

Perspectives on Imaging and Dyes in Retina

The rapid incorporation of optical coherence tomography (OCT) into our clinical practices has been unprecedented. Not since the introduction of fluorescein angiography has a diagnostic procedure altered the way we practice in the retina clinic. Many of us use OCT extensively to determine when and how frequently to treat patients. This is a particularly useful diagnostic tool considering that the number of patients we see as well as the retinal therapeutic agents with which we treat them are increasing. Additionally, OCT proves to be useful intraoperatively, aiding in our evaluation of surgical procedures and guiding our techniques.

OCT technology has rapidly advanced. Spectral-domain OCT (SD-OCT) has increased the speed with which we can obtain information, and often without even dilating patients' eyes.

Similarly, dyes to improve visualization have greatly improved the ease with which we can peel epiretinal and internal limiting membranes

(ILM). Despite reports of potential toxicity, the fact that indocyanine green (ICG) continues to be widely used in the United States implies that many surgeons find it facilitates their surgical procedures. New dyes, such as brilliant blue G, are being evaluated, as these dyes may be safer and still provide surgeons with improved visualization.

This issue of *Retina Today* includes several articles that discuss SD-OCT and retinal photography in surgical and medical management of disease. The articles vary from simple case studies to summaries of formal studies that evaluate the utility of SD-OCT in surgery. Additionally, we have included articles that focus on dyes for visualization in surgery from a variety of viewpoints to provide you with more information to consider for

membrane peeling. Although we cannot cover every aspect of imaging and visualization, we hope that our readers enjoy the sampling of topics that we have compiled. ■



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