells impairment in diabetic macular edema: an imaging and omics study. *Int J Mol Sci*. 2023;24(11):9607.
4. Madala S, Adabifirouzjaei F, Lando L, et al. Retinal ischemic perivascular lesions, a biomarker of cardiovascular disease. *Ophthalmol Retina*. 2022;6(9):865-867.
5. Cabral D, Ramtohul P, Fradinho AC, Freund KB. Volume rendering of deep retinal age-related microvascular anomalies. *Ophthalmol Retina*. 2022;6(12):1185-1193.
6. Woodward R, Cheng T, Fromewick J, Galvin SL, Latessa R. What happy physicians have in common: A qualitative study of workplace perceptions of physicians with low burnout scores. *SAGE Open Med*. 2022;10:20503121221085841.
7. Windover AK, Martinez K, Mercer MB, Neuendorf K, Boissy A, Rothberg MB. Correlates and outcomes of physician burnout within a large academic medical center. *JAMA Intern Med*. 2018;178(6):856-858.

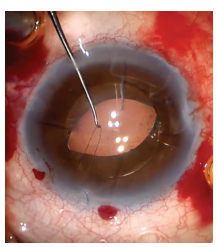
ON THE COVER



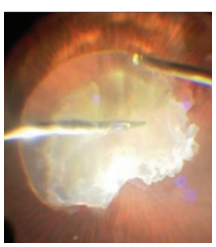
During the classic Yamane technique, place limbal marks 180° apart (blue arrows), and shift the main incision toward the surgeon's left (green arrow).
In: *Your Favorite Secondary IOL Technique*.



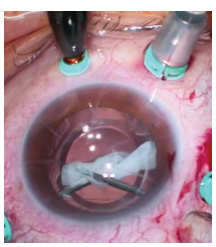
Surgeons can use intraoperative OCT to help ensure proper bleb placement during subretinal gene therapy procedures.
In: *Novel Surgical Techniques to Master*.



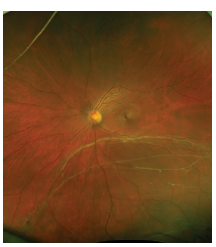
Suturing to the iris using McCannel sutures is an excellent surgical approach for a subluxed three-piece IOL in a patient with a thin sclera or conjunctiva.
In: *Your Favorite Secondary IOL Technique*.



Office-based retinal surgery in Japan is indicated for any adult vitreoretinal diseases, including the removal of retained lens fragments.
In: *The Feasibility of Vitrectomy in the Office-Based OR*.



Use ILM forceps to insert the human amniotic membrane graft into the eye and place it basement membrane-side down onto the macula.
In: *Surgical Case Spotlight: Amniotic Membrane Graft and PFO*.



Widefield fundus imaging shows that, 1 year after primary scleral buckling surgery, the retina remains attached in the right eye of a patient with high myopia.
In: *An Old Technique Made New: Scleral Buckling*.