

Innovation in Retina: A Win For Our Patients

There is an adage that “necessity is the mother of invention.” If that is true, then there must have been many needs in retina medicine not too long ago, because we are on the verge of a lot of new drugs and devices being introduced to our practice.

Certainly it can be argued that on the whole, retina specialists have become very successful at treating diseases affecting the posterior segment. So what is the “necessity” that is driving all of these novel ideas? Simply put, it is the need to continually strive for better outcomes.

There is another quote that pertains to innovation from Albert Einstein that explains this: “If you always do what you always did, you will always get what you always got.” As circular as the logic is in that statement, Einstein reminds us that complacency is a dangerous mindset. The winner in the evolving nature of our practice is our patients: If new innovations can improve our ability to perform surgery, to detect and diagnose disease, and to treat chronic and acute conditions, then we have a better chance of helping save patients' vision.

New technologies and innovations can be an exciting prospect. It is fascinating to dream about the possibilities of smaller gauge surgery, to wonder about advances in imaging, and to get swept up in the exciting potential of



new therapeutic targets. But the wave of innovation in retina medicine, and all the changes new devices and drugs will bring, is ultimately not for the benefit of us practitioners, it is for our patients.

This month's cover feature highlights some of the intriguing innovations in retina, including advances in vitreous cutter technology, novel therapeutic targets, retinal prostheses, and new imaging modalities. It will be exciting to add these additions to our armamentarium so that we can better care for our patients.

There is 1 innovation in particular that is worth mentioning in this space. Late in the production of this issue, we received the news that the US Food and Drug Administration had approved the fluocinolone implant 0.19 mg (Iluvien, Alimera Sciences) for the treatment of patients with diabetic macular edema. We mention this not as an endorsement of this technology, but because the long path this product took to get to our clinics is perfectly emblematic of why we and our industry partners struggle so hard to expand our options: In the end, a greater number of options lets us use our clinical judgment, training, and experience to make appropriate choices for our patients. A more plentiful array of options means there is a greater likelihood that we can offer something in the clinic or OR to help save patients' vision. ■

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