

An Exciting First Year With *CRST Europe*

The development of techniques to eliminate refractive error has been amazing in the last decade. All surgical procedures have gotten better, and I personally believe that the level of accuracy obtained from refractive laser surgery and its resultant joy brought to patients sets a whole new standard in expected outcomes. In this issue, Julian D. Stevens, FRCS, FRCOphth, discusses the influence of centration and iris registration in optimizing outcomes. Iris registration is of considerable benefit in ensuring accurate axis alignment in treating astigmatism. Our quest is to conquer all refractive error and deliver the best care to our patients. The last remaining frontiers are astigmatism and presbyopia, which will be explored in our November/December and January/February cover focuses, respectively.

In this issue, we will examine astigmatism through a variety of aspects and techniques on the cornea and within the eye. A toric lens for cataract surgery as a routine option is long overdue. There are several European companies that have provided toric lenses for implantation during cataract surgery. I personally have used these lenses, especially in patients who have had prior penetrating keratoplasty. Although variable, the results have been beneficial to the patient. Routine use of toric lenses has been difficult because of both cost and logistics (ie, planning and ordering logistics). Introduction of the Acrysof Toric IOL (Alcon Laboratories, Fort Worth, Texas) and its clever Toric calculator promises to make the process more facile and hopefully competitive in terms of price. In this issue, Edward J. Holland, MD, discusses his use of the toric IOL as well as the toric calculator. It is a pity that this technology will not be released in Europe sometime very soon.

As Editor, there is freedom—to some extent—to express our opinions, which admittedly can be controversial. You are encouraged to write in if you wish to express your opinions with us. With the advent of phakic toric IOLs, like the Visian Toric (STAAR Surgical, Monrovia, California) and the

Artisan Toric (Ophtec BV, Groningen, Netherlands), which I understand will be available as a foldable (Artiflex) IOL, there should be very little reason for surgeons to consider ablating the cornea in forme fruste keratoconus conditions. I am amazed that surgeons consider ablative surgery in this condition—and hopefully it is not because the condition was not identified correctly.

I have referred four patients to date who developed frank keratoconus in both eyes following surface ablation (ie, with or without wavefront). All patients were aged more than 40 years, dispelling the theory that surface ablation may be safer in older individuals with apparently more rigid corneas. In this group, it took between 2 years and 8 years before they needed spectacles for vision correction. Surface ablation of eyes with suspect topography is routine practice for some, and like many procedures, there are now successful alternatives. Perhaps it is time to consider these alternatives for this group of patients.

I hope you enjoy this issue of *CRST Europe*. It has been an exciting first year for us in Europe, and we very much appreciate the feedback by our readers as well as the excellent contribution by our authors and the editorial board. Finally, I would like to express my appreciation to David Cox and the staff at Bryn Mawr Communications for their ambition and optimism at seeing this publication come to fruition in Europe. Congratulations!

Wishing you and your families the season's best and a very happy and prosperous 2007. ■



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