



# PART OF THE SOLUTION

“WE MUST WORK TO IDENTIFY THE GAPS  
IN OUR UNDERSTANDING OF MIGS...

...AND FOCUS ON HOW TO FILL THEM.”

As with any surgical advance, the introduction of microinvasive glaucoma surgery (MIGS) has unearthed many questions. At times, it may feel like there are more questions than answers. Undeniably, our knowledge base is constantly expanding and definitely has room for growth. However, MIGS is not as radical an approach as some may think.

Many MIGS techniques are based on preexisting concepts. What makes MIGS novel is that these procedures are delivered through less invasive approaches, thanks to numerous advances in technology. Skeptics may look at MIGS and think, “We tried working in the trabecular meshwork and the suprachoroidal space before, and it didn’t work—what’s changed?” We now have novel delivery methods and materials; therefore, we cannot universally ascribe failed past results to these new devices.

Of course, with more treatment options come more questions, and there is much to be learned. We need to determine how to optimize each device so that we can take MIGS into comparative trials and analyze our long-

term outcomes. But this cannot happen overnight. Until then, we must work to identify the gaps in our understanding of MIGS and focus on how to fill them.

This cover focus is dedicated to highlighting some of the *unknown unknowns* of MIGS. Contributors walk through each phase of the MIGS process—from informed consent to surgical technique to postoperative management—and shed light on some key discoveries made and pearls acquired along the way. As noted in several of these articles, not all MIGS devices are created equal. It is up to us to share our experiences and help elucidate their nuances.

A healthy dose of skepticism is natural, but a closed mind is detrimental. Taking an active approach and ensuring that patients are properly educated about these minimally invasive treatment options is our responsibility as providers of their care. It is easy to be a naysayer—the real challenge is working to be part of the solution. I hope that this issue of *GT* serves as the appropriate motivation and guide. ■

**ARSHAM SHEYBANI, MD**  
ASSOCIATE MEDICAL EDITOR