

AN INTRODUCTION

This book is designed to transfer useful skills for the clinical management of diabetic patients. It does not start with the fundamentals; instead, it is assumed that the reader has basic examination skills and is at least partially familiar with various tests, such as fluorescein angiography and optical coherence tomography.

Nor does this text offer an in-depth discussion of basic science or an exhaustive review of the available literature. If you want an in-depth look at the literature behind treating retinopathy, you are encouraged to review the sections on diabetes in any of the major ophthalmology texts. Another excellent resource is the book **Diabetic Retinopathy: Evidence-Based Management** by David J. Browning—it is a must read for anyone who wants to really understand the disease.

The goal of this book is simply to make the trenches where most of us live a bit more comfortable.

The voice of this text is different from standard texts—something done in hopes of conveying useful information without too much tedium. However, as a wise person once said, “There is a fine line between clever and stupid.” If anything offends or interferes with the smooth download of information, let us know.

Also, there are no absolutes here. Once you think you know the best way to do anything, you have lost the ability to learn. Try these suggestions and techniques, and if they don’t work, throw them out. Run them by your mentors and your friendly neighborhood retinal specialists—get other opinions and synthesize a style of your own. We welcome any comments and/or complaints. If the gods of retina smile on this book, then perhaps there will be further editions with plenty of input from people way smarter than us. Our contact info is below.

Mostly, we hope that you can peruse these pages and find something that will help you to help patients who have one of the most prevalent and vicious causes of blindness on this planet.

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P.S. At various points in the text, there are unavoidable opportunities to harass our surgical colleagues who have mastered more refractively oriented procedures. Recognize that this is meant in good sport and, in truth, stems largely from professional jealousy—they can actually understand things like high order aberrations and apodized lenses *and* they have patients who hug them after surgery.

Retina specialists do not generally get hugged by their patients. Moreover, the only bit of optics we understand is The Retina Refraction: room lights on—better one; room lights off—better two.

Onward...