A WORD FROM **IOANNIS PALLIKARIS** MD

PATIENTS ARE PRIORITY

As intrastromal techniques gather momentum, we need to tailor our procedures to the needs of each individual

It is a genuine pleasure for me to be associated with this month's issue of *EuroTimes*, devoted to the theme of femtosecond lasers with a particular emphasis on new intrastomal applications for the correction of myopia, hyperopia, astigmatism and presbyopia.

For those of us who have been involved with the evolution of LASIK and its predecessors, the concept of intrastromal refractive correction is certainly an interesting evolution. There is a clear appeal in being able to alter the shape of the cornea without creating a flap and not having to worry about subsequent flap-related complications.

As well as the possible biomechanical advantages to the cornea of an intrastromal approach, the recent research by Dr Ganesh in India on the cryopreservation of corneal lenticules extracted after ReLEx and SMILE procedures is particularly exciting. While it is still early days and we need more robust safety data and longer follow-up, there is the tantalising possibility of being able to implant the extracted lenticule into an unrelated individual to treat conditions like aphakia, hypermetropia, keratoconus and presbyopia.

While intrastromal techniques have already been shown to be feasible, there is still a long way to go before they become truly mainstream and are adopted by the majority of refractive surgeons. As physicians, safety should always be out first concern and we need to bear in mind that any procedure which alters the shape of the cornea is not reversible. So we definitely need more data on those patients who may, for one reason or another, be unhappy with their intrastromal procedure, and their potential options for retreatment.

Other issues also need to be clarified. For the correction of astigmatism using femtosecond intrastromal incisions, for instance, we need to perfect the current algorithms to ensure greater accuracy and predictability. We also need to pursue our research into corneal biomechanics in order to improve the predictability of our procedures and help identify those eyes at risk of developing ectasia after refractive surgery.

Presbyopia remains a challenging issue for refractive surgeons and the latest intrastromal approaches are not going to provide a silver bullet solution here either. There remains some question marks over the predictability of the outcomes and the stability of the results achieved over the longer term.

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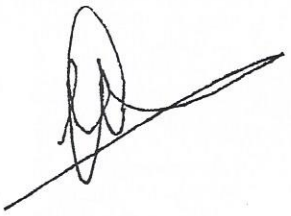
The fact that we now have multiple techniques to provide some kind of compromise refraction reflects the reality and limitations of our current range of treatments for presbyopes. The bottom line is that we need to listen to our patients and to tailor our procedures to their needs using the most appropriate technique for each individual patient.



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