A LEGACY LIVES ON


We struggled to put this editorial together, as our community mourns the loss and celebrates the life of Kirk Packo, MD, FACS. Our Editorial Advisory Board members came together to offer their tributes to Kirk, and we encourage you to read through their inspiring words. As you would expect, the outpouring of fond memories, love, admiration, and grief was too much to fit within these pages, so everyone's full comments—and great pictures—are available in the online version (bit.ly/3tawEWM).

But we must focus on the topic at hand: the Surgical Rounds issue. Kirk would have enjoyed this one—it's full of many of the things he loved most in retina. He was passionate about education and conference innovations, and we have plenty of meeting summaries to offer: the Vit-Buckle Society (VBS), Pacific Retina Club, and Aspen Retinal Detachment Society. Kirk was a driving force behind ASRS, and we have that meeting coverage on Eyetube (eyetube.net/meeting-coverage/asr). These days, our retina meetings always include robust programs, surgical videos, and interactive audience polls—all thanks to Kirk's early influence. VBS even has the theatrics we expected from Kirk!

Beyond the robust meeting coverage, the Surgical Rounds issue is just *fun*. It's an opportunity to explore surgical cases that aren't easily categorized, and we encourage our authors to include videos whenever possible (you can access those through QR codes in the articles themselves, or cruise Eyetube to see what other surgeons have shared). The featured articles are chock-full of tips and tricks you can translate to your OR tomorrow, including new approaches for pediatric vitrectomy and myopic traction maculopathy and ways to reduce the risk of postoperative proliferative vitreoretinopathy. Experts also discuss creative ways to address intraoperative surprises and the benefits of managing vitreous floaters surgically. Our classification for full-thickness macular holes needed an overhaul based on novel surgical techniques, and you can find that here, too.

The cases, commentary, and surgical approaches provided by our contributors make it clear that retinal surgery remains a dynamic experience; no two cases are alike, and surgeons must be prepared to implement novel techniques when the tried-and-true doesn't seem to be the best option.

For example, this issue's Fellows' Focus column provides an excellent discussion of when to choose vitrectomy, scleral buckling, or a combined procedure. Linnet Rodriguez, MD, a retina fellow at Wills Eye Hospital, asked five attendings to provide their surgical treatment approach for three different cases of retinal detachment. You might find their answers thought-provoking, and it highlights the value of ongoing peer discussion and education.

We hope you enjoy these surgical rounds, and we encourage you to reach out if you have your own interesting cases to share. We are always looking for ways to stay connected, grow together, and advance our field. It's what Kirk would have wanted. ■


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ON THE COVER
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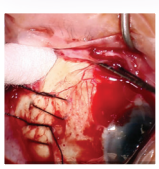
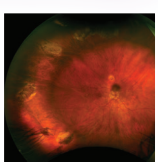
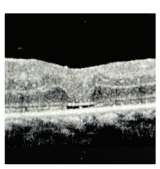


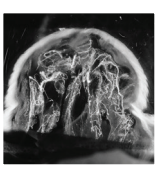
Scleral imbrication.
- Fong May Chew, FRCOphth, MBBS, BSC; David R. Chow, MD, FRCSC; and David Wong, MD, FRCSC



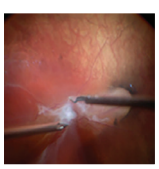
A high-risk retinal detachment repaired with vitrectomy and scleral buckling.
- M. Ali Khan, MD, FACS, FASRS



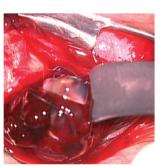
Macular hole closure after wide internal limiting membrane peeling.
- Flavio A. Rezende, MD, PhD



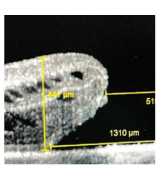
Thickened and tortuous vitreous fibers in the eye of an 88-year-old patient.
- J. Sebag, MD, FACS, FRCOphth, FARVO



Vitrectomy for an 11-month-old girl.
- Vahid Ownagh, MD; Nita Valikodath, MD, MS; and Lejla Vajzovic, MD, FASRS



Intraocular contents prolapsing through a scleral rupture.
- Takumi Ando, MD



A large macular hole with elevated edges.
- Flavio A. Rezende, MD, PhD