



*In conjunction with the
Midland Ophthalmological Society, UK
Under the auspices of*

*St George's, University of London Medical Programme
at the University of Nicosia Medical School*

20-21 June 2015
Amathus Hotel, Limassol, Cyprus

Debates in Ophthalmology



*For details please go to:
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PANTHEO

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Dear colleague

On behalf of the organizing committee I would like to welcome you to this years meeting.


This year's theme, Debates in Ophthalmology, aims to give us the opportunity to contest opposing opinions on issues that, as is often the case in medicine, are not clearly defined or established. We hope the debating teams will generate audience participation and free exchange of ideas, thus enriching the scope of the discussions. Remember

*“It is better to debate a question
without settling it than to settle a
question without debating it.”*

Since we will be spending all the daytime arguing with each other, the gala dinner event will be a completely informal and relaxing affair on the beach. Your opportunity to make up for all the conflict of the day.

We, as always hope you enjoy the weekend as much as we do, and gain from it, knowledge, friendship and sweet memories.

Theo Potamitis

A large, stylized graphic of a human eye, rendered in white and light beige tones, occupies the lower half of the page. The eye is looking towards the left. The iris and pupil are represented by a large white circle, and the eyelids and surrounding skin are depicted with flowing, organic shapes in shades of beige and cream.

LIST OF SPEAKERS

ANTONIOU Yianna, Consultant Ophthalmologist, Vitreoretinal Surgeon, Pantheo Eye Center, Cyprus

ARISTODEMOU Petros, Consultant Ophthalmologist, Vitreoretinal Surgeon, Cyprus

BURDON Michael, Consultant Ophthalmologist, Neuro Ophthalmologist, University Hospitals Birmingham, UK

CHARONIS Alexandros, Consultant Ophthalmologist, Vitreoretinal Surgeon, Director of Retina Department at Athens Vision Eye Center, Athens, Greece

CHARONIS Anastasios, EyeMD, PhD, Medical Director, Athens Vision Eye Center, Cofounder of Hellenic Eyebank Demokritos, Gregoris Georgariou, Athens, Greece

CHARONIS George, Consultant Ophthalmologist, Oculoplastics and Orbits, Refractive Surgery, Assistant Professor UCLA, President of Athens Vision Eye Center, Athens, Greece

DAMATO Erika, Consultant Medical Ophthalmologist, University Hospitals Birmingham, Birmingham, UK

DOWNES Susan, Consultant Ophthalmic Surgeon, Medical Retina, Oxford Eye Hospital, Oxford, UK

DURRANI Omar, Consultant Ophthalmologist, Director Oculoplastic Services Cleveland Clinic, Abu Dhabi

FIELDER Alistair, Professor Emeritus of Ophthalmology, Department of Optometry & Visual Science, City University, London, UK

FILIPPOPOULOS Theodoros, Consultant Ophthalmologist, Glaucoma and Cataract, Scientific Director, Marousi Athens Vision Eye Center, Athens, Greece

FOULADI Massoud, Consultant Ophthalmologist, Chairman of Circle Partnership & Group Medical Director, London, UK

HANDLEY Sian, Specialist Orthoptist, Great Ormond Street Hospital, London, UK

GEORGIADES Agis, Lawyer, Limassol, Cyprus

KALLIAS Constantinos, Optometrist, President of the Association of Optometrists, Cyprus

KYPRIANOU Ioannis, Consultant Ophthalmologist, Oculoplastics and Orbits, Cyprus

LIASIS Alkis, Consultant Electrophysiologist, Co Director of Electrophysiology unit, Great Ormond Street Hospital, London, UK

LIPSOS Marios, Consultant Ophthalmologist, Makarios Hospital, Nicosia, Cyprus

MATTHEW Anastasis, Medical Student, University of Edinburgh, UK

LIST OF SPEAKERS

NIKOLAKOPOULOS Thanasis, Consultant Ophthalmologist, Vitreoretinal Surgeon, Chairman Papanikolaou Hospital, Thessaloniki, Greece

NIKITA Eleni, Glaucoma Consultant Manchester Royal Eye Hospital, Manchester, UK

PAPASTAVROU Katia, Consultant Ophthalmologist, Glaucoma, Pantheo Eye Center, Senior Lecturer at St George's University of London Medical School at University of Nicosia, Cyprus

PALOS Michalis, Consultant Ophthalmologist, Cornea and External Disease, Pantheo Eye Center, Cyprus

PATTON Niall, Consultant Ophthalmologist and Vitreoretinal Surgeon, Manchester Royal Eye Hospital, Manchester, UK

PARULEKAR Manoj, Consultant Ophthalmologist, Paediatric Ophthalmology Birmingham Children's Hospital, Birmingham, UK

POTAMITIS Theodoros, Consultant Ophthalmologist, Vitreoretinal Surgeon, Pantheo Eye Center, Associate Professor, St George's University of London Medical School at University of Nicosia, Cyprus

PURCELL Angela, Ophthalmic Specialist Nurse, Head Nurse, ORBIS International

SCALA- Dhawahir Felipe, Consultant Ophthalmologist, Vitreoretinal Surgeon, Director of The Acute Ophthalmic Services, Central Manchester University Hospitals, Manchester Royal Eye Hospital, Manchester, UK

SMOLESKI Irene, Registered Nurse, Pantheo Eye Center, Cyprus

STAVRAKAS Panos, Consultant Ophthalmologist, Vitreoretinal Surgeon, Attikon University Hospital, Athens, Greece

SYKAKIS Evripidis, Consultant Ophthalmologist, Cornea Specialist, University College London Hospitals & Moorfields Eye Hospital, London, UK

TOPALIDIS Alexandros, Ophthalmology registrar, Uniklinik Ulm, Germany

TRYFONIDES Christos, Fellow in Oculoplastic, Lacrimal & Orbital Surgery, Manchester Royal Eye Hospital, UK

TURNER George, Consultant Ophthalmic and Vitreo-Retinal Surgeon, Manchester Royal Eye Hospital, Manchester, UK

TSALOUMAS Marie, Consultant Ophthalmologist, Medical Retina, University Hospitals Birmingham, Birmingham, UK

XIROU Tina, Consultant Ophthalmologist, Vitreoretinal Surgeon, Red Cross Hospital, Athens, Greece

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THE CATARACT REFRACTIVE SUITE BY ALCON

CONFERENCE PROGRAMME

Saturday 20 June

8:30-9:00

Welcoming address

Mr Theodoros Potamitis, Consultant Ophthalmologist, Associate Professor, St George's, University of London Medical Programme at the University of Nicosia Medical School, Director, Vitreo-retinal Department, Pantheo Eye Center

Ms Marie Tsaloumas, Consultant Ophthalmologist, on behalf of the Midland Ophthalmological Society, UK

Dr Christos Constantinou, Consultant Ophthalmologist, on behalf of the Cyprus Ophthalmological Society

Dr Evagoras Nicolaides, Professor of Postgraduate Medicine, St George's, University of London Medical Programme at the University of Nicosia Medical School

9:00-11:00

Anterior segment

Moderators: Theodoros Potamitis, Anastasios Charonis

OCT vs. Perimetry in Glaucoma

Theodoros Filippopoulos

Management after failed trabeculectomy

Eleni Nikita

Combined cataract and glaucoma surgery

Katia Papastavrou

When glaucoma is not what it seems

Theodoros Filippoulos

Ideas have no limits- introducing a new startup:
the appleye ltd project

Tasos Charonis

DEBATE: Corneal transplants: DSAEK vs DMEK

For DSAEK: Eviropides Sykakis

For DMEK: Michalis Palos

11:00-11:30

COFFEE BREAK

See your success in the eyes of your patients



wet
AMD

DME

myopic
CNV

RVO

Defining the standard of care in Medical Retina

Note: Before prescribing, consult full prescribing information. **Presentation:** Ranibizumab, Vial: Each vial contains 2.3 mg of ranibizumab in 0.23 mL solution. **Pre-filled syringe:** Ranibizumab. Each pre-filled syringe contains 1.65 mg of ranibizumab in 0.165 mL solution. **Indications:** • Treatment of neovascular (wet) age-related macular degeneration (AMD). • Treatment of visual impairment due to diabetic macular edema (DME). • Treatment of visual impairment due to macular edema secondary to retinal vein occlusion (branch RVO or central RVO). • Treatment of visual impairment due to choroidal neovascularisation (CNV) secondary to pathologic myopia (PM). **Dosage:** • The recommended dose is 0.5 mg (0.05 mL) given as a single intravitreal injection. The interval between two doses injected into the same eye should be at least four weeks. Treatment is initiated with one injection per month until maximum visual acuity is achieved and/or there are no signs of disease activity i.e. no change in visual acuity and in other signs and symptoms of the disease under continued treatment. In patients with **wet AMD, DME and RVO**, initially, three or more consecutive, monthly injections may be needed. Thereafter, monitoring and treatment intervals should be determined by the physician and should be based on disease activity, as assessed by visual acuity and/or anatomical parameters. If, in the physician's opinion, visual and anatomic parameters indicate that the patient is not benefiting from continued treatment, Lucentis should be discontinued. Monitoring for disease activity may include clinical examination, functional testing or imaging techniques (e.g. optical coherence tomography or fluorescein angiography). If patients are being treated according to a treat-and-extend regimen, one maximum visual acuity is achieved and/or there are no signs of disease activity, the treatment intervals can be extended stepwise until signs of disease activity or visual impairment recur. The treatment interval should be extended by no more than two weeks at a time for **wet AMD** and may be extended by up to one month at a time for **DME**. For **RVO**, treatment intervals may also be gradually extended, however there are insufficient data to conclude on the length of these intervals. If disease activity recurs, the treatment interval should be shortened accordingly. In the treatment of visual impairment due to **CNV secondary to PM**, many patients may only need one or two injections during the first year, while some patients may need more frequent treatment. • **Lucentis and laser photocoagulation in DME and in macular edema secondary to BRVO:** There is some experience of Lucentis administered concomitantly with laser photocoagulation. When given on the same day, Lucentis should be administered at least 30 minutes after laser photocoagulation. Lucentis can be administered in patients who have received previous laser photocoagulation. • **Lucentis and Visudyne photodynamic therapy in CNV secondary to PM:** There is no experience of concomitant administration of Lucentis and Visudyne. • The frequency of monitoring should be determined by the treating physician. • Lucentis must be administered by a qualified ophthalmologist using aseptic techniques. Broad-spectrum topical microbicide and anesthetic should be administered prior to the injection. • Not recommended in children and adolescents. **Contraindications:** Hypersensitivity to ranibizumab or to any of the excipients, patients with active or suspected ocular or pericardial infections, patients with active intraocular inflammation. **Warnings/Precautions:** • Intravitreal injections have been associated with endophthalmitis, intraocular inflammation, phagocytosis, retinal detachment, retinal tear and iatrogenic traumatic cataract. Therefore proper aseptic injection techniques must be used. Patients should be monitored during the week following the injection to permit early treatment if an infection occurs. • Transient increases in intraocular pressure (IOP) have been seen within 60 minutes of injection of Lucentis. Sustained IOP increases have also been reported. Intraocular pressure and the perfusion of the optic nerve head must be monitored and managed appropriately. • There is a potential risk of arterial thromboembolic events following intravitreal use of VEGF inhibitors. A numerically higher stroke rate was observed in patients treated with ranibizumab 0.5 mg compared to ranibizumab 0.3 mg or control, however, the differences were not statistically significant. Patients with known risk factors for stroke, including history of prior stroke or transient ischemic attack should be carefully evaluated by their physicians as to whether Lucentis treatment is appropriate and the benefit outweighs the potential risk. • As with all therapeutic proteins, there is a potential for immunogenicity with Lucentis. • Lucentis has not been studied in patients with active systemic infections or in patients with concurrent eye conditions such as retinal detachment or macular hole. • There is limited experience with treatment of patients with prior episodes of RVO and of patients with ischemic branch RVO (BRVO) and central RVO (CRVO). In patients with RVO presenting with clinical signs of irreversible ischemic visual function loss, treatment is not recommended. • Should not be used during pregnancy unless the expected benefit outweighs the potential risk to the fetus. For women who wish to become pregnant and have been treated with ranibizumab, it is recommended to wait at least 3 months after the last dose of ranibizumab before conceiving a child; use of effective contraception recommended for women of child-bearing potential; breast-feeding not recommended. • Following treatment patients may develop transient visual disturbances that may interfere with their ability to drive or use machines. Patients should not drive or use machines as long as these symptoms persist. **Interactions:** No formal interaction studies have been performed. **Adverse reactions:** • **Very common adverse reactions are:** intraocular inflammation, vitritis, vitreous detachment, retinal hemorrhage, visual disturbance, eye pain, vitreous floaters, conjunctival discharge, eye irritation, foreign body sensation in eyes, lacrimation increased, blepharitis, dry eye, ocular hyperemia, eye pruritus, intraocular pressure increased, nasopharyngitis, headache, arthralgia. • **Common adverse reactions are:** retinal degeneration, retinal disorder, retinal detachment, retinal tear, detachment of the retinal pigment epithelium, retinal pigment epithelium tear, visual acuity reduced, vitreous hemorrhage, vitreous disorder, uveitis, iris, iridocyclitis, cataract, cataract subcapsular, posterior capsule opacification, punctate keratitis, corneal abrasion, anterior chamber flare, vision blurred, injection site hemorrhage, eye blindness, conjunctivitis, conjunctivitis allergic, eye discharge, photophobia, photophobia, ocular discomfort, eyelid edema, eyelid pain, conjunctival hyperemia, stroke, influenza, urinary tract infection*, anemia, anxiety, cough, nausea, allergic reactions (rash, pruritus, urticaria, erythema). • **Uncommon adverse reactions are:** blindness, endophthalmitis, hyponyph, hyphema, keratopathy, iris adhesions, corneal deposits, corneal edema, corneal striae, injection site irritation, abnormal sensation in eye, eyelid irritation. • **Serious adverse events** related to intravitreal injections included endophthalmitis, rhegmatogenous retinal detachment, retinal tear and iatrogenic traumatic cataract. * observed only in the DME population **Packs and prices:** Vial: Lucentis® 10mg/mL solution for intravitreal injection, 1 vial x 0.23mL €1278.22 (VAT included). Pre-filled syringe: Lucentis® 10mg/mL solution for intravitreal injection, 1 pre-filled syringe x 0.165mL €1147.47 (VAT included).

Reporting of suspected adverse reactions: Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions to: Novartis Pharma Services Inc., 21 Kasou, Nicosia, Tel: +357 22 690 690 (Pharmacovigilance Department), Fax: +357 22 315932 or to Pharmaceutical Services, Ministry of Health, CY-1475, www.moh.gov.cy/tyh, Tel: +357 22 608679, Fax: +357 22 608 649.

LUCA/04/2014

11:30-13:30

Medical Retina and Uveitis

Moderators: Maria Tsaloumas, Loukiana Tsierkezou

Controversies in the management of TB-related uveitis

Erica Damato

Central serous chorioretinopathy-an update

Susan Downes

Diabetic retinopathy: what are we treating and why

Maria Tsaloumas

Steroids for diabetic macular oedema

Petros Aristodemou

DEBATE: Does vitrectomy for diabetic macular oedema work?

For motion: Alexandros Charonis

Against motion: George Turner

13:30-14:30

LUNCH

14:30-16:30

Surgical Retina

Moderators: Yianna Antoniou, Petros Aristodemou

Macula traction clinical syndrome as an emergency:

Do we need ILM removal?

Thanasis Nikolakopoulos

Retinal detachment surgery: state of art

Panos Stavrakas

Enzymatic vitreolysis

Tina Xirou

Vitrectomy for symptomatic vitreous opacities

Yianna Antoniou

Scleral supported lenses - one size does not fit all

Theodoros Potamitis

DEBATE: All cases of suspected post-operative endophthalmitis should be treated by the VR surgeon from the outset

For motion: Felipe Scala

Against motion: Niall Patton

Game Changer

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¹ULTRAVIT® 7500 Vitrectomy Probe

¹ Abdul, et al. Porcine Vitreous Flow Behavior During High Speed Vitrectomy up to 7500 Cuts Per Minute. ARVO Poster, 2012. ² Claes, et al. Clinical and laboratory evaluation of valved cannulas. EVS Presentation, 2010. ³ Nagpal M, et al. Comparison of clinical outcomes and wound dynamics of sclerostomy ports of 20, 25, and 23 gauge vitrectomy. Retina, 2009;29(2):225-231. ⁴ Davison JA. Cumulative tip travel and implied follow ability of longitudinal and torsional phacoemulsification / Corneal Refract Surg 2008; 34:986-990 S. Alcon data on file 954-0000-004. ⁵ Fernández de Castro, L. E. et al. (2010). Bead-flow pattern: Quantification of fluid movement during torsional and longitudinal phacoemulsification. / Cataract Refract Surg 36(6): 1018-1023.

For additional information, please refer to the Constellation Vision System Directions For Use

CONFERENCE PROGRAMME

Sunday 21 June

9:00-9:45

Rapid Fire Presentations

Moderators: Alistair Fielder, Aristos Kafkalias

The patient's perspective of cataract surgery - a study of visual experiences, cognition and fear

Anastasis Matthew

RGP: The end of an Era?

Constantinos Kallias

Case presentation of orbital haemangioma

Alexandros Topalides

Decision making in AMD: can nurses make the decision?

Irene Smoleski

Compassionate Care

Angela Purcell

9:45-11:00

Oculoplastics

Moderators: Massoud Fouladi, Aristos Kafkalias

Ptosis: Pearls and pitfalls in the evaluation and management

George Charonis

Endoscopic brow lift

Massoud Fouladi

Management of thyroid eye disease

Christos Tryphonides

DEBATE: Internal vs External DCR

For internal: Omar Durrani

For external: Ioannis Kyprianou

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11:00-11:30

COFFEE BREAK

11:30-13:30

Neuro Ophthalmology and Paediatrics

Moderators: Theodoros Potamitis, Antonis Christoforou

To scan or not to scan

Mike Burdon

The optic nerve- a window to the brain

Manoj Parulekar

The assessment of a child with nystagmus

Alkis Liasis, Sian Handley

Non accidental injuries

Alistair Fielder

The use of multifocal intraocular lenses in children

Marios Lipsos

DEBATE: To implant or not to implant:

The great paediatric cataract massacre

For implant: Manoj Parulekar

Against: Alistair Fielder

13:30-14:30

LUNCH

14:30-15:30

Medico legal session

Moderators: Titos Christophides, Alistair Fielder

The medical view of medico legal cases

Alistair Fielder

The legal view of medico legal cases

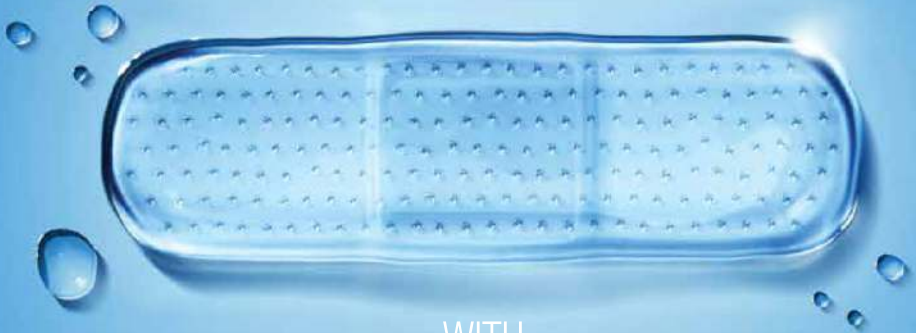
Agis Georgiades

Medico legal conundrums

Theodoros Potamitis

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