The path of innovation is not a straight line. It can certainly look that way in retrospect and from the outside. But those in the trenches learn that setbacks are a difficult yet necessary part of innovation.

Last month, the global market withdrawal of Alcon’s CyPass Micro-Stent was certainly a setback to MIGS and glaucoma therapy. It is understandable that this development might cause some to question the future of MIGS or even to abandon the concept and write it off as a failure. It seems, for some, that the tribal instinct is to maintain the status quo. While this may be the easy thing to do, it is not the best path for our patients.

Think about where we would be if setbacks had stopped other innovations in our industry. In the early years of its development, phacoemulsification caused a number of corneas to fail, and many argued it was too dangerous. We learned from this, and we improved the procedure. We pushed forward. The same goes for IOLs. If we stopped when the first cases of uveitis-glaucoma-hyphema and dislocations were reported, cataract surgery would be nowhere near what it is today.

I would never knowingly develop a procedure that would put patients at risk of harm. But history has shown us that when we discover patient safety issues, we have two responsibilities. The first is to stop treatment and discover the cause. The second is to learn from the experience and use it to improve care.

Setbacks are a harsh reality of innovation. We can’t control them, but we can control what we do with them. We can use them as a learning opportunity, to make back lost ground, and to gain new ground. We can use them to make things better.

We need to accept that innovation is not always a straight path and that it cannot always be moving forward. But that does not mean that we should ever stop pushing forward.