



# SOE YO NEWS

March 2019

## SOE2019 Exclusive

*Keynote Lecturers*

*YO Lounge  
and MORE!*

## SOE in Cairo

*Andrew Scott tells all*

## YO Pavilion

*YOSI @ AIOC2019*

## APAO2019

*Get ready for Bangkok!*

## ANNA WIKTORIN

*& necrotising fasciitis*

## YO interview

*Brad Feldman & EyeWiki*

*From Belgrade*

*Vladimir Milutinovic*

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## Editorial: Thank You, Next



It's official: this is the last YO newsletter that I will be overseeing.

I still remember in 2017 when Miguel Gonzalez-Andrades, our YO President-elect asked me to joined his newsletter subcommittee.

Throughout my residency training, I have always wanted to be part of YO activities. However, at the time I had a relatively limited network. So, when Miguel offered the opportunity, I enthusiastically said yes even without knowing what it fully entailed!

Fast-forward 2 years later, I'm pleased to say that I have fully enjoyed my roles as firstly the newsletter subcommittee member and then later the newsletter editor. I have learnt so much during this time, but more importantly it gave me an opportunity to meet so many new friends and colleagues across the world.

Meanwhile, the newsletter subcommittee was expanded to include 4 permanent members. The presence of a strong team allowed me to be bold and ambitious in instigating a few changes to our newsletter that are evident in this current edition.

One of the questions I asked myself is: what is the aim of the YO newsletter? Together with my committee members, we came up with 3 themes: education, networking opportunities, and an understanding of diversity among European YOs.

To address these themes, we introduced **YO Training** and **YO Clinic** articles. The former invites a European YO – in this issue it is **Vladimir Milutinovic from Serbia** – to describe their ophthalmic training scheme and everyday life as a specialty trainee. This gives our readers a first-person view of ophthalmology outside their home countries, and highlight the fact that our training experience could be quite variable.

**YO Clinic** section is designed to reduce the disparity in our training. Keeping the theme of *by YO for YO*, we ask prominent European YOs like **Anna Wiktorin from Sweden** to present educational material covering essential ophthalmology for our readers. In this issue, the topic is **periorbital necrotising fasciitis**.

To keep our readers abreast with ophthalmology networking opportunities on a global scale, we continue our tradition of reporting YO experience in international meetings and conferences, such as the **EGSCOE 2019** by **Andrew Scott (UK)**, **YOSI at AIOC 2019** by **Diva Kant Misra and Apoorva Ayachit (India)**, and the upcoming **APAO2019 in Bangkok**. In addition, we added the **Events Calendar** to help our readers to plan their travels well in advance.

A 4<sup>th</sup> theme that was unrecognized only until recently, was for the newsletter to provide inspiration. YO Interview gives a chance for our readers to listen to YO leaders about a topic that they are absolutely passionate about - like **Brad Feldman talking about the EyeWiki initiative**. I hope our readers will draw inspiration from these leaders, subsequently develop their own passion, and become ophthalmic leaders in their own right in the future.

In June, **SOE2019 will be hosted in Nice, France**. Apart from **Keynote Lectures and our YO lounge**, there will be a host of YO activities. More information will be released in the form of short newsletters over next 2 months. However, one of the most important YO events is the SOE committee election, during which I will find out who my successor will be and I hope to see you all there.

Thank you very much for your support over the last 2 years. Under the guidance of our next Editor, I'm sure the YO newsletter is going to be even better in the future!

Simon Fung  
Editor

## SOE2019 Keynote Lectures

A truly comprehensive Ophthalmology meeting, SOE2019 aims to deliver a world class scientific programme on all aspects of ophthalmology. Among the series of world-class speakers, we here present to you the keynote speaker and the highly anticipated lectures.

**13 June 2019:**

**Béatrice Cochener MD PhD, France**  
**From Premium to EDOF IOLs: Race for Progress**



Prof Béatrice Cochener is the Head of the Ophthalmology Department in Brest University Hospital (France) since 2000. She is the current President of the European Society of Cataract and Refractive Surgeons (ESCRS) and the current head of the French Academy of Ophthalmology, which is the national professional board of ophthalmology. She is a past president of the French Society of Ophthalmology (SFO), and of the French Society of Cataract and Refractive Surgery (SAFIR). In 2013, she was awarded the Legion of Honor, a French distinction of high merit. Her research focuses on the anterior segment, cornea and refractive surgery, and she has contributed to more than 200 publications.

In her SOE2019 keynote lecture, Prof Cochener will discuss the recent advances in intraocular lenses, and tease apart the new properties added on conventional optics, that is, toricity, asphericity, and correction of presbyopia.

**14 June 2019:**

**Jerry Sebag MD FACS FRCOphth FARVO, USA**  
**Vitreous**



Prof Jerry Sebag is the founding director of VMR Institute, Huntington Beach, California, and Professor of Clinical Ophthalmology at Doheny Eye Institute, Los Angeles. Considered one of the world's leading authorities on vitreous, Prof Sebag has authored 3 books, 67 peer-reviewed articles, 46 chapters, and 18 guest editorials, reviews and letters. A fellow of the American College of Surgeons and the Royal College of Ophthalmologists (UK), Prof Sebag has delivered named lectures throughout the world and received many awards, including First Prize from the American Health Foundation, a prize at the Harvard Medical School Bicentennial Program, the Treacher-Collins Prize of the Ophthalmological Society of the UK, the Heed and Knapp Fellowships, and honor awards from the American Academy of Ophthalmology, the Vitreous Society, and the Fondazione Bietti in Rome. In 2006 Dr. Sebag was inducted as a member of the venerable and prestigious American Ophthalmological Society. In 2010 he was selected as a Fellow of ARVO.

During the keynote lecture at SOE2019, Prof Sebag will discuss the molecular organisation of the vitreous, and structural changes that occur throughout life. New therapeutic paradigms will also be discussed, with particular emphasis on pharmacologic vitreolysis and limited vitrectomy for vision degrading myodesopsia.

**15 June 2019:**

**Fotis Topouzis MD PhD, Greece  
Glaucoma**



Prof Fotis Topouzis is currently Chair of the 1<sup>st</sup> Department of Ophthalmology and the founding director of the Laboratory of Research and Clinical Applications in Ophthalmology at the Aristotle University of Thessaloniki, AHEPA Hospital. He serves on 5 ophthalmology journal editorial boards and as a reviewer for 27 ophthalmology journals. He is currently Vice President of the European Glaucoma Society (EGS), the Chair of the Program Planning Committee of EGS and the Co-Chair of the Program Committee of the Glaucoma Research Society. He is also a member of the Board of Governors of the World Glaucoma Association.

Prof Topouzis is especially interested in epidemiology and clinical and genetic research in ophthalmic diseases with particular focus in glaucoma, age-related macular degeneration and diabetic retinopathy. He is Principal Investigator of two large population-based studies, the Eureye Study and the Thessaloniki Eye Study, the latter of which will be discussed in detailed in his keynote lecture at SOE2019.

**16 June 2019:**

**Jonathan C. Horton MD PhD, USA  
Vascular Supply of Human Striate Cortex Explains Visual Field Defects from Embolic Stroke**



Jonathan C. Horton, MD, PhD, is the William F. Hoyt Professor at the University of California, San Francisco, where he is a member of the Departments of Ophthalmology, Neurology, and Physiology. His research interests fall into three broad categories: 1) clinical neuro-ophthalmology and pediatric ophthalmology, inquiring into the features, causes, and treatment of disorders that impair vision; 2) physiology and anatomy of the primate visual system, using knowledge acquired from laboratory experiments in monkeys to understanding how the brain mediates perception; 3) strabismus, elucidating the neural mechanisms of visual suppression, amblyopia, and eye movement control in subjects with ocular misalignment.

During his keynote lecture at SOE2019, Prof Horton will take apart the neuro-ophthalmological puzzle that of the myriad potential patterns of cortical visual field loss, only a few are encountered commonly from embolic cortical stroke.



# SOE 2019

European Society  
of Ophthalmology

13-16 JUNE 2019, NICE, FRANCE



## SOE YO LOUNGE YO EVENTS, ACTIVITIES AND SESSIONS AT SOE 2019



## SEE YOU IN NICE





# SOE YO LOUNGE

European Society of Ophthalmologists  
Young Ophthalmologists

## YO Events, Activities and Sessions at SOE 2019 13 – 16th June 2019, Nice, France

### YO Lounge

Open daily, the YO Lounge is for exclusive use by YOs and will offer exciting and informal daily and lunchtime **specific YO sessions**, as well as a **YO reception**. Relax and enjoy **complimentary refreshments, Wi-Fi, universal chargers** and the opportunity to **network** with your international peers, the SOEYO committee and your national representatives. Don't miss the traditional Icebreaker the SOE-YO quiz Thursday! With your chance to win a Wet lab voucher.

### YO Sessions

Four dedicated YO Symposia within the SOE 2019 Congress Scientific programme:

#### **2am in the Morning –**

An Ocular Emergency Survival Guide

#### **Time to Become Grown Up**

#### **Essential Surgical Skills –**

Top Tips for Young Ophthalmologists

#### **How to Become a Master in Ophthalmology? Training Opportunities for All –**

International Ophthalmology in the European Region

### YO Lounge Sessions

This year we will explore the International perspective in the YO lounge with sessions on fellowships, global clinics, MSICS and ECCE step by step and the AAO One Network.

### YO Night Out

On Saturday night, join us on a night out, escaping the confines of the congress centre. Get to know your international colleagues

whilst sampling some Nice night-life.  
Location to be announced.

### YO Reception

Meet and greet with your international peers and SOE leadership over a drink or two at the YO Lounge on Saturday 15th from 18.00hrs – 19.00hrs. This will also be a good opportunity to meet or get details of your country's SOEYO representative, and to find out how to get involved in future SOEYO activities.

### WET LAB and DRY LAB

Did we mention that SOE offers extensive Wet labs (paid) plus; Complimentary Dry Labs TBC.

### YO Lounge opening times

(Times correct at time of publishing)

09.30 – 17.30 Thursday 13 June

09.30 – 17.30 Friday 14 June

09.30 – 17.30 Saturday 15 June Plus YO reception & YO Night out

To sign up for YO News go to: [soevision.org/yo/sign-up/](http://soevision.org/yo/sign-up/)

For General information: **E: SOE2019@soevision.org**  
Exhibition and sponsorship: **E: SOE2019.industry@soevision.org**

Stay updated



## EGSCOE Annual International Conference 2019



*Andrew Scott MD FRCOphth MRCSEd FEBO PhD, is a consultant ophthalmologist at the Moorfields Eye Hospital, London. He is the immediate past chair of the SOE YO committee. Here, he tells us his experience in Cairo during the EGSCOE annual meeting, 17<sup>th</sup>-18<sup>th</sup> January, 2019.*

Marie Louise Roed Rasmussen (chair SOE YO) and I have recently been invited to present at the 2<sup>nd</sup> Annual International Conference of the Egyptian Society for Continuous Ophthalmic Education (EGSCOE) in Cairo.

We were greeted by a lovely warm weather and the equally warm hospitality of the organising committee. The meeting was set in the grand hotel of InterContinental Citystars Cairo, and the audience was packed with enthusiastic Egyptian YOs keen to enrich their knowledge and network. Under the supervision of Prof Ahmed Mostafa Abd El-Rahman and Prof Gehad El-Nahri, the program included symposia, video presentations, practical courses and international speakers from UK, USA, India and Denmark.



EGSCOE Annual International Conference at Cairo.



Prof El-Rahman and myself

The aim of our SOE YO led symposium was to target the many ambitious Egyptian YOs hungry to learn about training opportunities outside Egypt. Marie Louise gave an exciting talk about our SOE YO committee core values and mission, and about our achievements such as our efforts in promoting standardization of ophthalmic training in Europe, our newsletter, our fellowship database and our exciting YO programs at the upcoming SOE2019 and EMYO.



Prof El-Rahman, Prof El-Nahri and Dr Rasmussen

I gave a presentation on how to search for training opportunities outside Egypt, and top tips on how to approach the colossal decision of training and working abroad. This was very well received as many Egyptian YOs yearn to broaden their horizons to enjoy training and working opportunities around the globe.

We also shared some clinical knowledge in our symposium. Marie-Louise gave a very entertaining talk about ocular prosthetics, while I discussed cataract surgery in glaucoma patients, highlighting some practical pearls and tips in the field. We both received very good feedback and the EGSCOE is keen to continue collaborating with SOE YO in the future.

Of course, our trip would not have been complete without a camel ride around the pyramids and without savouring some amazing Egyptian cuisine to the sound of traditional Egyptian music and belly dancing. Marie Louise and I were joined by Drs Naveen Rao and David Ramsey, and we are very grateful to the EGSCOE committee who organized a memorable day visiting the jaw dropping pyramids of Giza, the amazing wealth of the Egyptian Museum and the ancient papyrus factories and traditional papyrus art. We loved every minute, soaked ourselves with lots of culture and sun and snapped some very Instagram worthy pictures!



The 4 amigos: (L-R) Naveen Rao, Marie Louise Roed Rasmussen, David Ramsey and myself.

We hope to be back soon and although this was a first, it certainly would not be the last collaboration with the Egyptian Society for Continuous Ophthalmic Education.

## YO Pavilion by YOSI @AIOC2019



*Dr. Diva Kant Misra MBBS DO DNB MNAMS is the General Secretary of the Young Ophthalmologists Society of India (YOSI). He is currently a vitreoretinal fellow at the Sri Sankardeva Nethralaya, Guwahati, India.*



*Dr. Apoorva Ayachit MS DNB FICO FVRS FAICO is the Academic In-charge of the Young Ophthalmologists Society of India (YOSI). She is also a Consultant Vitreo-Retina Ophthalmologist at the KBHB, Mumbai & MM Joshi Eye Institute, Hubballi, India.*

During the 77th Annual conference of All India Ophthalmological Society (AIOS), Young Ophthalmologists (YOs) for the very first time had a dedicated area for YO centric activities – the YO pavilion.

An initiative by Dr. Namrata Sharma (General Secretary, AIOS), the *YO pavilion* was for the exclusive use for YOs, and offered informal academic sessions and networking opportunities. The Young Ophthalmologists Society of India (YOSI) was also given the full responsibility to conceptualise and execute the activities in this arena. Here are some of the events that took place in the YO Pavilion

### Inauguration of YO Pavilion:

The Pavilion was inaugurated by Drs. Bruce Spivey (Past President International Council of Ophthalmology, ICO), Peter Wiedemann (President, ICO), Ajit Babu (Immediate Past President, AIOS), Natarajan Sundaram (President, AIOS), Mahipal Sachdev (President Elect, AIOS), Lalit Verma (Chairman Scientific Committee, AIOS), Namrata Sharma (General Secretary, AIOS) and Rajesh Sinha (Treasurer, AIOS).

Dr. Spivey quipped “*So you guys told these older guys to stay away. We got this!*” His words rang true, since we managed to send out flyers, get abstract submissions, organized an innovation cell, and chalk out fun competitions, all with just 2 weeks’ notice. It was quite a task but the response from YOs across India was amazing!



Inauguration of YO Pavilion

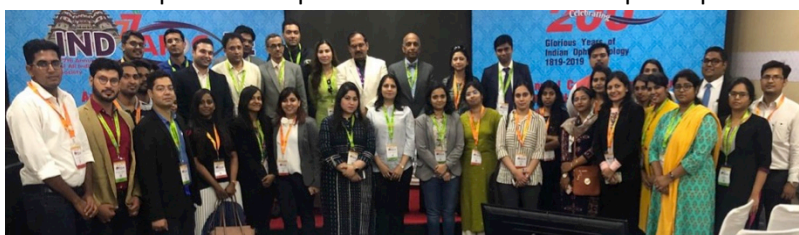


YORCC and the judging panel

**Young Ophthalmologists Retina case competition (YORCC):** During **YORCC**, a case competition by YOs for YOs, we discussed 21 most challenging retina cases in a supportive and educational environment, and YOs were encouraged to ask questions that they have been too afraid to ask! We awarded the best presentation in each category of Medical Retina, Surgical Retina and Rapid Fire, moderated by Drs.. Apoorva Ayachit, Thirumalesh, Mohit Dogra and Simar Rajan Singh. For many YOs, YORCC was the first opportunity to present at a national conference!

### Meet the Mentors:

Residents from across India got a once in lifetime opportunity to interact with Fellowship Program Directors of major ophthalmic institutions. For a change, YOs were the ones asking difficult questions & the seniors were gracious enough to patiently answer them and provide an insight into the fellowship selection process. The mentors who participated in the session were Drs. Alok Sen, (Sadguru Netra Chikitsalaya), Bipasha Mukherjee (Sankara Nethralaya), G N Rao (LV Prasad Eye Institute), Harsha Bhattacharjee (Sri Sankaradeva Nethralaya), R Krishnaprasad (M M Joshi Eye Hospital), Rohit Shetty (Narayana Nethralaya), R Venkatesh (Aravind eye care system), and Umesh Y (Sankara Eye Foundation). The session was moderated by Drs.. Karan Bhatia & Akshay Nair.



Meet the Mentors

We were amazed at the fellowship directors' wisdom, wit and willingness to engage with the YOs. Dr. Rao appealed to the YOs to reject the rat race and find their niche. He also stressed on what a competent pan-ophthalmologist should be capable of doing at the end of residency. Most of the mentors stressed on the importance of a uniform curriculum for residency across India.

#### **AIOC-YOSI Hackathon:**

The hackathon was a 48-hour event where doctors and engineers worked together to come up with unique solutions for ophthalmology. Several prototypes were developed based on ideas from the delegates. One memorable entry was a DIY Placido based smartphone topography device: the images captured were impressive! The team also developed an amblyopia-compliance-sensor that was integrated into a spectacle frame. Hackathon was managed by Drs. Ashish Ahuja and Rohit Modi.



Hackathon

An extension of the hackathon was a Q&A session with ophthalmic innovators. An expert panel answered questions about their innovations, successes and failures. The young audience got a chance to discuss and develop their ideas and seek mentorship as well. Panelists include Drs. Mukesh Dholakia and Raju Sampangi. The session was moderated by Drs. Ashish Ahuja and Mayank Bansal



Young Ophthalmologists Oculoplastics & Oncology Case Competition

#### **Young Ophthalmologists Oculoplastics & Oncology Case Competition**

In this session, YOs presented their interesting & challenging cases in Oculoplastics and Oncology, judged by an elite panel including Drs. Kasturi Bhattacharjee, Marian Pauly, Fairouz PM and moderated by Akshay Nair. The panel was impressed by the excellent quality of cases presented and encouraged the YOs to publish them.

#### **AIOS-YOSI Writing Competition:**

The winners of the 2nd edition of AIOS-YOSI writing competition were presented. This year's topic was "How can I contribute to Diabetic Retinopathy screening & treatment as a future ophthalmic leader?" The competition attracted a record number of entries, and the top ten entries were awarded with travel grants and textbooks. The entries were judged by Drs. Harsha Bhattacharjee, Suber Huang, Vishal Agarwal and Neha Goel. The organising team consisted of Dr Sonal Kalia, Dr Diva Kant Misra, Dr Apoorva Ayachit and Dr Akshay Nair



AIOS-YOSI Writing Competition: Award Ceremony



Extempore Speech Competition

#### **Extempore Speech Competition:**

This was a platform for YOs to develop public speaking skills, so that they could effectively communicate complex scientific information for the general public. Each contestant was assigned a simulated audience to which they have to present an ophthalmic topic for 4 minutes. Examples included 'explain to your own grandpa why he needs monthly OCTs for his ARMD' and 'address a press conference about your hospital's latest acquisition - a femtosecond laser platform'. The contestants did a great job and were very innovative! This session was moderated by Drs. Sumit Grover & Apoorva Ayachit.

All in all, the YO Pavilion hosted an all-inclusive program mixing fun and ophthalmology, and it was very well received. Over 100 YOs across India visited the Pavilion, and together we generated a great atmosphere of enthusiasm and positivity. Every YO I came across not only promised to come back next year, but also wanted to actively participate in future activities. We brainstormed on having a design team for YO Times, having a larger case competition meeting with a global participation, and many other bright ideas to make our YO Pavilion bigger and better in the years to come.

## YO events at APAO2019



### Sessions for YOs

Dedicated to further the education and training for the young ophthalmologists, APAO 2019 has partnered with the international societies in offering the sessions below. Click on the session title for more details.

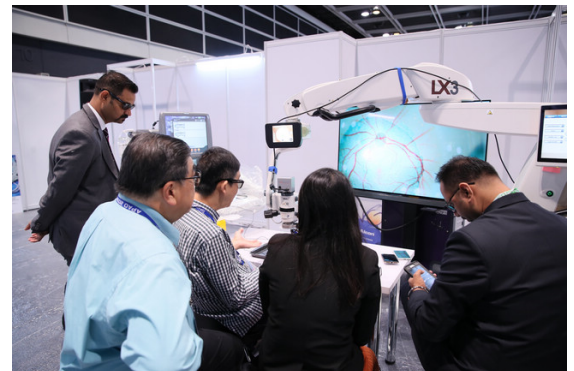
- [APAO-ICO Sessions for Educators: How do Trainees Become Competent Surgeons? How It's Done in Different Countries](#)
- [ICO Education Symposium](#)
- [APAO-ICO Sessions for Educators: Voice of Residents](#)
- [APAO-AAO-SOE Joint Session: Young Ophthalmologists Forum](#)
- [APAO Leadership Development Program 2018-19 Graduating Class 1 \\*](#)
- [APAO Leadership Development Program 2018-19 Graduating Class 2 \\*](#)

\* The APAO Leadership Development Program aims to provide systematic orientation and professional development skills for future leaders in ophthalmology in the Asia-Pacific region. The upcoming graduates have completed most of the program and are at the final stage of presenting their projects. Come join us and witness how they apply what they have learnt into real-life practice!

### Wet-lab Courses

The learning experience will not be complete if you only sit there and listen to others' theories. Get your hands dirty on practicing, with renowned experts instructing by your side, in the Wet-lab courses. Seats are limited, [reserve your place](#) now before it's too late!

- [APGS-MIGS Interest Group Wetlab Course: XEN Gel Implant](#)
- [APGS-MIGS Interest Group Wetlab Course: iStent Wetlab](#)
- [APGS-MIGS Interest Group Wetlab Course: Hydrus Microstent](#)
- [Ellex Sponsored Wetlab](#)



### YO Lounge

An area at the C-Ground will be set up as the Young Ophthalmologists' Lounge, providing a space for relax, fun activities and networking. Do we mention that our international partners and member societies are promoting their YO programs here? Come take a look and see what opportunities are offered.



### Young Ophthalmologists' Night Social Events

#### YO Social Muay Thai & Thai Dessert Cooking Class

Date: Friday, March 8

Venue: Young Ophthalmologists' Lounge, Queen Sirikit National Convention Center

Time: 18:00-19:00

***For Young Ophthalmologists only, reservation required***

#### YO Networking

Date: Friday, March 8

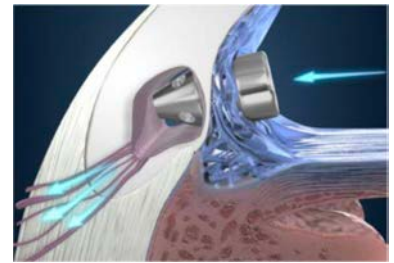
Venue: Lake n' Park Restaurant, Queen Sirikit National Convention Center

Time: 19:00-21:00

***Reservation required***



## Minimally-Invasive Glaucoma Surgery @APAO2019



Timothy Hamann MD from University Hospital of Zurich, Switzerland.

Glaucoma remains one of the leading causes of irreversible blindness worldwide. An estimated 2.9 million people are blind due to glaucoma, while the prevalence of visual impairment or blindness due to glaucoma is expected to rise. In central Europe, glaucoma caused 14% of cases of blindness in patients aged 50 and older between 1990 and 2015.

Minimally Invasive Glaucoma Surgery (MIGS) includes a variety of novel glaucoma procedures with a low risk profile coupled with rapid post-operative recovery. MIGS may not be the sole savior in interventional glaucoma management, since they do appear to produce only modest reduction of intraocular pressure. Still, MIGS is a promising addition and due to its intrinsic qualities, it could be a promising asset in the hands of early career young ophthalmologists in the vast fields of glaucoma.

And guess what: there are free hands-on wet lab sessions available in an upcoming meeting.

During the Asia Pacific Academy of Ophthalmology (APAO) 2019 meeting, the Asia-Pacific Glaucoma Society (APGS) MIGS interest group has arranged a range of wet lab sessions covering the latest development in MIGS. Facilitated by an internationally renowned expert panel, this is a session any YO with an interest in glaucoma should not miss!



## MIGS INTEREST GROUP WETLAB SESSIONS

### 1 XEN Gel Implant

- Introduction, Patient Selection and XEN Data
- Pre-operative Conjunctival Preparation and Surgical Technique
- Intra-operative Tips and Pearls
- Post-operative Management
- Hands-On Practice

### 2 iStent

- Introduction, Patient Selection and iStent Data
- iStent Trabecular Micro-Bypass Stent
- iStent Inject Surgical Technique
- iStent Inject - Tips and Pearls
- Hands-On Practice

### 3 Hydrus Microstent

- Introduction, Patient Selection and Hydrus Data
- Intra-operative Gonioscopy and Implantation Technique
- Management of Intra-Operative and Post-Operative Complications
- Optimizing Outcomes and Surgical Pearls
- Hands-On Practice

## Speakers & Instructors



## Convenor



Please e-mail [chelvin@gmail.com](mailto:chelvin@gmail.com) if there are any further queries

## APGS-MIGS Interest Group Members

Norman Aquino	Nafees Begum Baig
Poemen Chan	Tanuj Dada
Seng Kheong Fang	Paul Healey
Nazrul Islam	Catherine Liu
Da Wen Lu	Prin Rojanapongpun
Chelvin Sng	Clement Tham
Ningli Wang	Xiulan Zhang

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LEE FOUNDATION

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## YO Training



*Vladimir Milutinovic MD is currently in specialty training at the Clinical Center of Serbia. In this issue he describes the training experience and clinical work in his country.*

### Serbia

Serbia is a country in the heart of Balkan peninsula, a crossroads where influences from East and West have met throughout the history. Serbia is diverse in landscape and culture, and its people are described as warm and hospitable.

### Ophthalmology training in Serbia

Ophthalmology training is carried out in six university centers, out of which the Clinic for Eye Disease in Belgrade's Clinical Center of Serbia is the biggest one. The institution is a referral hub for the entire country, thus the Clinic for Eye Disease provides treatment for all 7 million citizens in Serbia. In addition, it also is an ophthalmic center for a number of the neighboring countries. This arrangement means that the trainees at the Center get to see some of the rarest and most challenging cases in the region.

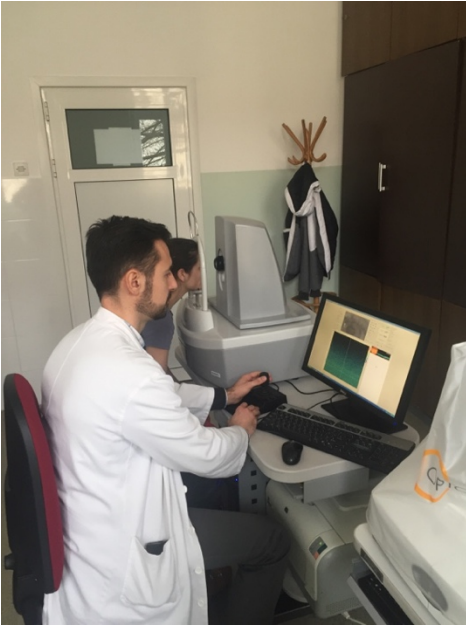
Ophthalmology training in Serbia lasts four years, during which we do four-monthly rotations in all the different subspecialties (cornea, glaucoma, medical retina, vitreoretinal, trauma, pediatrics etc.). There is no strict order in which we rotate. New trainees usually start in the emergency unit, before moving onto a subspecialty department that could accommodate them.

During these four years we have to take eight colloquiums in different ophthalmology fields. Once all of the colloquiums are passed, we would then have to take a final exam in front of a five-member board of professors in order to become a specialist.

When I started specialization in the Clinic three years ago, there were about 30 residents. Now that number has risen to 60 and is expected to grow further as demand for ophthalmologists in Serbia, especially in public sector, is growing year after year. Residents come from different public and private clinics but there are many who are so called "volunteers", unemployed doctors who pay for specialty training themselves.



## A day at work



Our day in the clinic starts at half past seven with morning meetings, where we report and discuss patients admitted to the clinic overnight, and then later on we go to our daily duties. As there are on average 6-7 residents in every department, we make plans and take turns in going to the operating room or working in the in-patient and out-patient units. We go home when all of work is done, many times staying overtime. Once or twice a month, we would have an afternoon or night shift being on-call.

In general, our clinical work includes seeing patients, assisting in surgery and hospital administration. For those who are ambitious and eager to learn, the Clinic provides additional opportunities to master YAG/Argon laser interventions, small eye lid surgery, cataract surgery (ECCE and phacoemulsification), ocular and orbital ultrasound, and to get involved in research etc.

I am now in my fourth year of training, one department rotation and five more colloquiums away from that final exam. I had started off as a volunteer resident, and after these years I have succeeded in getting a post at the Clinic for Eye disease in Belgrade, where my future career of vitreoretinal surgery will be. I like this field of ophthalmology a lot and find it both mentally and manually very challenging. In my country, we very often see people with eye injuries, retinal detachments or complications from poorly controlled diabetes. These patients' last hope for vision is surgical intervention, even though it may only be the sense of light and dark. Apart from gaining surgical skills in the future, I would like to participate more in clinical researches and education of young colleagues.

## YO Interview: Brad Feldman and EyeWiki



*Dr. Brad Feldman MD is the immediate past Secretary of Member Services for the AAO. Prior to taking on this role, he led the Academy's EyeWiki as Editor-in-Chief. He has served on several Academy committees, including the Young Ophthalmology committee, the Global Education and Outreach committee, and the Rotary Club Task Force*

*Dr. Feldman is in private practice at the largest ophthalmology practice in the United States, Vantage EyeCare. He also serves on faculty at Wills Eye Hospital and as a clinical assistant professor at Thomas Jefferson University. At Wills Eye, Dr. Feldman serves as the founding director of the Wills Eye Center for Academic Global Ophthalmology, where he runs a global fellowship, resident international experiences, and international research collaborations.*

EyeWiki, the eye encyclopedia written by eye physicians and surgeons, was launched by the American Academy of Ophthalmology in 2010 as a free online “wiki” dedicated to topics around eye disease and vision. A wiki is the ultimate democratic publishing medium—one led primarily by users rather than by editors—and it allows any of its registered users the ability to post or edit content on the platform in real-time. The only requirement to become a user is to be an ophthalmologist or an ophthalmologist in training.

When the Academy's Young Ophthalmologist (YO) Committee, led at the time by Andy Doan, presented this concept to senior leadership, it was viewed at first as a radical and potentially dangerous idea. How could one ensure the quality of the content being posted instantaneously? Who would be vetting these articles? And why would anyone want to read articles written by the nascent, tech-savvy YOs likely to be involved in this endeavor?

Thankfully, the Academy had forward-looking leaders who listened carefully as the YOs and their supporters championed the idea of an ophthalmology-led wiki. The board eventually made the wise decision to fully support the development of EyeWiki. In late 2009, Ruth Williams, then Secretary of Membership for the Academy, tapped Aaron Miller as editor-in-chief and me as deputy editor-in-chief of this new venture. Under the guidance of the incredibly capable Academy staff, including Richard Zorab and Dale Fajardo, the EyeWiki project began early 2010.

When EyeWiki launched on July 7, 2010, there were 96 articles on the website. At the one-year mark, the site had reached 191 articles and over 1 million page-views. By five years, after I'd taken over as editor-in-chief, there were well over 500 articles and the site was being viewed over 500,000 times *per month*, with visitors from every country on the planet. At the time of my writing this article, there are now 820 articles on EyeWiki and the site is on track for over 8 million views this year.

There have been challenges in running such a rapidly expanding resource, but the Academy's gamble in launching EyeWiki has surely paid off. The success of EyeWiki has been due to the ophthalmology community as a whole. Over 50% of web traffic and users have been from outside the United States. To encourage continued involvement of international ophthalmologists, the Academy supports an EyeWiki writing contest for international ophthalmologists (including residents or fellows) with four winners chosen annually. Another testament to the international nature of EyeWiki is that it is currently being led by Marcus Marcet, an ophthalmologist practicing in China.

EyeWiki— an ophthalmic encyclopaedia by AAO.

AMERICAN ACADEMY OF OPHTHALMOLOGY  
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## Corneal Collagen Cross-Linking

Enroll in the Residents and Fellows contest | Enroll in the International Ophthalmologists contest

Residents and Fellows contest rules | International Ophthalmologists contest rules

Original article contributed by Brad H. Feldman, M.D.

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Assigned editor: Erica Benfield M.D.

Reviewer: Assigned status Up to Date by Erica Benfield M.D. on January 16, 2015.

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### Surgical Therapy

Corneal collagen cross-linking is a technique which uses UV light and a photosensitizer to strengthen chemical bonds in the cornea. The goal of the treatment is to halt progressive and irregular changes in corneal shape known as ectasia. These ectatic changes are typically marked by corneal thinning and an increase in the anterior and/or posterior curvatures of the cornea, and often lead to high levels of myopia and astigmatism. The most common form of ectasia is *keratoconus* and less often *ectasia* is seen after laser vision correction such as LASIK.

### Background

If you haven't visited EyeWiki check it out at [eyewiki.org](http://eyewiki.org). And consider how you can help make this growing resource even more robust, either by adding new topics or by improving the existing articles. It's simple to get started. I can guarantee that nothing else you'll write in your career will get more views than an article on EyeWiki. The articles I've personally contributed have been viewed well over a million times. It's incredibly rewarding to think about how much these articles have helped others, whether they are physicians or patients, learn and manage eye disease. Nearly every week a fellow physician or potential patient reaches out to me with questions about an article on the site.

The American Academy of Ophthalmology invites residents, fellows and ophthalmologists across the world to contribute to EyeWiki and compete for one of four annual prizes. Winners can choose either the Academy's Basic and Clinical Science (BCSC) Complete Set eBook series or a two-year subscription to Focal Points Digital. The deadline for 2019 entries is midnight (US Pacific time) of June 1, 2019

For more information, please go to [http://eyewiki.aao.org/International\\_Ophthalmologists](http://eyewiki.aao.org/International_Ophthalmologists)

## YO Clinic: Periorbital Necrotising fasciitis



*Dr Anna Wiktorin, MD is an ophthalmologist at the Department of Oculoplastic and Orbital Services at St. Erik Eye Hospital, Stockholm Sweden. Here, she tells us the what, when, where and how to manage one of the most serious ophthalmic emergencies.*

Necrotising fasciitis (“NF”), also known as hospital gangrene, Fournier’s gangrene, streptococcal gangrene, necrotizing erysipelas, and flesh-eating disease is a rare but feared infectious disease. NF is characterized by a rapid progression that requires a prompt diagnosis and treatment in order to reduce severe disfigurement. In the periorbital area, NF needs to be managed as an emergency in order to protect the patient’s sight in and ultimately to save the patient’s life.

The aim of this article is to raise awareness about periorbital NF and to provide the key points in the recognition and management of this deadly disease. The take home message is simple: **periorbital necrotising fasciitis is POTENTIALLY FATAL and should be treated without delay!**

### What is NF?

NF is characterized by a rapidly progressive necrotizing infection of the subcutaneous tissue and superficial fascia, along with secondary necrosis of the overlying skin and deeper structures. Left untreated, NF may result in septicemia, shock and multi-organ failure.

Necrotising fasciitis can occur in all ages but it is extremely rare in children. Common sites of NF are the lower limbs, groin and abdomen. Facial involvement is thankfully rare, probably due to its rich vascular supply. Some patients with periorbital NF have pre-disposing risk factors (see below), although it may develop *de novo* in non-traumatised skin. Note that ~50% of patients with periorbital NF have no prior medical history.

Trigger factors	Predisposing factors
Trauma	Diabetes
Surgery	Alcohol/ drug abuse
Dental infection	Immunosuppression
Dental surgery	Malignancy
Skin wound	
Nearby skin infection	

Mortality of periorbital NF is around 10%, which although is far less compared to NF in other regions of the body, is not something that should be ignored.

### Etiology of NF

The infection is most commonly caused by  $\beta$ -Haemolytic group A *Streptococci* (*S. pyogenes*), which produces collagenase and hyaluronidase. These exotoxins contribute to the aggressive tissue destruction. Polymicrobial infections with both aerobic and anaerobic bacteria may also result in NF. The latter condition tends to have a slower progression and less fulminant evolution.

The infection leads to thrombosis of small blood vessels of the superficial fascia of the affected skin, leading to tissue necrosis. These changes prevent immune mediators and antibiotics penetrating the affected area.

### Clinical presentation

Patients with periorbital NF often present with signs of eyelid cellulitis (oedema and redness). In early stages, it can be difficult to distinguish the two. However, patients with NF typically complain about severe pain out of proportion of clinical signs in the affected area. There may be moderate pyrexia. Laboratory tests usually show leucocytosis and high levels of C-reactive protein (CRP).



Figure 1. Day 2, swelling of right upper eyelid



Figure 3. Day 3 morning.



Figure 3. Day 3 afternoon

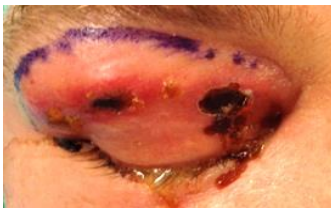


Figure 4. Day 4



Figure 5. Day 4

The disease typically progresses rapidly and the patients quickly develop systemic symptoms. Within 24 hours lesions turn gangrenous. The skin gets discoloured with small “blisters” which distinguishes it from cellulitis. Due to the disease mechanism, the subcutaneous tissue involvement is more extensive than the overlying skin. The nasal bridge is the path of least resistance for spreading of the infection, and may explain the high incidence of bilateral periorbital NF.

### Case presentation

A 36-year-old male, in excellent physical health, underwent tooth extraction without complications. Six days after surgery he had a rapidly progressing swelling of his upper right eyelid (Fig 1). The infection progressed over the next 2 days (Fig 2), forming blisters (Fig 3) that later became necrotic (Fig 4).

The patient underwent several surgical debridement combined with intravenous antibiotic treatment. Subcutaneous tissue involvement was much larger than in the overlying skin and the infection penetrated to the upper orbit, evident during surgery (Fig 5).

After surgery, the skin wound was left open for secondary healing. After the infection was treated, the patient had a right upper lid ptosis due to loss of the levator muscle fibers. A year after the infection, the patient underwent surgical ptosis correction with a frontalis sling.

### Multidisciplinary management of periorbital NF

In periorbital NF, the ophthalmologist has an important role in managing the periocular area and evaluate the eyes. However, most patients need a multidisciplinary team approach with the collaboration of specialists in infectious diseases, ear, nose and throat (ENT), plastic surgeons and intensive care physicians.

#### Management of periorbital NF (a step by step list)

- **Physical evaluation:** including an orbital evaluation. Mark the affected area with a pen.
- **Nil Per Oral**
- **Admission:** monitor vitals (pulse, blood pressure, saturation) and orbital function (pain, colour visual loss, relative afferent pupillary defect, restricted eye movements and signs of orbital involvement/compartment syndrome).
- **Serology:** WCC, CRP, blood culture x 2, ± wound cultures ± eyelid swabs.
- **Antibiotics:** Consult Infectious Diseases specialist. An example: IV Imipenem 1g QID & Clindamycin 600 mg TID. Start antibiotics immediately, but do not delay surgical intervention!

- **Surgery:** Surgical debridement of necrotic tissue as soon as possible. Send affected tissue for culture. Repeat debridement until the infection is under control.
- **Imaging:** CT or MRI scan can help as a guide to evaluate the extent of periorbital NF, especially deeper in the orbit. Remember that the patient is potentially unstable and radiology should not delay surgical intervention!

**Antibiotic therapy has to be combined with prompt surgical debridement of affected/necrotic tissue.**

Surgical debridement reduces the bacterial load and therefore exotoxins production. During surgery, all necrotic tissue must be removed, but inflamed tissue can be preserved as long as it is viable tissue. In most cases, repeated surgical debridement is necessary until the infection is under control. In more severe cases, hyperbaric oxygen therapy (HBO-therapy) can be beneficial. HBO-therapy may help inhibit the production of exotoxins and improve rescue of tissue viability.

After infection has resolved, skin defect may be reconstructed. Small defect can be left for secondary intention healing process. Even though it takes longer time than surgical closure, secondary intention healing can result in excellent outcome. Larger skin defects on the eyelid require repair with full thickness skin grafts. In other areas of the periorbital region, partial thickness skin grafts could be an option instead. Severe cases may require the orbital exenterated, followed by extensive reconstructions.

Further oculoplastic surgeries, such as ptosis repair and correction of eyelids malpositions maybe required in the late phase to restore cosmesis and eyelid function.

**Take home message: periorbital necrotising fasciitis is POTENTIALLY FATAL  
and should be treated without delay!**

## Upcoming events



*Timothy Hamann, MD is a subcommittee member of SOE YO, and a fourth year Ophthalmology resident at the University Hospital Zurich, Switzerland.*

Want to know what's on the horizon? Here is an overview of the upcoming events for young/ophthalmologists in 2019. If you feel any event is missing please feel free to contact us – we are happy to add events that provide learning and development opportunities for all YOs. We hope to see you there!



### [APAO 2019](#)

34<sup>th</sup> Congress of Asia-Pacific Academy of Ophthalmology in Conjunction with 43<sup>rd</sup> Annual Meeting of the Royal College of Ophthalmologists of Thailand

#### **06-09 March, Bangkok, Thailand**

The best of science and art that ophthalmology offers  
extensive YO Program including wet-labs:

6th March 2019:

XEN wetlab - 9-11 am

IStent wetlab - 11.30am -1.30 pm

Hydrus wetlab - 2-4 pm



### [Wills Eye Conference](#)

#### **07-09 March, Philadelphia, USA**

Guest speakers including: Jerry A. Shields, Ruth D. Williams and Nick Mamalis



### [AGS](#)

American Glaucoma Society

#### **14-17 March, San Francisco, USA**

Cutting-edge symposia, interactive sessions on hot topics, intimate roundtables, unique social events, surgical video sessions



### [NANOS](#)

North American Neuro-Ophthalmology Society

#### **16-21 March, Las Vegas, USA**

wide variety of neuro-ophthalmic cases  
distinguish neoplastic from inflammatory disease,  
update of neuroimmunology and racing  
a Porsche GT3!



### [Retina World Congress](#)

**21-24 March**, Fort Lauderdale, USA

Uniting international professionals



### [World Glaucoma Congress](#)

**27-30 March**, Melbourne, Australia

Be part of the principal congress focused on Glaucoma



### [AAPOS](#)

American Association for Pediatric Ophthalmology and Strabismus

**27-31 March**, San Diego, USA

Genetics Task Force Symposium, Young investigator Award Paper, Children's Eye Foundation of AAPOS Gala on the USS Midway



### [ARVO](#)

Association for Research in Vision and Ophthalmology

**28 April - 02 May**, Vancouver, Canada

"From Bench to Bedside and Back"  
THE Research Congress of Ophthalmology.



### [ACRS-ASOA](#)

American Society of Cataract and Refractive Surgery

**04-06 May**, San Diego, USA

Cross-functional learning opportunities  
World-class exhibit hall  
Specialized education



### [PAAO](#)

XXXIV Pan-American Congress of Ophthalmology

**25-28 May**, Cancun, Mexico

Extensive Scientific Program,  
Young Ophthalmologist Party



### [EPOS](#)

European Paediatric Ophthalmological Society

**30 May - 01 June, Riga, Latvia**

From common to rare disease: Advances in pediatric Ophthalmology



### [FLORETINA](#)

Florence Retina Meeting

**06-09 June, Florence, Italy**

main topics in both surgical and medical retina



### [SOE2019](#)

European Society of Ophthalmology

**13-16 June 2019, Nice, France**

A truly comprehensive Ophthalmology meeting, delivering a world class scientific programme.

**Meet European ophthalmology live in action**

**Extensive YO Programme, we'll be there.**