

ON ADAPTABILITY



For many of us, as the cooler weather of autumn sets in, we begin preparing for the hustle and bustle of the end-of-year meeting season. We know it's coming, and we plan accordingly. The Retina Society's annual meeting recently took place, and, while some of us were pinched for time in order to stick to our travel itineraries, others had to make the call to miss flights and/or skip giving talks so that they could evacuate or brace for the arrival of Hurricane Florence.

Sound familiar? This time last year we recapped the damage and devastation caused by Hurricanes Harvey, Irma, and Maria that affected our friends, families, and colleagues in Texas, Florida, and Puerto Rico, respectively. Earthquakes were reported in Mexico during the same time period.

We wish we could look back at last year and marvel at the anomaly of those natural disasters, but then we have Florence, Typhoon Mangkhut in the Pacific, and wildfires in California tapping us on the shoulder. The thing is, none of us is immune to being thrown off our game due to a freak accident or natural disaster. That's why having some sort of plan in place is crucial. What would you do if a tree fell on the roof of your office or you lost power or got flooded?

The key is learning to be adaptable and resilient. Not only will these skills help us in daily life, but they will also benefit us professionally—for example, in the clinic when dealing with a patient who changes his mind about treatment or in the OR when a complication arises. Being able to adapt is important at the time the stuff hits the fan, and also afterward, when adjusting to a new norm is necessary. If you need some inspiration here, just think about your patients. So often we need them to be understanding and flexible and to adapt to their diagnoses and treatment regimens. If they can do it, by golly, so can we. In the end, this resilience and adaptability makes us all stronger.

If you have been affected by a natural disaster or other unfortunate event and would like to share your story, email us at RetinaEditors@bmctoday.com. ■

CHIEF MEDICAL EDITOR

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FOUR FAVORITES

Retina Today's choice takeaways from this issue.

1 "The trocar-cannula approach to tap and inject procedures brings the efficiency of modern vitrectomy techniques to the office setting, providing a safe and efficient technique for managing acute endophthalmitis with potentially less patient discomfort and anxiety."

—*Jalaya Alexander, MBS; Andrew Humes, MBS, COA; Murtaza Adams, MD; and Brian C. Joondeph, MD, MPS, on their simplified in-office tap and inject technique for endophthalmitis*

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2 "The biologics most commonly used to treat uveitis and systemic inflammatory diseases are those that target the inflammatory effects of tumor necrosis factor alpha (TNF-alpha), an integral cytokine in the uveitic pathway."

—*Sruthi Arepalli, MD; and Eric B. Suhler, MD, MPH, on systemic treatment options for uveitis*

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3 "[Comparative billing reports] are not intended to be punitive, nor are they sent as an indication of fraud. Rather, the CBR is intended to be proactive, giving ophthalmologists the opportunity to see in which areas they are outliers."

—*Sue Vicchilli, COT, OCS, OCSR; and Joy Woodke, COE, OCS, OCSR, on how comparative billing reports can help practitioners determine where their coding is going wrong*

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4 "[The Arab African Society of Retina Specialists] is continuing to grow and collaborate with the international community, and I am looking forward to its becoming one of the largest retina societies in the world."

—*Ehab N. El-Rayes, MD, PhD, talking about his experience as a founder of the society in this issue's 5 Questions column*

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