

Retina & Vitreous (Didactic)

10 June 2006, Saturday, 1030-1230 Hrs
Room 201, Level 2

C901
GENOTYPE-PHENOTYPE CORRELATION FOR INHERITED RETINAL DEGENERATION

Yuko Wada, Toshitaka Itabashi

Synopsis: What kind of disease is included in an inherited retinal degeneration? Retinitis pigmentosa, cone dystrophy, macular dystrophy, Stargardt disease, choroideremia, crystalline retinopathy are progressive inherited retinal diseases, and have been difficult to treat for a long time because these are inherited and progressive diseases, and no effective treatment is available. On the other hand, most patients with congenital stationary night blindness, Oguchi disease, and fundus albipunctatus show only stationary night blindness. Inherited retinal diseases were considered to result from a mutation of a gene, which plays an important role in the retina. In 1990, Dryja's group first demonstrated that a mutation of the rhodopsin gene caused autosomal dominant retinitis pigmentosa. Information of the genetic basis of inherited retinal degeneration has advanced very rapidly and extensively because molecular genetic analyses and many new findings have been made on patients with inherited retinal degeneration. Molecular genetics has revealed that the type and frequency of a given mutation vary with the ethnic populations. For example, the 1147delA mutation in the arrestin gene is characteristic of Japanese Oguchi patients. On the other hand, mutations in the rhodopsin gene are very common in foreign countries, but in Japan, only five mutations have been reported. We will present our findings on the types and prevalence of mutations for Japanese patients with inherited retinal degeneration. In addition, we will show the correlation of the genotype to the phenotype of patients with mutations in causative genes.

Objectives: Our summary of mutation screenings for inherited retinal degeneration gives the clues how we should select the causative gene and what kind of disease we should screen. At the conclusion of this course, the attendee will be able to augment the understanding of genotype phenotype correlation of inherited retinal degeneration, and the difference of pathogenic mutations by ethnic populations.

Oculoplastics (Didactic)

Rescheduled

13 June 2006, Tuesday, 1230-1400 Hrs
Room 202, Level 2

C902
INSTRUCTION COURSE ON PTOSIS SURGERY

Muhammad Moin, Zafar Ul Islam, Zahid Kamal Siddiqi, Nadeem Hafeez Butt

Synopsis:

- Introduction (Dr. Nadeem Hafeez Butt)
 - Applied Anatomy
 - Classification
 - Work up
- Anterior Levator Resection (Dr. Zahid Kamal Siddiqi)
- Indications
 - Techniques/Video
 - Complications
- Brow Suspension (Dr. Muhammad Moin)
- Indications
 - Materials
 - Techniques/Video
 - Complications
- Jaw Winking Ptosis (Dr. Zafar Ul Islam)
- Indications
 - Techniques/Video
 - Complications
- Fasanel Servat Procedure (Dr. Muhammad Moin)
- Indications
 - Technique/Video
 - Complications
- Blepharophimosis Syndrome (Dr. Zafar ul Islam)
- Indications
 - Techniques/Video
 - Complications
- Group Discussion (Dr. Muhammad Moin)

Objectives: To provide a Basic/intermediate level course for

- General Ophthalmologists
- Post graduate trainees.

At the end of the course attendees should

- Know the ptosis classification
- Know the indication of surgery
- Know the different techniques of surgery
- Know the complications and idea about management.

Retina & Vitreous (Didactic)

10 June 2006, Saturday, 1400-1530 Hrs
Room 201, Level 2

C903

SMALL GAUGE VITRECTOMY – 23G VS 25G

Lee Jong Jian, Ferenc Kuhn, Manish Nagpal, Shibo Tang

Synopsis: This course features the new 23 gauge vitrectomy system, compares the strengths and weakness between 20 gauge, 23 gauge and 25 gauge vitrectomy system and highlights the pearls and pitfalls of small gauge vitrectomy.

- Introduction to small gauge vitrectomy
- Surgical tips for 25 gauge vitrectomy
- Surgical tips for 23 gauge vitrectomy
- Comparison between 20G, 23G and 25G vitrectomy
- Case selection for beginners
- Handling of complex cases with small gauge vitrectomy
- Avoiding and handling complications
- Combination of new innovations and surgical techniques with small gauge vitrectomy
- Future trends
- Video case presentation and panel discussion.

Objectives: The attendee would learn about case selection for small gauge vitrectomy, combination of bimanual technique and new innovations in handling complex cases as well as avoiding and handling complications during surgery. Special video highlights on challenging surgical cases will also be presented for discussion.

Glaucoma (Didactic)

10 June 2006, Saturday, 1400-1530 Hrs
Room 202, Level 2

C904

“TAKING HIGH FREQUENCY TO THE NEXT LEVEL – COME AND SEE WHAT’S NEXT”

Enrique Pieffer, Shan Lin

Synopsis: 1. Basic concepts, what’s new in the technology and comparison with other technologies currently available (OCT and Pentacam). 2. Clinical cases, where Dr. Shan Lin can show cases and explain the advantages of the VuMax (UBM). On this part we will also ask Dr. Shan Lin to also present a clinical study about other related subjects. 3. Hands on and open discussion, where we can demonstrate on patients how to get the best performance.

Refractive Surgery (Didactic)

10 June 2006, Saturday, 1400-1530 Hrs
Room 203, Level 2

C905

ACHIEVING EMMETROPIA IN EVERYBODY – PHAKIC IOLS, REFRACTIVE LENS EXCHANGE WITH MULTIFOCAL IOLS, AND WAVEFRONT-GUIDED BIOPTICS

Michael Knorz, Manfred Tetz, Gerd Auffarth

Synopsis: Refractive surgery targets emmetropia, but emmetropia cannot be achieved in all patients with a single procedure, especially in high refractive errors. The course will therefore discuss the combined use of phakic IOLs, refractive lens exchange plus a multifocal IOL, and accommodating IOLs, with wavefront-guided laser ablations. Surgical technique, patient selection and results will be discussed. Procedures covered will be the Verisyse phakic IOL, the Tecnis multifocal IOL, the Restor and the ReZoom IOL, accommodating IOLs, and wavefront-guided ablations with the Visx CustomVue system.

Objectives: To present the concept of bioptics using wavefront-guided ablations combined with phakic IOLs or refractive lens exchange with a multifocal IOL to achieve emmetropia even in high refractive errors.

Retina & Vitreous (Didactic)

10 June 2006, Saturday, 1400-1530 Hrs
Room 208, Level 2

C906

PHARMACOLOGICAL TREATMENT OF CHOROIDAL NEOVASCULARIZATION (CNV)

Lihteh Wu

Synopsis: The molecular events surrounding the angiogenic cascade in CNV will be discussed. Pharmacological agents such as pegaptanib sodium, anecortave acetate, bevacizumab, ranibizumab, VEGF trap, PEDF, tyrosine kinase inhibitors, si RNA, integrin antagonists and squalamine will be discussed in the context of CNV secondary to age-related macular degeneration. The rationale for combination therapy will also be discussed.

Objectives: After completion of this course, participants will be able to 1) state the therapeutic interventions that are currently used to treat CNV, and to outline the mechanism of action and current success rates of each mode of treatment; 2) identify the basic molecular steps in the angiogenic cascade; 3) name promising drugs in the pipeline for the treatment of CNV.

Neuro-ophthalmology (Didactic)

10 June 2006, Saturday, 1400-1530 Hrs
Room 209, Level 2

C907

NEURO-OPHTHALMIC IMAGING

Goh Kong Yong, Vincent Chong, Navin Jayakumar

Synopsis: Neuro-ophthalmic Imaging has become an increasingly important part of the investigations in a patient with neuro-ophthalmic problems. This course will commence with a lecture on the indications of CT versus MRI. It will be followed by five case presentations that will allow neuro-anatomic correlation with neuro-imaging. The best and most appropriate neuro-imaging technique will be discussed by the faculty.

Objectives: 1. To understand the principles of CT and MRI in neuro-imaging. 2. To be able to order the appropriate investigation for a particular neuro-ophthalmic condition.

Retina & Vitreous (Didactic)

10 June 2006, Saturday, 1600-1730 Hrs
Room 201, Level 2

C908

ADVANCED ANGIOGRAPHY AND LASER COURSE FOR EXUDATIVE AGE RELATED MACULAR DEGENERATION

Giovanni Staurenghi, Manish Nagpal, Ethan Priel, Rory Goh, Lee Jong Jian, Lim Tock Han, Adrian Koh

Synopsis: Advances in imaging techniques using the confocal scanning laser ophthalmoscope indocyanine dynamic angiography (CSLO-ICGA) has brought about clearer understanding of the vascular aetiology of exudative age-related macular degeneration (AMD). In addition, better delineation of the vascular lesions provides the basis for new and potentially better targeted laser treatments such as focal treatment to polypoidal vasculopathy (PCV) lesions, feeder vessel treatment (FVT), ICG guided transpupillary thermal therapy (TTT) and photodynamic therapy (PDT). This course provides a concise update on: (1) Advanced dynamic angiography – what we learn from CSLO-ICGA that we don't usually see with fluorescein angiogram, (2) Techniques to obtain great images of the choroidal circulation, (3) Current concepts of exudative AMD – its vascular subtypes and angiographic characteristics, (4) CSLO-ICG guided laser treatment (PCV laser, FVT, TTT and PDT) techniques and treatment results, (5) A practical approach to the choice of treatment of exudative AMD, and (6) Applications in the era of new pharmacotherapies.

Objectives: This course provides a simple and practical approach

to the seemingly confusing subject of exudative AMD with its multitude of descriptive terms, nomenclature and treatment modalities, based on the understanding provided by CSLO-ICGA. In addition, the attendees will be provided with the latest treatment techniques and results using CSLO-ICGA guided laser treatments.

Allied Health (Didactic)

10 June 2006, Saturday, 1600-1730 Hrs
Room 202, Level 2

C909

CONTACT LENS

Lim Li, Khoo Chong Yew, James Chong, Jenny Deva, Anthony Philips, Siow Ka-lin

Synopsis: This contact lens course consists of a series of lectures followed by an interactive slide-video presentation. The topics of the lectures include pearls in contact lens fitting, therapeutic contact lenses and contact lens fitting in keratoconus. At the interactive slide-video session, case examples of contact lens fits of various ocular conditions will be shown for discussion. The course participant will learn how to fit contact lenses successfully in patients with various ocular conditions and will also learn how to employ the use of therapeutic contact lenses.

Cataract Surgery (Didactic)

10 June 2006, Saturday, 1600-1645 Hrs
Room 203, Level 2

C910

NON PHACO SMALL INCISION CATARACT SURGERY (SICS) – STEP BY STEP

Krishan Pal Malik, Ruchi Goel, Brahm Prakash Gulliani

Synopsis: Cataract surgeons globally are now striving to master the art of non phaco SICS. Its universal applicability, cost effectiveness, faster learning curve and machine independence with comparable results, are well recognized. The course shall include detailed teaching of the steps of the contemporary methods of SICS –Blumenthal's, Phacosection, Phacosandwich, Microvectomy and Fish hook by experts in this field. Special highlight will be videos demonstrating management of difficult situations and complications.

Objectives: At the conclusion of the course the attendee will be able to comprehend: 1. The basic steps of surgery like construction of a sclero-pocket tunnel incision, capsulorrhexis and hydroprocedures. 2. The different techniques of nuclear delivery

and their merits/demerits. 3. Dealing with complications. 4. Handling difficult situations with ease.

Cataract Surgery (Didactic)

10 June 2006, Saturday, 1645-1730 Hrs
Room 203, Level 2

C911

TOPICAL TEMPORAL SECTION NON-PHACO SMALL INCISION CATARACT SURGERY

Krishna Vaitheeswaran, Shalini Garg, Renu Grover

Synopsis: Small Incision cataract surgery has revolutionized cataract surgery in high volume settings, providing advantages of modern day high quality, sutureless surgery to a large population of individuals in developing countries. A topical, temporal section cataract surgery enables high volume turnover with minimal dependence on infrastructure and personnel required for administering local anaesthetic blocks as well as postoperative care. This enables a patient to walk in and walk out of the surgical facility and return to activities of daily living with a minimal period of rehabilitation. The technique combines the advantages of a topical temporal section phacoemulsification procedure with the speed and universal application of a small incision non-phaco cataract procedure. It avoids the use and associated complications of retrobulbar/peribulbar injections as also the need for postoperative patching which allows a faster and a more comfortable recovery.

Objectives:

- To outline the advantages of a small incision cataract surgical technique particularly in high volume settings
- Elaboration of different techniques of small incision cataract surgery and advantages of a temporal section procedure
- To define the biomechanics and forces involved in nuclear manipulation and removal in the temporal section procedure when compared to the superior section
- To suggest a transition phase for topical temporal section small incision cataract surgery
- To suggest infrastructural requirements and a model for high volume low cost cataract surgery using a topical temporal section small incision technique.

At the end of the course, the attendee would be able to chart out a transition phase from a routine extracapsular cataract extraction technique to a high volume, sutureless technique using a temporal section under topical anaesthesia without the use of phacoemulsification.

Cornea & Ocular Surface (Didactic)

10 June 2006, Saturday, 1600-1730 Hrs
Room 208, Level 2

C912

DIAGNOSIS AND MANAGEMENT OF KERATOMYCOSIS – AN INTERACTIVE APPROACH

Paras Mehta, Sandeep Arora, Vinay Agrawal

Synopsis: Filamentous fungi are the commonest cause of mycotic keratitis in many countries in tropical latitudes. It is thus vital that a specific diagnosis is made as quickly as possible. This ensures prompt institution of antifungal therapy. Certain clinical characteristics of corneal ulcers may suggest a specific pathogen. It is now generally accepted that a reliable diagnosis cannot be made by clinical appearance alone and microbiological investigations should be performed. Unfortunately, many ophthalmologists working in developing countries do not have access to basic ocular microbiological investigations such as microscopy or culture of corneal scrapes. Thus an ophthalmologist confronted with a patient with suppurative keratitis has to be very certain as to which clinical features should be given more importance to differentiate between fungal and bacterial infection. This course will provide didactic lectures and case discussions on important steps in clinical examinations, interpretation of findings, and techniques. It will also deal with application of various laboratory procedures in workup of microbial keratitis. In addition it will also discuss recent advances in management like confocal microscopy, in vitro Etest for assessing antifungal drug susceptibility, and newer antifungals with comparisons to routinely advocated broad antifungal agents. It will stress the role of surgical intervention and as also the timing of intervention. Various procedures like intra cameral injections and their utility will be addressed.

Objectives: At the end of the course, the attendees will be able to correctly work up cases of keratomycosis, especially under circumstances like post-LASIK keratitis, phaco wound infections, deep keratitis, and superadded secondary infection. They will be able to manipulate medical treatment with changing morphology of corneal ulcer. They will be able to determine timing of surgical intervention and perform surgical procedure as per requirement of individual case as well. Attendees will be more confident in taking care of their patients.

Paediatric Ophthalmology (Didactic)

10 June 2006, Saturday, 1600-1730 Hrs
Room 209, Level 2

C913
ACCOMODATIVE ESTROPIA

Monte Del Monte, Leo Seo Wei

Synopsis: Hypermetropic accommodative esotropia is caused by accommodative convergence associated with hypermetropia. Management options include glasses, bifocals, standard surgery, augmented surgery, surgery using the prism adapted angle and miotics.

Objectives: This course aims to teach different types of accommodative esotropia. Special emphasis will be made on the approach and management of specific subgroups like those with high AC/A ratio.

Allied Health (Workshop)

11 June 2006, Sunday, 0830-1230 Hrs
Room 306, Level 3

C914
NEW TECHNOLOGIES IN OPHTHALMIC IMAGING
(PART 1 & 2)

Joseph Ho, Ethan Priel, Dennis Orlock

0830-0845 Hrs	Welcome address	Dr Joseph Ho
0845-0915 Hrs	Introduction to Optical Coherence Tomography	Dr Dennis Orlock
0915-0945 Hrs	Introduction to Heidelberg Retinal Angiography	Dr Ethan Priel
0945-1000 Hrs	Tea Break	
1000-1230 Hrs	Workshop	

Participants will be broken up into 2 groups. Switchover will be at 1115 hr.

Uveitis & Intraocular Inflammation (Workshop)

11 June 2006, Sunday, 1400-1530 Hrs
Room 201, Level 2

C915
CHALLENGING UVEITIS CASES

Chee Soon Phaik, Robert Nussenblatt, Annabelle Okada

Synopsis: Academic challenges are always a welcome treat to ophthalmologists who want to stretch their minds. This session is ninety minutes worth of interactive exposure to interesting cases that even the experts can find challenging. Take away pearls from this session is a must.

Retina & Vitreous (Didactic)

11 June 2006, Sunday, 1400-1530 Hrs
Room 202, Level 2

C916
WHY CAN'T MY PATIENT SEE? – A PRACTICAL APPROACH TO UNEXPLAINED VISUAL LOSS

Adrian Koh, Sharon Tow, Audrey Chia, Chi Luu

Topic	Speaker(s)	Duration
Is it the retina or is it the optic nerve?	Dr Adrian Koh/ Dr Sharon Tow	30 min
What else could it be?	Dr Sharon Tow	10 min
How can electrophysiology help?	Dr Adrian Koh/ Dr Chi Luu	15 min
Could it be functional?	Dr Sharon Tow/ Dr Chi Luu	10 min
Discussion		15 min

Synopsis: Patients with unexplained visual loss pose a particular challenge for many ophthalmologists. These patients often have very subtle signs that make it difficult to localize the site of the problem. They may then end up being subjected to a battery of tests, some of which may be unnecessary and costly.

These patients fall into several groups. Some patients present with visual loss but have a normal eye examination. Others present with some features of an optic neuropathy but the clinical picture is atypical. The child with unexplained visual loss presents difficulties in examination and diagnosis. All these patients have an underlying pathology, which can be identified with appropriate testing. However, a group of patients will complain of visual loss but unlike the former groups of patients, no pathology is found after appropriate investigations. Thus, functional visual loss is a diagnosis of exclusion.

Objectives: To provide participants with practical tips and strategies for

- Approach to the patient with unexplained visual loss
- Diagnosing the patient with functional visual loss.

Refractive Surgery (Didactic)

11 June 2006, Sunday, 1400-1530 Hrs

Room 203, Level 2

C917

ORBSCAN

Chan Wing Kwong, Chua Wei Han, Fam Han Bor, Lim Li, Wee Tze Lin

Synopsis: This course will introduce the fundamentals of Orbscan technology. Participants will learn to confidently interpret and analyse Orbscan data, both for normal eyes as well as for pathological eyes such as keratoconus, pellucid marginal degeneration and forme fruste keratoconus. Guidelines and standards of care for corneal refractive surgery will also be discussed.

Glaucoma (Didactic)

11 June 2006, Sunday, 1400-1530 Hrs

Room 204, Level 2

C918

CORNEAL THICKNESS AND GLAUCOMA EVALUATION

Boonsong Wanichwecharungruang, Tetsuya Yamamoto

Synopsis: Central corneal thickness (CCT) has been interested on glaucoma evaluation, perhaps, since the report of Ocular Hypertension Treatment Study (OHTS). OHTS demonstrates that thinner CCT is one of the predictive factors for glaucoma development in ocular hypertension (OHT) patients, as well as, older age, larger cup to disc ratio, greater baseline pattern standard deviation, and higher intraocular pressure (IOP). Thin CCT is related to underestimation of IOP by Goldmann applanation tonometry, and vice versa for thick CCT. Thin CCT in OHT represents "true-OHT", likely develops "true-glaucoma". True-glaucoma early manifests with structural changes (preperimetric glaucomatous optic neuropathy, and thinner retinal nerve fiber layer), and abnormal special visual field tests (short-wavelength automated perimetry and frequency doubling technology perimetry). Thin CCT in glaucomatous eye leads to progressive and advanced glaucoma, possibly, because of underestimated IOP and inadequate treatment. Since CCT influences on OHT and glaucoma evaluation, CCT should be obtained in glaucoma suspect and glaucomatous patient. However, some evidences do not support that thin CCT is a risk of glaucoma development or

progression. Although IOP correction formulas for the "true-IOP" of Goldmann applanation tonometry have been proposed by many authors, they have never been proved for their accuracy. Applying any formula may lead to further mismanagement. Newer technology for IOP measurement, unaffected by CCT, is tremendous important for such issues.

Objectives: At the conclusion of this course, the attendee will be able to understand that glaucoma evaluation may be related to CCT. Ophthalmologist should measure CCT in glaucoma suspect and glaucoma patients.

Refractive Surgery (Didactic)

11 June 2006, Sunday, 1400 – 1445 Hrs

Room 208, Level 2

C919

INTEGRATING EPI-LASIK IN YOUR REFRACTIVE PRACTICE – INDICATIONS AND TECHNIQUES

Michael Knorz, Manfred Tetz, Lee Hung Ming

Synopsis: The course will discuss the technique of Epi-LASIK, its indications, patient selection and results. It will lecture participants on how to integrate Epi-LASIK in their refractive surgical practice.

Objectives: To describe indications and technique of Epi-LASIK and to position it within the spectrum of refractive surgery.

Refractive Surgery (Didactic)

11 June 2006, Sunday, 1445-1530 Hrs

Room 208, Level 2

C920

TARGET 20/20 GETTING FINER AND FINER

Kumar J Doctor, Ajay Mehta, K. V. Satyamurthy, J. K. Reddy, K. P. Reddy, Mahipal S Sachdev, Sriganesh

Synopsis: With advances in technology and evolution in equipment LASIK is getting high tech. Wave front analysis is now split into corneal wavefront and the total eye wave front. The application of this technology to Normal LASIK and in difficult situations like Post RK/retreatment of previously treated eyes/Presbyopic Lasik will be discussed in this course. The advantage, use and application and study of Online Pachy in different situations will also be discussed.

Objectives: At the conclusion of this course the attendee will be able to make target 20/20 in difficult situations for each eye. To a perfect personalized LASIK.

Glaucoma (Didactic)

11 June 2006, Sunday, 1400-1530 Hrs
Room 209, Level 2

C921
GLAUCOMA IMAGING FOR THE CLINICIAN

Hoh Sek Tien, Tin Aung, Joseph Caprioli, Baskaran Mani, Ki Ho Park, Wong Hon Tym

Synopsis: The course aims to provide participants with an understanding of anterior and posterior segment imaging techniques and their uses in clinical practice. These include Heidelberg Retina Tomography, Scanning Laser Polarimetry (GDx-VCC Nerve Fiber Analyzer), Optical Coherence Tomography (OCT), Ultrasound Biomicroscopy and Anterior Segment OCT.

The course comprises a series of lectures by ophthalmologists with vast experience in their fields and is followed by a panel discussion on case scenarios faced by the clinician.

Cornea & Ocular Surface (Didactic)

11 June 2006, Sunday, 1600-1730 Hrs
Room 201, Level 2

C922
TECHNIQUES IN OPTICAL, THERAPEUTIC AND TECTONIC LAMELLAR KERATOPLASTY

Donald Tan, Gerrit Melles, Anand Parthasarathy

Synopsis: This course demonstrates emerging surgical techniques for optical, tectonic and therapeutic lamellar keratoplasty. Topics presented include advantages and modern indications for lamellar keratoplasty, new surgical approaches to deep lamellar keratoplasty, donor dissection, therapeutic lamellar surgery for infectious keratitis, tectonic peripheral "match and patch" grafts, microkeratome-assisted lamellar keratoplasty, and the emerging field of femtosecond laser-assisted lamellar surgery.

Objectives: At the conclusion of this course, participants will have acquired the essential basic and advanced practical techniques to perform lamellar keratoplasty for optical, tectonic and therapeutic indications.

Retina & Vitreous (Didactic)

11 June 2006, Sunday, 1600-1730 Hrs
Room 202, Level 2

C923
RETINAL DETACHMENT

Lee Jong Jian, Edmund Wong, Ang Chong Lye, Li Xiao-Rong, Yusuke Oshima, Pearl Tamesis-Vaillalon, Sjakon Tahija

Synopsis: The retinal detachment course is a teaching course to help attendees understand the principles in the management of retinal detachment. Through a wide variety of case presentations ranging from simple to complex, contributions from a panel of international and regional vitreoretinal experts will illustrate the best management options, differences in surgical modalities, and their advantages and disadvantages. Management of complications intraoperatively and postoperatively will also be discussed.

Case and video presentations, lectures and panel discussion will be featured in this course to stimulate active participation and learning.

Cataract Surgery (Didactic)

11 June 2006, Sunday, 1600-1730 Hrs
Room 203, Level 2

C924
PHACO PRE-CHOP

Takayuki Akahoshi, Yukiko Kunitomi

Synopsis: This course will instruct the basic and advanced technique of Phaco Prechop, which is a mechanical nucleofracture performed under the OVD prior to the phacoemulsification. This simple procedure will eliminate the process of nuclear grooving or sculpting which requires much U/S time and energy. By performing Phaco Prechop, the phacoemulsification will be attained with the minimum U/S energy quite easily and rapidly. This technique can be also used with the new cataract removal technology such as AquaLase or OZil.

Objectives: At the conclusion of this course, the attendees will understand the tips and tricks of the Phaco Prechop. They will be able to perform a most simple vertical Karate Prechop and reduce the U/S energy less than half of the conventional divide and conquer technique.

Uveitis & Intraocular Inflammation (Didactic)

11 June 2006, Sunday, 1600-1730 Hrs
Room 204, Level 2

C925
A COST-EFFECTIVE MANAGEMENT PROGRAMME FOR AIDS ASSOCIATED CMV RETINITIS

Lim Tock Han, Stephen Teoh, Rajesh Rajagopalan, Leo Seo Wei, Eugenie Poh, Yee-Sin Leo

Synopsis: Asia has the second fastest growing population of patients with Acquired Immunodeficiency Syndrome (AIDS) after sub-Saharan Africa. Only an estimated 6% of Asian AIDS patients is receiving Highly Active Anti-retroviral Therapy (HAART). Without HAART, about 25% of AIDS patients will suffer from Cytomegalovirus (CMV) Retinitis. 'Standard' treatment of CMV retinitis with sustained released ganciclovir implant and/or oral Valganciclovir is beyond the financial means of most CMV retinitis patients in Asia. This course outlines a cost-effective programme for the holistic management of AIDS associated CMV retinitis that has benefited the patients in Singapore since 1997. Topics include: (1) Intermediate dose intravitreal ganciclovir maintenance therapy — a cost-effective and safe modality for the treatment of CMV retinitis (2) Digital photographic screening for CMV retinitis — a cost-effective tele-ophthalmology approach for early detection (3) Photographic monitoring of CMV retinitis patients on maintenance therapy using the Visupac system (4) When should we stop maintenance therapy? (5) Practical tips on a successful programme - gaining the confidence of the patients.

Objectives: The attendee should be able to replicate the Singapore programme in his/her respective community. The cost of treatment can be reduced to about 9% of the 'standard' therapy.

Cataract Surgery (Didactic)

11 June 2006, Sunday, 1600-1730 Hrs
Room 208, Level 2

C926
SPOTLIGHT ON INTRAOPERATIVE COMPLICATIONS OF UNCOMPLICATED CATARACTS

Abhay Vasavada, Y. C. Lee, Dennis Lam

Synopsis: This course consists of management of unforeseen complications during phacoemulsification of standard cataracts. As these complications are unanticipated the surgeon often is in a dilemma on how to complete phacoemulsification.

Objectives: The attendees will learn remedies to salvage the

integrity of the intraocular structures with least morbidity by adopting specific modifications in the routine surgical strategies.

Cornea & Ocular Surface (Didactic)

11 June 2006, Sunday, 1600-1730 Hrs
Room 209, Level 2

C927
RECENT ADVANCES IN CORNEAL TRANSPLANTATION

Naoyuki Maeda, Kohji Nishida

Synopsis: This course will introduce the current concepts of deep lamellar keratoplasty and ocular surface reconstruction. Each procedure will be shown by video.

Objectives: At the conclusion of this course, the attendee will be able to understand the current concepts and recent techniques in corneal transplantation.

Allied Health (Didactic)

12 June 2006, Monday, 0830-1000 Hrs
Room 306, Level 3

C928
THE USE OF THE 50 MHZ LINEAR PROBE IN THE DIAGNOSIS OF ANTERIOR SEGMENT DISEASE

Peter Good

Synopsis: Ultrasound Biomicroscopy (UBM) of the anterior segment of the eye provides high resolution (50 micron) imaging of the whole of the anterior segment including the cornea, sclera, angles, ciliary body and iris. The use of a 50 MHz probe is useful in the management of corneal disease, glaucoma, and iris tumours. Conventional 50 MHz probes are termed "sector" probes, and as such give high resolution images only of areas perpendicular to the centre of the probe, (usually a 2 mm x 2 mm section). As such this provides some difficulties in probe orientation and locating defects. Furthermore, conventional 50 MHz probes have a very short focal plane of <5 mm, and therefore only the anterior lens can be viewed, and imaging posterior to the ciliary body is not possible. A new Linear 50 MHz probe devised by Quantel Medical is a new technological advance, since its operational characteristics allow the whole of the anterior segment to be viewed in one scan. Furthermore, the probe has a much greater focal depth allowing imaging as far back as the pars plana. This presentation discusses the advantages of this probe, and its uses in glaucoma and uveitis, as well as in corneal and iris disease.

Topic	Duration
Basic Ultrasound Techniques	10 min
A and B Scan Biometry	10 min
Anterior Segment Ultrasound (lecture and practical)	15 min
Ultrasound of the Globe	15 min
Ultrasound of the Orbit	10 min
Practical demonstrations	30 min

Oculoplastics (Didactic)

12 June 2006, Monday, 0830-1000 Hrs

Room 201, Level 2

C929

THYROID EYE DISEASE

Fong Kee Siew, Audrey Looi, Geoffrey Rose, Quah Boon Long, Gangadhara Sundar

Synopsis: A comprehensive course on thyroid eye disease covering pathogenesis, evaluation, prognostication and medical as well as surgical management will be conducted by a panel of ophthalmologists subspecialising in Oculoplastics and Strabismology. World renowned orbital surgeon Dr Geoffrey Rose will be speaking on pathogenesis and surgical management of thyroid orbitopathy.

Topic	Speaker	Duration
Pathogenesis and Pathophysiology	Prof Geoffrey Rose	15 min
Clinical evaluation	Dr Gangadhara Sundar	15 min
Investigations	Dr Fong Kee Siew	15 min
Medical Management in Thyroid Eye Disease	Dr Audrey Looi	15 min
Thyroid Myopathy – Surgical Management	Dr Quah Boon Long	10 min
Surgical Management	Prof Geoffrey Rose	20 min

Summary Paradigm for assessment and management of thyroid orbitopathy.

Retina & Vitreous (Workshop)

12 June 2006, Monday, 0830-1000 Hrs

Room 202, Level 2

C930

OPTICAL COHERENCE TOMOGRAPHY – ADDING DEPTH TO YOUR DIAGNOSIS

Paulo E. Stanga, Lee Jong Jian

Synopsis: Optical coherence tomography (OCT) is an imaging modality that is based on principles similar to B-scan ultrasonography but using light instead of sound. The resulting images will be high resolution cross sectional scans of the retina that can provide a more accurate diagnosis, prognosis and documentation of the ophthalmic patient. The aim of this course is to train participants new to this technology in the acquisition and interpretation of images and to update already users of OCT on advances in imaging and allowing them to identify how future developments will impact the treatment of vitreoretinal disorders.

This course will consist of both lectures and a hands-on workshop. It should enable the participant to understand the principles of action of OCT, determine the best acquisition algorithm for a particular disease process and to acquire images as well as to correlate the OCT images with the macular anatomy thus interpreting the results. Some of the clinical indications of OCT imaging to assist in the diagnosis and treatment of vitreoretinal disorders that will be discussed are: macular oedema secondary to diabetic maculopathy, vascular occlusion and uveitis, macular hole, epiretinal membrane, vitreomacular attachments and Photodynamic Therapy and anti-angiogenic drugs in AMD.

Objectives: The hands-on workshop will introduce participants to the Stratus® Optical Coherence Tomography system and train them in patient data entry, system settings, software overview, posterior pole single line scanning, fast macular thickness map acquisition, retinal thickness and volume analysis options. We strongly encourage the attendance and participation of all clinicians, photographers, researchers and any other ophthalmic personnel of all levels of expertise.

Cataract Surgery (Didactic)

12 June 2006, Monday, 0830-1000 Hrs

Room 203, Level 2

C931

MICRO-COAXIAL PHACO

Ronald Yeoh, Takayuki Akahoshi, Chee Soon Phaik, Richard Mackool

Synopsis: There has been an inexorable trend towards smaller phaco incisions in recent years for refractive, rehabilitative and

infective reasons. Bimanual phaco has its advocates but the learning curve is steep and the instruments expensive. 2-2.2 mm microcoaxial phaco heralds a new dawn in small incision surgery.

In this video-based instructional course, the pioneers in this technique will cover all aspects of microcoaxial phaco highlighting wound construction, fluidic issues, pre-chopping, standard stop and chop, implantation of standard IOLs and complications. Participants should be able to convert smoothly to microcoaxial phaco with minimal grief and expense.

Ethics (Didactic)

12 June 2006, Monday, 0830-1000 Hrs

Room 204, Level 2

C932

ETHICS — TRADITIONAL, MEDICAL AND SPAETHIAN

George Spaeth, Ivan Goldberg

Synopsis: This course will be divided into three sections. The first will deal with traditional considerations of ethics and will discuss systems described by St. Paul and the Ayatollah Khomeini (divinity based), Aristotle (virtue based), Confucius (cultural code), Kant (deontological), Bentham (utilitarian), James (pragmatism), Sartre (existentialism), and Rawls (justice).

The second portion of the course will discuss the major tenants of medical ethics in the western world: autonomy (the ability to control one's own life), beneficence (benefiting), non-maleficence (not harming) and justice (agreement with the law and being fair). The same would add collegiality and respect for one's teachers. Much of medical ethics can be distilled down to making sure that one does not harm, acting in the best interest of the patient, recognizing one's own strengths and limitations, and being collegial and respectful of other members of the healing professions.

The third section will deal with a new concept of what constitutes an ethical act. Specifically, here an appropriate action is based on whether or not the action can be justified on the basis of rigorous intellectual reasoning, taking into account one's own biases and conflicts of interest. This method recognizes that each situation is unique, each person is unique, and that actions need to be fashioned to be appropriate for the unique person in the unique setting. Recognizing that some individuals think more rigorously than others, and that it is not possible for all individuals to recognize their own biases and conflicts of interest fully, this third method of considering whether or not something is ethical works best when we enlist "a second opinion." As with any second opinion, the value depends upon that opinion coming from a person who is not likely to think and react in a way similar to the first person. Thus, it is essential that such opinions be asked from individuals who are

clear thinkers who do not have the same biases and conflict of interests of the person requesting the opinion.

Refractive Surgery (Didactic)

12 June 2006, Monday, 0830-1000 Hrs

Room 208, Level 2

C933

MANAGEMENT OF LASIK COMPLICATIONS AND THE 6/6 UNHAPPY PATIENTS

Lee Hung Ming, Peter Tseng

Synopsis: This symposium will present video clips of a range of LASIK Complications including button-hole, free cap, incomplete flap, torn flap, small flap and epithelial problem etc. Flap complications from Intralase Femtosecond laser will also be shown. Postoperative problems like decentered ablation, diffuse lamellar keratitis, night vision problems, enhancement and the 20/20 unhappy patients will also be discussed.

'Clinical pearls' will be offered on the prevention and management of these complications.

Cataract Surgery (Didactic)

12 June 2006, Monday, 0830-0915 Hrs

Room 209, Level 2

C934

TOUGH CATARACT (SMALL PUPIL, POSTERIOR POLAR CATARACT, HARD CATARACT) — A QUEST FOR A PERFECT SURGERY

Rohit Om Parkash, Howard Fine, Mahipal S Sachdev

Synopsis: Tough cataract like small pupil, posterior polar cataracts and hard cataracts are real phaco nightmares encountered even by the best of operating hands. It requires a great deal of finesse in facing these surgical challenges.

Small pupil: A small pupil impedes visualization making cataract removal more difficult with obvious added risks like iris sphincter tear, bleeding, iris emulsification, ruptured posterior capsule, loss of nucleus, atonic pupil, etc. In our interactive session we will deal with different ways to dilate the pupil. The audience will be shown with the help of videos and animations how small pupil phacoemulsification is different from the routine and how to change the technique to successfully do small pupil phacoemulsification. Posterior Polar cataract (PPC): Tackling PPC is always difficult due to its inherent predisposition to posterior capsule dehiscence, so the corner stone of surgery rests on any attempt to safeguard

posterior capsule during the procedure and not to over pressurize the anterior chamber. Each of the instructor will explain their individual technique of managing PPC with the help of videos and animations aiming highest level of visual rehabilitation.

Hard Cataract: Managing hard cataracts requires special strategies and machines with best of fluidics. We will discuss, how using cortical cleaving hydroprocedures, mechanical disassembly of the nucleus by chopping rather than grooving, use of high vacuum rather than emulsification can drive us towards a less traumatic surgery.

Objectives: At the conclusion of the course the attendee will be able to: 1) feel competent enough in tackling any such menace; 2) evolve from a resident to an experienced surgeon; 3) have a clarity regarding the pit falls and shall be able to manage them well before the damage is inevitable; and 4) have CDs to refresh their memories.

Allied Health (Didactic)

12 June 2006, Monday, 1030-1230 Hrs
Room 306, Level 3

C935

IOL MASTER CLINICAL APPLICATION

Eric Storne

Synopsis: Course will cover IOL Master principle of operation, performance and best practices. Important clinically relevant differences from traditional ultrasound methods will be discussed. Users will learn the importance of proper measurement technique, how to measure challenging cases, the importance of and procedure for IOL lens constant optimization. This course is appropriate both for surgeons and paramedic as well as experienced and new users.

Neuro-ophthalmology (Didactic)

12 June 2006, Monday, 1400-1530 Hrs
Room 201, Level 2

C936

DIAGNOSTIC CHALLENGES IN NEURO-OPHTHALMOLOGY

Sharon Tow, Joel Glaser, Clement Tan

Synopsis: Making the correct diagnosis is essential for the appropriate management of a patient. A neuro-ophthalmic condition may pose a diagnostic challenge when, for example, the presentation is atypical for the condition, the condition has similar clinical

features to other disorders, more than one pathology are present, a complex pathologic process is involved, the clinical history is not available or forthcoming, or the presentation is delayed. These patients typically undergo numerous investigations — some unnecessary — before the diagnosis is made.

The focus of this clinically-oriented course is on the approach to diplopia, unexplained as well as transient visual loss, with particular emphasis on the management when the case is diagnostically challenging.

Uveitis & Intraocular Inflammation (Didactic)

12 June 2006, Monday, 1400-1530 Hrs
Room 202, Level 2

C937

DIAGNOSIS AND TREATMENT OF UVEITIS

Nobuyuki Ohguro, Annabelle Ayame Okada, Jun Azumi, Kenichi Namba, Koh-Hei Sonoda

Synopsis: This course will focus on the diagnosis and treatment of five major sight-threatening causes of panuveitis: Behçet's disease, sarcoidosis, Vogt-Koyanagi-Harada disease, acute retinal necrosis and intraocular lymphoma. The clinical features, diagnostic criteria, rationale for ordering laboratory evaluations and ancillary tests, and optimal treatment of these five diseases will be explained in detail. Surgical aspects of the management of these diseases will also be covered.

Objectives: At the conclusion of this course, the attendee will be able to: 1) understand the important clinical features of these five diseases; 2) order appropriate laboratory tests and interpret their results; and 3) design a treatment plan tailored for the particular patient. The attendee will also know when and how to use systemic medications such as corticosteroids, immunosuppressive drugs, and/or biologic agents, as well as when to consider surgical approaches for treatment.

Retina & Vitreous (Didactic)

12 June 2006, Monday, 1400-1530 Hrs
Room 203, Level 2

C938

INTERESTING RETINAL PROBLEMS

Caroline Chee, Alan Bird, Paul Beaumont, Chan Wai Mun, Stanley Chang, Fadi Kherdaji, Adrian Koh, Lee Jong Jian, Manish Nagpal, Massing Rattanusukon, Tarun Sharma, Mandeep Singh, Paulo Stanga, Edmund Wong, Wong Jun Shyan

Synopsis: An international faculty from 4 continents presents interesting retinal problems with discussion from the panel of fellow presenters. It is expected that the discussion will be lively and stimulating, with other presenters and members of the audience offering opinions and insights. This course will be presented on a fairly informal format, in the style of a retinal angiography club meeting, but will include both medical and surgical retinal cases.

Oculoplastics (Workshop)

12 June 2006, Monday, 1400-1530 Hrs
Room 204, Level 2

C939

ENDOSCOPIC APPROACH TO THE ORBIT FOR FRACTURE CORRECTION AND TUMOURS

Sunil R Moreker, Milind Navlakhe, Surabhi Kamal Taori

Synopsis: The Course consists of three modules: 1) Video presentations of techniques of approach to the orbit with an endoscope for a) orbital tumours-medial extraconal as well as intraconal, b) dacryocystorhinostomy-simple, repeat procedures, stents, and c) orbital fractures-medial and floor followed by videos of potential complications and how to avoid them and the immediate steps to be undertaken; 2) Lectures on how to prevent infection in such approaches; and 3) Hands on training on skulls on how to use an endoscope for various approaches.

Objectives: The participant will at the end of the course be able to: 1) identify major endoscopic anatomical landmarks; 2) guide the endoscope in the right direction for various indications; 3) enumerate: a) factors responsible for infection, and b) how to avoid them; and 4) learn how to avoid major complications 5) enumerate immediate steps to be undertaken in event of a complication occurring.

Glaucoma (Workshop)

12 June 2006, Monday, 1400-1730 Hrs
Room 208, Level 2

C940

GLAUCOMA DIAGNOSTIC TECHNIQUES AND INTRODUCTION TO RISK ASSESMENT (PART 1 & 2)

Ravi Thomas, Chandrashekar Garudaduri

Synopsis: An in-depth instruction, with the aid of a teaching video, will provide guidelines for the use of gonioscopy. Participants will learn about the importance of gonioscopy and interpretation of the results will be illustrated using a variety of overt and subtle findings. The technique of clinical optic disc examination for glaucoma will be addressed. In particular, the importance of disc size and various common (as well as rarish) signs will be highlighted. The current practical clinical utility of the optic disc and nerve fiber layer will also be briefly discussed. An update will be provided on newer techniques of perimetry, including the glaucoma progression analysis. Participants will be introduced the concept of risk assessment and the utility of the electronic risk calculator.

Objective: To provide an overview of current basic techniques for the diagnosis of glaucoma. At the end of the course, the participant will be familiar with the current status of automated perimetry, gonioscopy, clinical optic disc examination, as well as the practical use of imaging techniques in the diagnosis of glaucoma. They will also learn about the concept of risk assessment in glaucoma.

Paediatric Ophthalmology (Didactic)

12 June 2006, Monday, 1400-1445 Hrs
Room 209, Level 2

C941

SUTURELESS FORNIX INCISION IN STRABISMUS SURGERY

Leo Seo Wei, Monte Del Monte

Synopsis: Selection of the ideal conjunctival incision method, as well as proper technique, is important to the overall cosmetic and functional success of strabismus surgery. At least three incision methods have been used in the past: the Swan or over the muscle incision, the limbal incision and the fornix or cul-de-sac incision. When properly placed, the two-plane fornix incision can be self closed by gently massaging the conjunctiva into the fornix and hence no suture is required to close the conjunctiva!

Objectives: This course aims to teach the advantages, disadvantages, indications and contra-indications to the fornix incision.

Special emphasis will be made on the surgical technique of sutureless fornix incision.

Paediatric Ophthalmology (Didactic)

12 June 2006, Monday, 1445-1530 Hrs
Room 209, Level 2

C942

OPINIONS AND OPTIONS IN DIFFICULT PEDIATRIC CATARACT SURGERY

Sudarshan Kumar Khokhar, M Vanathi, Rohit Saxena, Rajesh Sinha

Synopsis: Pediatric cataract surgery differs from routine cataract surgical techniques in terms of achieving optimal anterior capsulorrhexis, complete cortical clean up, need for posterior capsulorrhexis, anterior vitrectomy and intraocular lens selection and implantation. Postoperative rehabilitation by appropriate refractive correction and amblyopia treatment that is the key to the success of the pediatric cataract surgery will be emphasized. Difficult situations such as microspherophakia, subluxated cataractous lenses, calcified anterior capsule, decision on the need for membranectomy and vitrectomy for thickened fibrotic posterior capsular opacification with decentered IOLs will be dealt in detail. **Objectives:** To emphasize the need for surgical modifications while dealing with pediatric cataracts and the importance of appropriate postoperative optical rehabilitation including amblyopia treatment.

Oculoplastics (Didactic)

12 June 2006, Monday, 1600-1730 Hrs
Room 201, Level 2

C943

ORBITAL TUMORS IN ADULTS – CLINICOPATHOLOGIC CORRELATION

Jerman M Alqahtani

Synopsis: This course is based on presenting orbital tumors in adults with a clinical pathological correlation. The most common adults orbital tumors are described clinically followed by a pathological description. The audience of this course is the ophthalmology residents, general ophthalmologist, orbital surgeons. **Objectives:** 1. Emphasis on the interaction between the clinical behaviour and the pathology. 2. Consolidate the understanding of orbital tumours in adults. 3. Prepare the senior residents for the final board exam.

Retina & Vitreous (Didactic)

12 June 2006, Monday, 1600-1730 Hrs
Room 202, Level 2

C944

CURRENT CONCEPTS AND CHALLENGES IN THE MANAGEMENT OF RETINAL DISEASES – PEARLS FROM JAPAN

Yasuo Tano, Fumi Gomi, Yasushi Ikuno, Motohiro Kamei, Shunji Kusaka, Masahito Ohji, Kyoko Ohno-Matsui, Yusuke Oshima, Fumio Shiraga

Synopsis: This course will discuss the current therapeutic strategies in the treatment of retinal diseases including choroidal neovascularization, retinal vein occlusion, high myopia-related diseases. Concepts of the diseases, surgical techniques, non-surgical approaches, and new instrumentation will be presented by Japanese retinal experts of the field. The course will include lectures, slide presentations, and surgical videos.

Objectives: At the conclusion of this course, the participants will understand the process of decision-making in the management of various retinal diseases.

Cataract Surgery (Didactic)

12 June 2006, Monday, 1600-1730 Hrs
Room 203, Level 2

C945

COAXIAL AND BIMANUAL PHACOEMULSIFICATION FOR SUBLUXATED CATARACTS

Minu Mathew Mathen, Howard Fine, Alan Crandall, Abhay Vasavada, Suhas Haldipurkar S., Ramachandran K Nair, Aravind Srinivasan

Synopsis: The discussion will be limited to moderately subluxated cataracts (less than 6 clock hours of subluxation) ranging from soft to firm nucleus density. Course includes a review of intra-operative difficulties in subluxated cataracts which includes difficulty in performing capsulorrhexis, presence of vitreous in the anterior chamber, instability of the capsular bag during nucleus manipulation and safe implantation of the intraocular lens. Techniques for safe capsulorrhexis and stabilization of the capsular bag during surgery will be detailed (including the use of intracapsular rings and capsule hooks). The advantages of phacoemulsification and the phaco chop technique in such cases will be dealt with. There will be video assisted discussion on modifications required in principles and techniques of coaxial and bimanual phacoemulsification in such cataracts including the slow motion phaco parameters, the right choice of the phacomachine, fluidics, choppers and irrigating choppers. A comparative analysis of coaxial and

bimanual phaco will be done evaluating the advantages and disadvantages of both the techniques in mild to moderately subluxated cataracts.

Objectives: At the conclusion of this course, the attendees will be able to have a better understanding of the safe technique for performing coaxial and bimanual phacoemulsification in subluxated cataracts which will include performing good capsulorrhexis, managing vitreous in the anterior chamber, capsular bag stabilization using intracapsular rings and capsular hooks, the phaco chop technique, the right selection of choppers and irrigating choppers), the fluidics modifications and the technique of safe implantation of Intraocular lenses.

International Ophthalmology (Didactic)

12 June 2006, Monday, 1600-1730 Hrs

Room 204, Level 2

C946

RESEARCH METHODOLOGY IN OPHTHALMOLOGY

Wong Tien Yin, Saw Seang Mei, Rohit Varma, Cheng Ching Yu, Paul Mitchell

Synopsis: This workshop will introduce research methods in ophthalmology, with a focus on the design, conduct and analysis of clinical studies. Topics will include a review of study design, including randomized clinical trials, and issues related to different studies, such as randomization, masking, outcome measures, methods to assess and handle participant follow-up, confounding and bias, and issues related to quality control. Basic statistical techniques used will be covered, with an emphasis on the interpretation of statistical concepts rather than actual analysis.

Paediatric Ophthalmology/Allied Health (Didactic)

12 June 2006, Monday, 1600-1730 Hrs

Room 209, Level 2

C947

STRABISMUS WORKSHOP

Quah Boon Long, Zoran Pejic, Allison Caguin, Jane Schuller, Linley Seenyen, My Tran, Winston Wong

Synopsis: The workshop for general ophthalmologists, ophthalmology trainees and optometrists, covers all aspects of strabismus evaluation in the clinic from history taking, assessment of eye alignment and ocular motility to tests for binocular sensory status. Clinical slides and videos will be used to demonstrate various examination techniques.

Glaucoma (Didactic)

13 June 2006, Tuesday, 0830-1000 Hrs

Room 201, Level 2

C948

CORRELATING STRUCTURE AND FUNCTION IN GLAUCOMA – PRACTICAL APPLICATIONS

Patricia Khu, Norman M Aquino, Ma Margarita Lat-Luna, Joseph Anthony Tumbocon, Alejandro N Chung, Jose Maria D Martinez

Synopsis: The course aims to teach ophthalmologists important glaucomatous features in the optic nerve head (ONH) and nerve fiber layer (NFL) and correlate these with corresponding visual field defects. How to evaluate the ONH and interpret findings in the visual fields will be discussed and sample cases provided. The role of the newer imaging devices and psychophysical tests to clinical practice will also be tackled. Duration: 2 1/2 hours. 1. Pearls in the evaluation of the ONH and NFL (20 min); 2. How to interpret the visual fields and determine progression (20 min); 3. Correlating structure and function: integration of morphologic and functional changes in glaucoma (20 min); 4. Role of imaging devices in glaucoma diagnosis and management (20 min); 5. Role of other psychophysical tests in glaucoma (20 min); 6. Interactive workshop: sample cases to be discussed (30 min).

Objectives: The attendee is expected to acquire the following knowledge and skills: (1) recognize a glaucomatous optic nerve from normal; (2) recognize a glaucomatous cupping from other neurologic pathology; (3) recognize specific glaucomatous features in the ONH; (4) perform a thorough evaluation of the ONH; (5) recognize specific glaucomatous visual field defects; (6) correlate specific glaucomatous features in the ONH with corresponding visual field defects; (7) assess progression of the visual field defects; (8) familiar with glaucomatous findings in the Heidelberg Retina Tomograph II (HRT II), Scanning Laser Polarimetry (SLP), and Optical Coherence Tomography (OCT); and (9) familiar with glaucomatous findings in Short Wavelength Automated Perimetry (SWAP), Frequency Doubling Technology (FDT) perimetry. At the conclusion of this course, the attendee will be able to do an adequate glaucoma examination by proper evaluation of the ONH and recognition of specific visual field defects, and determine how the imaging devices and other functional tests can assist in glaucoma management.

Cornea & Ocular Surface (Didactic)

13 June 2006, Tuesday, 0830-1000 Hrs
Room 202, Level 2

C949

STRATEGIES FOR SUCCESSFUL PTERYGIUM SURGERY

Donald Tan, Leonard Ang, Ti Seng Ei

Synopsis: This course reviews essential surgical principles and techniques in pterygium surgery. Starting with an evidence-based approach to various treatments, the course focuses on good, basic surgical techniques of pterygium excision, conjunctival autografting, and various modifications of this procedure, including amniotic membrane transplantation and the use of fibrin glue in pterygium surgery.

Objectives: At the conclusion of this course, the attendee will have acquired advanced surgical skills and knowledge to perform successful and safe pterygium surgery, and will have a better understanding of essential principles in conjunctival surgery and ocular surface transplantation.

Cataract Surgery (Didactic)

13 June 2006, Tuesday, 0830-1000 Hrs
Room 203, Level 2

C950

MANAGEMENT OF SUBLUXATED CATARACTS AND IOLS

Chee Soon Phaik, Abhay Vasavada

Synopsis: This comprehensive video-based course will cover the management of subluxated cataracts with a varied range of severity, including inadvertent intraoperative zonular dehiscence. In the extreme case of zonulysis where the capsular bag may not be preserved, IOL fixation may be required as an option to anterior chamber IOL. This course will in addition demonstrate various IOL fixation techniques, including management of the dislocated IOL.

Refractive Surgery (Workshop)

13 June 2006, Tuesday, 0830-1000 Hrs/1600-1730 Hrs
(Repeat)
Room 204, Level 2

C951

VERISYSE COURSE

H. Burkhard Dick, Lee Hung Ming

Synopsis: Phakic intraocular lens (PIOL) implantation represents undoubtedly a very promising option for refractive surgery. Numerous concepts and models are available or under evaluation. Iris-fixated lenses as developed by Worst more than 20 years ago are a well proven concept for the correction of high ametropia. New developments over the last years have further broadened the spectrum of indications. Proper patient selection, however, is mandatory for optimal results and standard procedures, as well as pearls and pitfalls of surgery, postoperative treatment and IOL calculations will be presented in detail and discussed. Course will focus on detailing tricks to provide a successful implantation (surgical indication, incision and viscous management).

Objectives: To provide pearls and tricks to perform a safe implantation. To show the broad range of indications for the Verisyse phakic and aphakic IOLs, as well as the different surgical techniques, results, complications and their significant advantages over other concepts. Secondly, the refractive surgeon will gain a complete knowledge of the present status and upcoming new developments of this proven refractive procedure.

Cataract Surgery (Didactic)

13 June 2006, Tuesday, 0830-1000 Hrs
Room 208, Level 2

C952

BIMANUAL MICROINCISION PHACOEMULSIFICATION

Jon Goh, Zainah Alsagoff, Daniel Black, Howard Fine, Ong Sze Guan

Synopsis: This video-based course will present complete instruction on basic and advanced techniques in bimanual microincision cataract surgery. This course will cover instrumentation, phacodynamics, transition from coaxial phaco, basic and advanced bimanual phaco techniques and implantation of microincision IOLs. Instruction on advanced techniques for challenging situations such as soft cataract, high axial myopia, posterior polar cataract, post-vitrectomy eyes, mature and brunescant cataracts will be included.

Objective: At the conclusion of this course, the attendee will have a full understanding of every aspect of bimanual microincision cataract surgery and be able to apply various techniques for both

routine and challenging cataracts, together with implantation of microincision IOLs. This course will be a useful resource for both the beginning and advanced bimanual microincision cataract surgeon.

Refractive Surgery (Didactic)

13 June 2006, Tuesday, 0830-1000 Hrs
Room 209, Level 2

C953
BEYOND LASIK

Mahipal S Sachdev, Keiki Mehta, Sri Ganesh, Kamal B Kapoor

Synopsis: The course will present refractive procedures including Lasik, Epilasik, Lasek and Phakic IOL's. Patient selection, preoperative and postoperative care, new techniques, new microkeratomes, instrumentation and complications would be discussed. The course will also explain principles of wavefront-guided analysis of aberration and how the analysis can be used to guide customized flying laser ablations. Results of wavefront-guided LASIK would be compared with LASIK.

Objectives: The course is aimed at familiarising delegates with recent advances in refractive surgery. At the conclusion of this course, the attendee will be familiar with both LASER and non-LASER refractive procedures.

Glaucoma (Didactic)

13 June 2006, Tuesday, 1400-1530 Hrs
Room 201, Level 2

C954
SAFER TRABECULECTOMIES AND SAVING TRABECULECTOMIES

Peng Khaw, Wong Hon Tym, Hoh Sek Tien, Francis Oen, Steve Seah

Synopsis: This teaching course is aimed at the general ophthalmic and beginning glaucoma surgeon. The faculty will take the participants step-wise through the fundamentals of creating consistently safe and effective trabeculectomies. Phaco-trabeculectomy will also be described in detail, in recognition of its popularity especially in Asia. The faculty will then address both acute and late-onset postoperative complications, and discuss the utility and technique of various procedures used to overcome these problems. Videos, animation and anterior segment imaging data will be liberally employed to illustrate the lectures.

Oculoplastics (Didactic)

13 June 2006, Tuesday, 1400-1530 Hrs
Room 202, Level 2

C955
CHALLENGES IN OCULOFACIAL REJUVENATION

Gangadhara Sundar, Shantha Amrith, Choo Chai Teck, Geoffrey Gladstone, Martin Huang

Synopsis: The practice of Esthetic Oculofacial Surgery is fraught not only with challenges but also the pleasure of meeting patients' expectations of total facial rejuvenation. While the goal of Esthetic Surgery is one of surgeon satisfaction without complications and most importantly patient happiness, an ideal situation would be a delighted patient and a surgeon proud of his work. Facial rejuvenation has numerous components: addressing the deep, superficial, static and dynamic changes. A combination of non-invasive and invasive modalities is often necessary in achieving a satisfactory outcome. Not infrequently results are less than satisfactory, either in addressing the various aspects of facial ageing or managing expectations of the patients. This instruction course will address the various challenges in the management of the patient seeking Oculofacial Rejuvenation with experts discussing their personal approaches to the various situations.

- 1400-1410 Hrs Esthetic Oculofacial Surgery — Why I Should Consider it in my Practice
Dr Choo Chai Teck, Singapore
- 1410-1425 Hrs Holistic Evaluation of the Patient Desiring Esthetic Facial Surgery
Dr Geoffrey Gladstone, USA
- 1425-1440 Hrs Challenges in Asian Blepharoplasty (Double Eyelid Surgery)
Dr Gangadhara Sundar, Singapore
- 1440-1500 Hrs Current Concepts in the use of Tissue Fillers, Botulinum Toxin and Thread Lifts in Facial rejuvenation
Dr Geoffrey J Gladstone, USA
- 1500-1515 Hrs Dealing with the Difficult Aesthetic Patient
Dr Martin Huang, Singapore
- 1515-1525 Hrs Concluding Remarks
Dr Shantha Amrith, Singapore
- 1525-1530 Hrs Discussion

Cataract Surgery (Didactic)

13 June 2006, Tuesday, 1400-1530 Hrs
Room 203, Level 2

C956
SUB-2MM COAXIAL PHACO

Takayuki Akahoshi, Yukiko Kunitomi

Synopsis: This course will instruct the technical know-how of the sub-2 mm coaxial phaco. For the successful micro-coaxial phaco surgery, there are three important points: 1) How to keep sufficient irrigation into the anterior chamber; 2) How to remove the cataract with the minimum energy to protect the incision; and 3) How to implant a 6 mm AcrySof without extending the incision. In this instruction course, these key points will be explained in detail using a video.

Objectives: At the conclusion of this course, the attendees will be able to perform a micro-coaxial phaco surgery using Phaco Prechop technique as their routine procedure.

Cataract Surgery (Workshop)

13 June 2006, Tuesday, 1400-1530 Hrs
Room 204, Level 2

C957
OPTIMIZING THE USE OF OPHTHALMIC VISCOSURGICAL DEVICES IN CATARACT SURGERY

Fam Han Bor, Heng Wee Jin, Christopher Yen Wei Khng

Synopsis: Ophthalmic Visco Surgical Devices have become popularized with the advancement in cataract surgery. Such "devices" have been critical in facilitating various parts of the cataract procedure. OVDs have been classified into three groups with differing properties. These are dispersives, cohesives and most recently, viscoadaptives. Viscoadaptives are new generation OVDs which exhibit differing properties according to changes in the fluidic environment. This course aims to teach the pearls in using viscoadaptive OVDs so as to optimize its function in each part of the cataract procedure. Extensive surgical video footage and computer generated animations on the use of OVD in each stage of the cataract procedure will be shown in the course. Wetlab practise of viscoadaptive OVD will also be a highlight of this course.

Objectives: To share with course participants the proper techniques of using ophthalmic viscosurgical devices in cataract surgery; harnessing the various characteristics and properties of the many ophthalmic viscosurgical devices available to our advantage.

Cataract Surgery (Didactic)

13 June 2006, Tuesday, 1300-1545 Hrs
Room 208, Level 2

C958
SNEC ADVANCED PHACOEMULSIFICATION

Jon Goh, Zainah Alsagoff, Howard Fine, Raymond Loh, Peter Tseng, Ong Sze Guan, Doric Wong

Synopsis: This video-based course will present advanced techniques to the cataract surgeon for challenging situations with a special Spotlight Session on the management of complications. The course will cover the mature cataract, small pupils, cataract and glaucoma, high myopia and vitrectomised eyes, the posterior polar cataract, the subluxated cataract, and IOL calculation and exchange following refractive surgery. The session on intraoperative complications will focus on management of posterior capsule rupture, zonulysis, vitreous loss and dropped nucleus.

Objectives: At the conclusion of this course, the attendee will be able to manage challenging cataracts and intraoperative complications. This course will be a useful resource for the basic, intermediate and advanced cataract surgeon.

Uveitis & Intraocular Inflammation (Didactic)

13 June 2006, Tuesday, 1400-1530 Hrs
Room 209, Level 2

C959
APPROACH TO UVEITIS – DIAGNOSTICS AND MANAGEMENT

Chee Soon Phaik, Jessica Abano, Kristine Bacsal, Bobby Cheng Ching Li, Lim Wee Kiak

Synopsis: Uveitis patients pose a diagnostic and management challenge to any general ophthalmologist. This interactive teaching course aims to provide the basic principles in the diagnosis and management of common uveitic conditions. Learning will be reinforced by means of illustrative case discussions. The faculty will also provide updates on the developments in the medical and surgical management of such conditions.

Glaucoma (Didactic)

13 June 2006, Tuesday, 1600-1730 Hrs
Room 201, Level 2

C960

SEAGIG COURSE — ALL YOU WANTED TO KNOW ABOUT GLAUCOMA DRAINAGE DEVICES BUT WERE TOO AFRAID TO ASK

Fang Seng Kheong, Manuel Agulto, Paul Chew Tec Kuan, Ivan Goldberg, Paul Healey, Ho Ching Lin, Prin Rojanapongpun, Clement Tham Chee Yun

Synopsis: This course will cover important aspects of glaucoma drainage devices (GDD), including indications, methods for implanting each device, device differences, complications and their management, alternatives and outcomes. We will encourage audience and interaction and lively panel discussions. The details of the course are:

Topic	Speaker	Duration
Indications	Dr Clement Tham	10 min
Methods of Implanting GDD		
Molteno	Dr Prin Rojanapongpun	5 min
Ahmed	Dr Fang Seng Kheong	5 min
Baerveldt	Dr Fang Seng Kheong	5 min
Device Differences	Dr Paul Healey	10 min
Complications	Dr Ho Ching Lin	10 min
Alternatives	Dr Manuel Agulto	10 min
Outcomes	Dr Paul Chew	
Panel Discussions		20 min

Objectives: At the end of the course the participant should have a fuller knowledge of the various tubes available, which ones that are more widely used and why, implantation techniques, possible complications and how to manage them, alternatives to tubes and the short term and long term outcomes for each device. Participants will be encouraged to find out what they always wanted to know about GDD but were too afraid to ask!

Oculoplastics (Didactic)

13 June 2006, Tuesday, 1600-1730 Hrs
Room 202, Level 2

C961

THE ‘APPLES’ IN OCULOPLASTIC PRACTICE

Yip Chee Chew, Seah Lay Leng, Choo Chai Teck, Fong Kee Siew, Shantha Amrith

Synopsis: Oculoplastic conditions are not infrequently encountered in the ophthalmic practice. “APPLES” is a simple pneumonic to remember common and important Oculoplastic conditions that include the following: Anterior and posterior blepharitis, Ptosis (eyebrow and eyelid), Proptosis, Lumps around the eye, Entropion and ectropion, Spasms (blepharospasm and hemifacial spasms).

Topic	Speaker	Duration
Anterior and posterior blepharitis	Dr Yip Chee Chew	10 min
Ptosis and eyebrow ptosis	Dr Choo Chai Teck	20 min
Proptosis: a systematic approach	Dr Seah Lay Leng	20 min
Lumps and bumps around the eyes	Dr Yip Chee Chew	10 min
Entropion and ectropion	Dr Fong Kee Siew	20 min
Spasms around the eyes	Dr Shantha Amrith	10 min

Objectives: This basic workshop is to equip the general ophthalmologist with the relevant knowledge and practical skills to manage these conditions. Particular emphasis is made to point out the diagnostic pitfalls in some masquerades such as periocular malignancies mimicking conditions such as chronic blepharitis or a nevus.

Retina & Vitreous (Didactic)

13 June 2006, Tuesday, 1600-1730 Hrs
Room 203, Level 2

C962

APPLICATIONS OF MICROPULSED DIODE LASER THERAPY IN OPHTHALMOLOGY

Dominic McHugh, Victor Chong

Synopsis: Lasers have been used in the treatment of ophthalmological conditions for 40 years. Until relatively recently it was believed that visible burns were necessary in order to achieve a therapeutic effect. The development of the diode laser (emission wavelength 810 nm, infrared) demonstrated that retinal vascular lesions could be successfully treated even with a laser that had

poor absorption properties within haemoglobin. This suggested that the locus of therapeutic action was in the region of the retinal pigment epithelium, the site of peak absorption of the laser energy. Observations of a satisfactory therapeutic outcome even with very mild visible lesions led to exploration of the use of even lower levels of irradiation through a process that has been termed "micropulsing". The laser emission is divided into a train of short pulses of approximately 0.1 ms in duration, resulting in limitation of the peak temperature elevation in the target tissue and therefore a reduction in thermal spread to the neuroretina. The volume of morphological damage is therefore relatively small compared with that produced by a standard laser pulse, with potentially less photoreceptor destruction and a reduction in the risk of functional visual side effects (scotomata, colour vision abnormalities etc). A number of clinical trials have demonstrated the efficacy of micropulsed therapy for diabetic macular edema, central serous chorioidopathy and also drusen in age-related macular degeneration. This course will review the physics of micropulsed therapy, the results of morphological studies and the current clinical data to provide a rationale for the employment of this laser modality. Slit lamp-mounted diode lasers will be provided to allow a practical demonstration of micropulsing and to allow course participants to develop the practical skills to perform this treatment.

Glaucoma (Didactic)

13 June 2006, Tuesday, 1600-1730 Hrs
Room 208, Level 2

C963 CURRENT CONCEPTS IN THE DIAGNOSIS OF GLAUCOMA

Nadeem Hafeez Butt, Muhammad Daud Khan, Nazeer Ashraf Laghari, Syed Imtiaz Ali, Muhammad Afzal Bodla, Muhammad Suhail Sarwar, Ghulam Qadir Kazi

Synopsis: The Course would cover all the recent modalities which are useful in the diagnosis of glaucoma. The course would include discussion on relationship of evaluation of IOP with Central corneal thickness, Visual Field Interpretation, Optic Nerve Head Morphometry, OCT in the diagnosis of Glaucoma, Ocular perfusion and its haemodynamics, Challenges and difficulties in the diagnosis of Glaucoma in the underdeveloped and developing countries like Pakistan. The course would also highlight the importance of clinical assessment vs use of sophisticated equipment in the diagnosis of Glaucoma.

Objectives: At the end of the course the participant will be able to understand the usefulness of various diagnostic tools and their application in different stages and presentations of disease. He will also be able to comprehend the challenges in the early diagnosis of Glaucoma in the developing parts of the world.

Retina & Vitreous (Workshop)

13 June 2006, Tuesday, 1600-1730 Hrs
Room 209, Level 2

C964 ROLE OF PREFERENTIAL HYPERACUITY PERIMETRY IN THE MANAGEMENT OF AGE-RELATED MACULAR DEGENERATION

Au Eong Kah Guan, Anat Lowenstein, Ajeet Madhav Wagle, Bakthavatsalu Maheshwar, Eidawatie Rosdi

Synopsis: Age-related macular degeneration (AMD) is a major cause of severe visual loss and blindness in people 65 years and older in many developed countries. Many patients with neovascular AMD are commonly diagnosed only when there is severe visual loss, and when the lesions are large and subfoveal in location. Since treatment at a late stage may not improve vision, the need for early detection is of paramount importance. Preferential hyperacuity perimetry (PHP) is a novel tool for monitoring progression of AMD. It allows detection of visual disturbances that are consistent with the early progression of AMD. PHP is based on the visual phenomenon known as hyperacuity, which is defined as the ability to perceive minute differences in the relative spatial localization of two or more visual stimuli. During the test, virtual lines composed of dots are flashed across different loci on the macula. It is hypothesized that the extreme sensitivity of hyperacuity of the patient detects abnormalities in areas of distorted retina due to AMD. This instruction course will discuss the principle, technology, operation and interpretation of results of PHP as well as address the potential of incorporating this new modality into the management and follow up of patients with AMD. This course will also include a hands-on skills transfer session.

Objectives: The objective of this course is to allow the attendees to learn to use this new investigative tool and interpret the results. At the conclusion of this course, the attendee will be able to perform and interpret PHP test results which will enable early detection of progression to neovascular AMD.