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Norbert Pfeiffer is Chairman and Director of the Department of Ophthalmology at Johannes Gutenberg University. Prior to this, he was Chairman and Director of the Department of Ophthalmology at Mainz University. He is a member of several national and international societies, including the American Academy of Ophthalmology (AAO) and the Association for Research in Vision and Ophthalmology (ARVO). Professor Pfeiffer also serves on the Executive Committee of the European Glaucoma Society (EGS) and is President of the German Ophthalmological Society. He studied medicine at the Universities of Gießen, Newcastle-upon-Tyne, Würzburg, Freiburg and Cambridge, and received his MD from Freiburg University.

A very high standard of ophthalmic care has now been reached. Patient satisfaction is high, especially in cataract surgery, which is the most common procedure in the field. This issue of *European Ophthalmic Review* includes several articles on this topic, with contributions on biometry, anaesthesia techniques and scleral fixation techniques for difficult cases. However, ophthalmology must not concentrate only on the improvement of areas where good solutions already exist. For example, the prevalence of blindness is still increasing in most countries, including in the so-called 'developed countries'.

Increasing life expectancy makes us more liable to develop many eye diseases, including age-related macular degeneration (AMD). AMD appears to be the most prevalent cause of blindness and visual handicap in most countries. Diagnosis is easy in the late stages; however, we must aim to detect AMD early and monitor its course in order to better understand the progression of the disease. Several articles contribute to this area, including one on recent developments in retinal imaging. Such new imaging techniques improve ophthalmic diagnosis tremendously.

Glaucoma remains a challenge for ophthalmologists. Most patients can be treated satisfactorily medically; however, a certain percentage of patients either do not tolerate treatment or simply need lower intraocular pressure values than can be achieved medically to halt progression of the disease. Surgery is warranted in these cases. While trabeculectomy was and still is the mainstay of surgical glaucoma therapy, new methods have evolved, including non-penetrating surgery and implants. Both are addressed in this edition.

Refractive laser surgery makes many patients free of the need for spectacle correction, and laser-assisted keratoplasty in particular is a rapidly developing area with great promise. Keratokonus, which until now has been a major indication for keratoplasty, can now be treated with cross-linking with ultraviolet light, in many cases making surgery unnecessary. Advances in these areas are outlined by several contributors.

Importantly, the majority of patients with eye diseases live in areas of the world with restricted access to ophthalmic care. Therefore, it is imperative that we improve access to treatment in all countries through adequate screening for diseases and by providing adequate care. These aspects are touched on by contributions from Arnold and Rahmatullah.

More care, more research and most of all more teaching are necessary if we are to combat the increasing rates of blindness and visual handicap worldwide. I hope that this issue of *European Ophthalmic Review* is widely distributed and receives the recognition it deserves to this end. ■