



OPHTHALMOLOGICAL
SOCIETY OF NIGERIA

OSN NEWSLETTER

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NEWS FROM WOC, GUADALAJARA 2016

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The 35th World Ophthalmology Congress (WOC 2016) has held in the city of Guadalajara, Mexico between Friday, 5th and Tuesday 9th of February 2016.

The WOC meeting officially began with an opening ceremony on Friday evening after a full day of subspecialty programmes. The ceremony began with a video presentation taking attendees through both the history of ophthalmology and the history of the World Ophthalmology Congress meetings.

Enrique L. Graue, MD, the president of WOC2016, was the first to welcome all attendees to Mexico.

Next, the President of the Pan-American Association of Ophthalmology (PAAO), Eduardo Alfonso, MD, and the President of the Mexican Society of Ophthalmology, Francisco Beltran, MD, Mexico City, addressed the audience.

Dr. Alfonso said that PAAO and ICO have worked

with the Mexican Society for many years to educate and bring together medical professionals from around the world. He stated further that the WOC was an excellent opportunity to exchange information with other physicians, and to get fresh ideas and approaches to patient care.

Thereafter, Hugh Taylor, MD, the president of the ICO, also gave his opening remarks, welcoming attendees to the historic city of Guadalajara. Dr Taylor said that the ICO is working hard to build a world alliance for sight by leading, stimulating, and supporting the efforts of ophthalmic societies, eye departments and other related organizations all over the world.

During the opening ceremony, recipients of the 2016 awards were honored on stage, and Rafael Barraquer, MD, extended an invitation for everyone to attend the next WOC in 2018 in Barcelona, Spain.



Mexican dancers performing at the Opening Ceremony

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MORE HIGHLIGHTS FROM WOC 2016

The World Ophthalmology Congress 2016 was recently held at the Expo Guadalajara in Mexico from 5th to 9th February, 2016.

Here are some highlights from some of the scientific sessions at the recently concluded WOC 2016.

Friday 5th

Subspecialty Day activities were held on the first day and consisted of 26 different sessions covering cataract and refractive surgery, cornea, glaucoma, oculoplastics, pediatric ophthalmology, and retina.

Saturday 6th

1. Sessions on **WOC Day of Landmark Advancements** (2014-2016): 4 sequential sessions were held throughout Saturday at which landmark advancements in the different subspecialties over the past 2 years were highlighted.

2. **Nutrition for Vision:** This session reviewed information on macular carotenoids, early age-related macular degeneration, and Alzheimer's disease.

3. **Controversies in Cataract Surgery:** This session featured various experts weighing in on different viewpoints in cataract surgery, including using femto vs. phaco, treating vitreous floaters, and doing an anterior vitrectomy.

Sunday 7th

1. **Emerging Issues and Hot Topics:** This session addressed the

emerging issues of both myopia and high myopia.

2. **Young Ophthalmologist**

Symposium: This was a combined symposium between the Young Ophthalmologist Committees of the AAO, SOE, PAAO, and APAO. Presentations were geared towards topics that would help with career development.

3. **Innovations in Surgical Retina: A**

Case-Based Update:- This session was organized by the Retina Society session provided updates in the field of surgical retina. Presentations were made on giant retinal tears, diabetic tractional retinal detachment, and proliferative vitreoretinopathy.

4. **Femtosecond Laser for Corneal**

Surgery: This session provided an overview on ways that the femtosecond laser may be useful for corneal surgery.

Monday 8th

1. **Cataract Surgery Olympics:** This session featured a competition of teams of surgeons from different regions of the world. Participants presented their best 4-minute case for managing a cataract complication or complicated case. A panel of judges decided the winners. The Latin American team won the Gold medal, the silver medal went to the team from Europe/the Middle East, while the bronze medal was awarded to the

North American team.

2. **ICO Quiz finals:** The final round of the ICO Quiz featured 4 teams of residents and fellows competing in a series of rounds of questions on pictures, video clips, and sound clips. The questions were drawn from all subspecialties in ophthalmology. There were 2 teams from Mexico and 1 each from Thailand and Paraguay. The team from Thailand came first while one of the Mexican teams came second.

3. **IOL Fixation with Deficient**

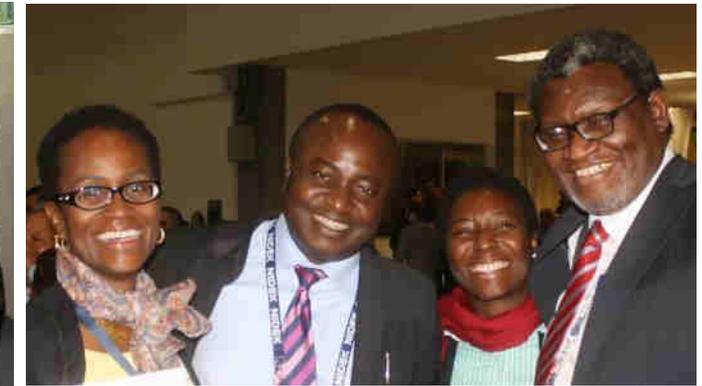
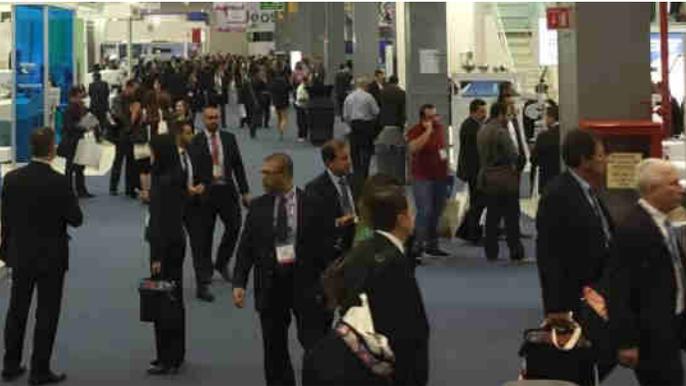
Capsular Support: This session highlighted techniques for intraocular lens fixation in cases with deficient capsular support.

WOC2016 Awards

During the opening ceremony, the following awards were given to deserving individuals:

- 2016 Jules François Golden Medal:
Clare Gilbert
- 2016 Bietti Medal:
Sir Peng Tee Khaw
- Tadeusz Krwawicz Gold Medal:
Marie-José Tassignon
- Bruce Spivey Ophthalmic Education Award:
David Taylor
- Mark Tso Golden Apple Award:
Richard Abbott

SIGHTS FROM WOC 2016



OSN NEWS

OSN 2016 Conference News

Port Harcourt, the capital city of Rivers state, Nigeria has been granted the hosting rights for the 41st Annual General Meeting and Scientific conference of the Ophthalmological Society of Nigeria (OSN).

The conference is scheduled to hold from the 23rd to 28th of August, 2016. Venue is the Hotel Presidential, Port Harcourt.

The theme of the conference is "Technology for Ophthalmic care in the developing world" and the sub-theme is "Rehabilitation of the Irreversibly blind: The role of Information, Education and Communication".

In order to ease the registration process, all OSN members who intend to attend the conference are strongly encouraged to register online at www.osnig.org

Payment of annual dues is required for registration. The dues is N50, 000 for consultants and N25, 000 for resident doctors.

Payment should be made into OSN Guaranty Trust Bank account number: 0028722574.

Following payment, members should please notify the LOC immediately by sending the details of payment to the

following email address: achibykh@yahoo.com and copy osn.national@gmail.com

The details of payment should include name of payee, amount paid, date of payment, mode of payment and the account into which payment was made.

Life members and all those who have already paid should also kindly send/resend their payment details to the above email addresses.

A registration passcode would be sent to members within 48 hours (after their payment has been confirmed by the LOC).

This code would enable members to complete their registration online.

Deadline for Online registration is 30th of June, 2016.

Thereafter, registration would be onsite and would cost N60,000 for consultants and N30,000 for residents

Abstracts are invited from OSN members on topics relevant to the conference theme and sub-theme as well as free papers.

Abstracts should be submitted to the following email address: bassief@yahoo.com and copy osn2016phc@gmail.com

Deadline for submission is 31st March 2016.

NPMCN Faculty Lecture News

The Faculty of Ophthalmology, National Postgraduate Medical College of Nigeria cordially invites all members of OSN to the **17th Annual Faculty Lecture and Launching of Faculty endowment fund.**

The title of the lecture is "Community Eye Health Care: Past, Present, and the Future."

And the lecture would be delivered by **Professor Rich E Umeh** of the Department of Ophthalmology, University of Nigeria.

Date is Friday, 15th July 2016 at 9.30 am. The venue is the Moot Court, University of Nigeria Enugu Campus.

The Osuntokun quiz competition is scheduled to hold on the preceding day (14th July, 2016) at the Main hall of University of Nigeria Enugu Campus.

The Local organizing committee looks forward to welcoming all OSN members to the coal city of Enugu.

OSN members are encouraged to plan ahead to attend. Details of information on available hotels for booking will be communicated to in due course.

Announcer: LOC, 2016 Faculty lecture. (Contact: Dr O Okoye +234 80-3700-7163).

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WORLD GLAUCOMA WEEK CELEBRATIONS 2016

THE ANTERIOR SEGMENT, CORNEA AND REFRACTIVE SURGERY SUBSPECIALTY GROUP OF THE OPHTHALMOLOGICAL SOCIETY OF NIGERIA IN CONJUNCTION WITH THE ME CURE EYE CENTRE

PRESENTS A ONE-DAY WORKSHOP ON:

“MAKING PHACOEMULSIFICATION THE SURGERY OF FIRST CHOICE FOR CATARACT IN NIGERIA”

The World Glaucoma Week shall be held worldwide and in Nigeria from Sunday 6th March to Saturday 12th March 2016. The topic for this year is B-I-G an acronym for BEAT INVINCIBLE GLAUCOMA. Cataract is one of the secondary causes of Glaucoma. To highlight the importance of cataract surgery in the prevention and cure of some types of Glaucoma, The Anterior Segment, Cornea and Refractive Surgery Subspecialty group of the Ophthalmological Society of Nigeria in conjunction with the Me Cure Eye Centre presents an update session on to its March 2016 workshop scheduled to coincide with the celebration of the World Glaucoma Week, as follows:

Date: Thursday 10th March 2016

Venue: Video Conference Room, Me Cure Healthcare Limited, Debo Industrial Compound, Oshodi, Lagos

Time: 11 a.m prompt

PROGRAMME OF EVENTS

- A. 10: 45 am -Arrival of participants.
- B. 11am Opening Speech by Chairman The Anterior Segment, Cornea and Refractive Surgery Subspecialty group of the Ophthalmological Society of Nigeria, Dr. Festus Oshoba.
- C. 11.05am -11:50am- live phacoemulsification session.
 1. PHACODYNAMICS - Dr Abiola Oyeleye- 11:50am-12:05pm
 2. STEP-BY-STEP DESCRIPTIONS:
 - ENTRY INCISIONS -CORNEAL VS LIMBAL VS SCLERAL - Dr Bade Ogundipe-12:05pm-12:15pm
 - CAPSULORRHESIS- Dr. Pankaj 12:15-12:30pm
 - HYDROPROCEDURES- Dr. Fisayo Aribaba 12:30pm -12:40pm
 - NUCLEAR MANAGEMENT- Dr Bogunjoko 12:40-12:55pm
 - CORTICAL MANAGEMENT - Dr. Sunday Abu 12:55pm-1:05pm
 - INTRAOCULAR LENSES – TYPES, LOADING AND INSERTION Dr. Pankaj- 1:05pm- 1:15pm
 3. NUCLEAR DROP AND TIPS ON HANDLING DIFFICULT CASES- Dr Pankaj/Dr. Usha- 1:15pm- 1:35pm
 4. FEMTOLASER ASSISTED PHACOEMULSIFICATION- Dr. Olufemi Oderinlo -1:35pm- 1:45pm
 5. Sourcing for hardware(Phaco-machine and accessories) for phacoemulsification in Nigeria- Experience from ME CURE- Dr Pankaj - 1:45pm -2:00pm
 6. Sustainable financial outlay and partnerships in Nigeria- the Eye Foundation group- Dr. Kunle Hassan- 2:00pm – 2:20pm
 7. Refreshments- 2.20pm
 8. Questions and answers - 2.20pm- 2:50pm
 9. Vote of thanks- 2:50pm-2:55pm
 10. Closing remarks and departure by the Chairman- 2:55pm-3:00pm

THIS ACTIVITY SHALL ATTRACT 5 CME POINTS AND ALL OSN MEMBERS ARE INVITED!!!

RECENT HIGHLIGHTS FROM OPHTHALMOLOGY JOURNALS

Uncorrected hyperopia linked to literacy deficits in preschoolers

Investigators showed that 4- and 5-year-olds with uncorrected moderate hyperopia (3 to 6 D) did significantly worse on the Test of Preschool Early Literacy than peers with normal vision, especially children who also had reduced near visual function and depth perception. Performance was most affected in print knowledge testing, which assesses the ability to identify letters and written words. This is the first large scale study to assess reading readiness and hyperopia in this age group. *Ophthalmology, in press*

New gene editing technique repairs retinitis pigmentosa mutation

Scientists have fixed a genetic defect that causes retinitis pigmentosa by altering genes in stem cells from a patient with the X-linked form of the disease. The gene-editing technology is based on the bacterial system of clustered regularly interspersed short palindromic repeats (CRISPR). The authors corrected the mutation with a 13% success rate, higher than the 1% rate achieved with other platforms. The specificity of CRISPR depends largely on a guide RNA that can be programmed to target different genomic loci, allowing for fast, accurate DNA editing. The authors contend this early finding supports further development of personalized transplantation therapies for retinal disease. *Scientific Reports, January 2016*

Chronic pain common in dry eye patients

Investigators used a questionnaire to assess chronic pain syndromes – irritable bowel syndrome, chronic pelvic pain and fibromyalgia – in 425 patients with dry eye. Chronic pain was common, with 17% having at least 1 syndrome. Patients with chronic pain reported more severe dry eye symptoms across all OSDI domains, even though objective signs were the same or less severe than in dry eye patients without a chronic pain syndrome. The authors suggest their findings may partially explain the discrepancy between signs and symptoms in dry eye disease. *American Journal of Ophthalmology, February 2016*

Ophthalmologists in academic centers have higher patient complaint rate

Using records from a large, national patient complaint database, the authors found that ophthalmologists overall received significantly fewer unsolicited patient complaints per physician compared to other physicians, both nonophthalmic surgeons and nonophthalmic non-surgeons ($P < 0.001$). Ophthalmologists from academic centers, female ophthalmologists and younger ophthalmologists had significantly more complaints ($P < 0.01$), and general ophthalmologists had significantly fewer complaints than subspecialists ($P < 0.05$). After a multivariate analysis, only working at an academic center remained a statistically significant risk factor. Ophthalmologists at academic centers were 59% more likely to receive complaints ($P < 0.001$). Additionally, only 10% of ophthalmologists accounted for more than 60% of all complaints. *Ophthalmology, February 2016*

Patient satisfaction linked to time spent with provider

Overall patient satisfaction can be measured by how likely patients are to recommend a practice to others. The authors of this study evaluated which qualities motivated patients at Stanford University Hospital to refer their ophthalmologist to others. The 2 most important attributes were the amount of time physicians spent with patients and ease of scheduling ($P < 0.0001$), while friendliness/courtesy was the least important factor. *Ophthalmology, February 2016*

Endophthalmitis post anti-VEGF injection is rare in Saudi Arabia

Investigators reviewed outcomes from 22,674 anti-VEGF injections administered in a hospital in Saudi Arabia and found an endophthalmitis rate of 0.004%. The authors attribute the low infection rate to their injection protocol which includes povidone-iodine, surgical masks and silence when a surgical mask is not used. *Middle East Africa Journal of Ophthalmology, January 2016*

UBM, OCT comparable for glaucoma implant visualization

Investigators compared the ability of ultrasound biomicroscopy (UBM) and optical coherence tomography (OCT) to assist in the implantation of the Ex-press glaucoma implant. Both modalities offered adequate visualization of bleb morphology, aqueous outflow and tube position. Two independent observers noted a significantly better aqueous outflow for UBM, which the authors attribute to the “shading phenomenon,” an attenuation of the scleral reflection behind the filtering zone from absorption of the reflection signal. *Middle East Africa Journal of Ophthalmology, January 2016*

Oral fluoroquinolones don't increase uveitis risk

Using claims data from a national U.S. insurer, investigators found that patients were not at an increased risk of uveitis within 90 days of starting oral fluoroquinolones. However, the authors did find a link between fluoroquinolones and the risk of developing a disease associated with uveitis within 12 months of starting the drug ($P < 0.001$). This finding may explain previous studies that implicate fluoroquinolones and uveitis. *JAMA Ophthalmology, January 2016*

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RECENT HIGHLIGHTS FROM OPHTHALMOLOGY JOURNALS (CONTD)

Intracameral antibiotics: Time for a shift in practice?

Three large studies in Ophthalmology add to the evidence that intracameral antibiotics are the most effective option for endophthalmitis prevention in cataract surgery. The studies from United States, India and Iran examined outcomes from more than 600,000 patients and found a 2- to 4-fold reduction in the infection rate when intracameral antibiotics were used compared with topical antibiotics alone. Additionally, the U.S. study found that adding topical antibiotics to an intracameral regimen did not increase efficacy. Even with a low baseline rate of endophthalmitis (0.07%), the U.S. study found that potentially 2,000 cases of endophthalmitis per year could have been avoided had intracameral antibiotics been used. *Ophthalmology, February 2016*

Topical fluorometholone protects dry eye patients from desiccating stress

This randomized, placebo-controlled trial evaluated the efficacy of topical 0.1% fluorometholone in 41 patients with moderate-to-severe dry eye disease. At 3 weeks, treated patients experienced greater improvements in hyperemia, tear film breakup time, and corneal and conjunctival staining compared to the placebo group ($P < 0.03$). More important, the topical steroid prevented the worsening of symptoms that occurs with exposure to an adverse environment such as office buildings, shopping centers, movie theatres and air conditioned vehicles. *Ophthalmology, January 2016*

iStent combined with cataract surgery shows long-term benefit

This prospective study evaluated 3-year outcomes from trabecular micro-bypass stent (iStent) implantation during small-incision cataract surgery in 43 patients with various types of glaucoma or ocular hypertension, including 25 eyes with a history of glaucoma surgery. Intraocular pressure remained stable at 15 mmHg, with 74% of eyes requiring no medication. Five eyes—4 with a history of glaucoma surgery and 1 with pseudoexfoliation syndrome—required additional glaucoma surgery. No significant postop complications were noted. *Journal of Cataract & Refractive Surgery, December 2016*

Rare mutations identified in North Carolina macular dystrophy

Researchers performed whole genome sequencing and an analysis of gene expression in human retinal cells of 41 members of 12 families with North Carolina macular dystrophy. They identified 5 rare mutations, each capable of arresting development of the macula. Four of the mutations strongly implicate the involvement of the gene PRDM13 in macular development. Although the pathophysiologic mechanism of the fifth mutation remains unknown, it may involve the developmental dysregulation of IRX1. The authors anticipate that the availability of a simple genetic test for this condition will increase the number of newly diagnosed cases. *Ophthalmology, January 2016*

Review of central retinal vein occlusion therapies

This review article summarizes current therapeutic options for central retinal vein occlusion (CRVO). The authors found sufficient level-I evidence showing corticosteroids and anti-VEGF treatments can significantly improve visual acuity. Of the surgical techniques reviewed, pars plana vitrectomy and radial optic neurotomy appear to have some efficacy for treating CRVO, but can involve complications such as vitreous hemorrhage. *Middle East Africa Journal of Ophthalmology, January 2016*

Aliquoting bevacizumab in operating rooms appears safe

This retrospective study investigated the incidence of endophthalmitis after bevacizumab injections at 2 centers in Kuwait. Each aliquot of bevacizumab was prepared from one vial on the same day it was administered in the operating room. Of the 5,429 injections administered, there were 5 cases of endophthalmitis (0.09%), a rate comparable with other studies. No eye developed phthisis bulbi or required enucleation and there were no endophthalmitis clusters reported. The authors conclude that preparing bevacizumab injections in the operating room can be done safely using the aseptic precautions described in this study. *Middle East Africa Journal of Ophthalmology, January 2016*

ICO GLAUCOMA GUIDELINES PUBLISHED

The International Council of Ophthalmology (ICO) recently published the ICO Guidelines for Glaucoma Eye Care, which summarize core requirements for the appropriate care of open and closed angle glaucoma and consider low and intermediate to high-resource settings. “Glaucoma is the leading cause of world blindness after cataracts. Blindness from both open and closed angle glaucoma is preventable in the vast majority of cases”, said Dr. Neeru Gupta, Chair, ICO Task Force on Glaucoma, in a press release from the ICO.

The ICO Guidelines for Glaucoma Eye Care are a resource for health professionals who work with glaucoma and serve to reduce the amount of blindness and vision loss from glaucoma by facilitating diagnosis and treatment. Additionally, the ICO said their guidelines allow eye care practitioners to define benchmarks that measure the effectiveness of local and regional glaucoma programs.

More on the guidelines can be found on the ICO website at: <http://www.icoph.org/glaucoma>.