Hello, and happy New Year, readers! The year is new and so is Retina Today’s look, which is fitting for a time rife with new resolutions and promises to be better versions of ourselves. Not only is the new format aesthetically pleasing, but it also makes reading articles easier on the eyes. Rest assured, the content between the pages will continue to provide top-notch information on the topics you want to read about—such as techniques and technologies in vitreoretinal surgery.

Unless you are strictly a medical retina specialist, you perform vitreoretinal surgery and you know the importance of keeping on top of which techniques and technologies work, which ones do not, and which are still new and in need of vetting. The techniques on which we rely today have changed drastically over the past 20 years and will undoubtedly continue to change in the next 20. Similarly, many technologies that we take for granted and could not imagine performing surgery without were not even glimmers in their inventors’ eyes just a decade ago. In short, the OR is changing. Are you keeping up? Retina Today is here to make sure that you are.

In this issue, Theodore Leng, MD, MS, takes us on a tour of what the retina OR of the future might look like, sharing his vision of two- and one-port systems, voice- and thought-triggered commands, advances in anesthesia, and more (page 75). Getting back to the here and now, David Robert Chow, MD, FRCS, and Paulo Ricardo Chaves de Oliveira, MD, deliver a nice overview of new developments in surgical devices and instrumentation, including imaging and vitrectomy systems, light sources, and handheld tools (page 62).

Optical coherence tomography has been around for almost 30 years, and it continues to improve by leaps and bounds. A handful of surgeons have now begun using it intraoperatively. Justis P. Ehlers, MD, and Mehnaz Khan, MD, MS, discuss uses for OCT during vitreoretinal surgery on page 72.

This issue will not disappoint those of you who specialize in medical retina, either. Jeffrey L. Olson, MD, and Logan Christensen, MD, explain how a novel device that uses encapsulated cell technology may have applications in retinal ischemic conditions (page 57). Peter K. Kaiser, MD, will get you up to speed on ALG-1001, a synthetic integrin antagonist that has shown promise in treating vitreomacular traction (page 59). And for a general review of ocular drug delivery systems, check out page 48, where retina specialist Randall V. Wong, MD, provides a rundown of methods for getting drugs to the back of the eye.

Getting back to those New Year’s resolutions, with the constant growth in our field there is every reason for us to always be chasing that better version of ourselves. Better clinicians are safer and more efficient, and they produce the best possible patient outcomes. Remember: If you change nothing, nothing will change.

It’s a bit late for a New Year’s Eve toast, but here’s looking at us—all of us. May 2016 be full of good health, happiness, and success!