



Marjan Farid, MD, is Director of the Cornea, Cataract, and Refractive Surgery and Vice-Chair of Ophthalmic Faculty at the Gavin Herbert Eye Institute (GHEI) at UC-Irvine, California, US. Dr Farid's clinical practice is divided between patient care, teaching, and research. She enjoys teaching ophthalmology to medical students, ophthalmology residents, and cornea Fellows. She serves on the Residency Education Committee and is the Director of the cornea fellowship program at the GHEI. Her research interests focus on corneal surgery, specifically in the use of the femtosecond laser for corneal transplantation. She performs all forms of corneal transplantation—femtosecond enabled and lamellar keratoplasty (DSEK and DALK). Dr Farid is also the founder of the Severe Ocular Surface disease center at UCI. She performs limbal stem cell transplants as well as artificial corneal transplantation for the treatment of patients with severe ocular surface disorders. She serves as an Associate Medical Director for the Sight Life Eye Bank. Her work is published in numerous

peer-reviewed journals, she has authored six textbook chapters, and travels to multiple national meetings to present her research work. She serves as an editorial board member of *Ophthalmology*, the leading journal in her field. Dr Farid graduated *summa cum laude* from UCLA with a degree in biology. She earned her medical degree at UC-San Diego in 2002 and completed a transitional year internship at Scripps-Mercy Hospital in San Diego. She completed her residency training in ophthalmology at UC-Irvine. She subsequently completed her fellowship training in the area of cornea/external disease and refractive surgery under the mentorship of Dr Roger Steinert at UC-Irvine.

In the realm of cataract surgery, technologic advances allowing perfect refractive outcomes are becoming the norm. There is a growing body of literature to show that the benefits of laser cataract refractive surgery have major implications for a range of parameters, including the accuracy of refractive surgical outcomes, incidence and spectrum of intraoperative complications, and the incidence and severity of postoperative inflammation. Assessment of corneal topography has become important for surgical planning in patients receiving cataract surgery. Its value and situations where it has been crucial in guiding intraocular lens (IOL) selection are discussed in a paper by Loh et al. Patients with IOL complications, such as dislocations and those left aphakic after cataract surgery, demand and deserve similarly improved technologies that will decrease surgical times and wounds and improve long-term IOL stability and retention. As such, IOL surgeons will continue to advance the surgical techniques to exchange or implant secondary IOLs. Scleral glue tunnel fixation technique has eliminated the need for large incision surgery and sutures, thereby improving postsurgical outcomes and reducing the risk for long-term IOL dislocation from suture breakage. Our article in this edition of *US Ophthalmic Review* serves as a comprehensive review of techniques available now for success in secondary IOL surgery. Future advances will continue to push the bar higher for increased ease, safety, and long-term IOL stability.

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