



Royal College of Ophthalmologists Annual Congress 2018 Programme – Monday 21 May 2018

09.00 – 10.30 **President's session (Hall 1)**

10.30 – 11.00 **Coffee & posters (Hall 2)**

11.00 – 12.00 **Parallel sessions**

Finding the needle in the haystack: the epidemiology of rare eye diseases (Hall 4)

Chaired by Professor Miles Stanford, St Thomas's Hospital, London

Whilst rare in themselves collectively 7% of the population will be affected by a rare disease at some point in their lives. This symposium will bring together the findings of epidemiological studies of retinal and corneal infections and paediatric conditions to highlight the improvement in knowledge brought about by 21 years of routine nationwide surveillance through the BOSU.

11.00 – 11.05 **Introduction**
Miles Stanford

11.05 – 11.10 **The Foundations of rare disease studies – What 20 years of the BOSU has taught us?**
Barney Foot, British Ophthalmic Surveillance Unit (BOSU)

11.10 – 11.25 **The epidemiology of rare retinal infections – What the BOSU has taught us?**
Mr Nigel Davies, St Thomas's Hospital, London

11.25 – 11.40 **The epidemiology of rare corneal infections – What the BOSU has taught us?**
Mr Stephen Tuft, Moorfields Eye Hospital, London

11.40 – 12.00 **The epidemiology of rare paediatric conditions – What the BOSU has taught us?**

Dr Mariya Moosajee, Moorfields Eye Hospital, London

Headaches for ophthalmologists (Hall 11)

Chaired by Dr Alexandra Sinclair, University of Birmingham and University Hospital Birmingham NHS Foundation Trust

Ophthalmologists are often the first to evaluate patients with headaches, eye pain and headache-associated visual disturbances. Distinguishing benign headaches from those associated with neurological and medical emergencies can be challenging. This intensive symposium will provide the practicing Ophthalmologist with a comprehensive and up-to-date practical guide in the diagnosis and management of headache disorders that may present to the ophthalmologist.

11.00 – 11.20 **Headaches in the emergency room and how they may present to the ophthalmologist**

Dr Brendan Davies, Consultant Neurologist, University Hospitals of North Midlands NHS Trust

11.20 – 11.35 **Eye pain & headaches when the eye exam is normal: from Trigeminal Autonomic cephalalgias to migraine and trigeminal neuralgias**

Dr Anita Krishnan, Consultant Neurologist, The Walton Centre NHS Foundation Trust

11.40 – 12.00 **Headaches with visual disturbance**

Miss Susan Mollan, Consultant ophthalmologist, University Hospital Birmingham NHS Foundation Trust

Anti – VEGF therapy for diabetic retinopathy (Hall 3A)

Chaired by Professor Sobha Sivaprasad, University College London & Moorfields Eye Hospital

This session will incorporate case based discussions in the review of present and future management of diabetic retinopathy and diabetic macular oedema.

11.00 – 11.15 **Role of imaging in guiding anti-VEGF therapy**

Mr James Talks, Royal Victoria Infirmary, Newcastle

11.15 – 11.30 **Evolving management of NPDR**

Dr Barbara A Blodi, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin

11.30 – 11.45 **PRP or anti VEGF for PDR**

Professor Sobha Sivaprasad

11.45 – 12.00 **Anti VEGF in advanced eye disease**

Miss Louise Wickham, Moorfields Eye Hospital

Orbital cellulitis: Clinical presentation, diagnosis and management (Hall 12)

Chaired by Miss We Fong Siah, Southampton General Hospital

Orbital cellulitis is a serious infection that involves the ocular adnexal structures beyond the orbital septum. It can lead to devastating visual loss and potentially life-threatening intracranial complications. Orbital cellulitis is more commonly seen in children than in adults with the majority of cases to be secondary to acute rhinosinusitis. Within the orbit, the infection can be complicated by subperiosteal abscess and/or intraorbital abscess. A multidisciplinary approach involving expertise such as an orbital surgeon, ENT surgeon, paediatrician, radiologist and microbiologist is fundamental in the management of complex orbital cellulitis. The symposium aims to provide the audience with a comprehensive understanding of the clinical presentation, diagnosis, medical and surgical management of orbital cellulitis. Case presentations will encourage interactive discussion.

11.00 – 11.20

Update on orbital cellulitis

Miss Rebecca Ford, Consultant Ophthalmologist & Oculoplastic surgeon, University Hospital Bristol

11.20 – 11.40

Multi-specialties management of orbital cellulitis & acute rhinosinusitis

Mr Fabian Sipaul, Consultant ENT surgeon, University Hospital Southampton

11.40 – 12.00

Case presentations Question and answers

Big data (Hall 3B)

Chaired by Professor John Sparrow, Consultant Ophthalmologist, Honorary Professor of Ophthalmic Health Services Research and Applied Epidemiology, Bristol Eye Hospital
The digital era has ushered in unprecedented opportunities for accumulation and analysis of hitherto unimaginably large volumes of 'real world' health data. In this symposium UK ophthalmologists will present internationally ground breaking developments in knowledge extraction and quality assurance across a range of common ophthalmological conditions including cataract, AMD, retinal detachment and glaucoma.

11.00 – 11.05

Introduction Professor John Sparrow

11.05 – 11.20

Retinal detachment surgery: NOD, BEAVRS, VITREOR collaboration Dr David Yorston, Consultant Ophthalmologist, Gartnavel General Hospital

11.20 – 11.35

Medical Retina and big data Mr Adnan Tufail, Consultant Ophthalmologist, Moorfields Eye Hospital

11.35 – 11.50 **Knowledge acquisition and service improvement using big data in Cataract and Glaucoma Care**
Professor John Sparrow

11.50 – 12.00 **Q&A Discussion**

12.00 – 13.00 **Lunch (Hall 2)**

13.00 – 14.30 **Parallel sessions**

Progress in diabetic retinopathy (Hall 3A)

Chaired by Professor Harding, Royal Liverpool & Broadgreen University Hospital

The UK can be proud of the recent reductions in visual loss from diabetic retinopathy. The national screening programmes have contributed substantially to this and are leading the way worldwide. New technologies are now ready to be implemented in early detection and risk reduction. This session will look forward to the next phases of screening with examples from two of the UK national programmes. The introduction of exciting new technologies in imaging, automation, risk prediction, big data and personalisation will be covered followed by a panel discussion. Global perspectives will be considered. The session will be suitable for those interested in retinal diseases, imaging and image analysis, risk prediction and early detection.

13.00 – 13.15 **Future of the English Diabetic Eye Screening Programme**
Mr Peter Scanlon, Gloucester Clinical Director, NHS Diabetic Eye Screening Programme, England

13.15 – 13.30 **Future of Diabetic Retinopathy Screening Scotland**
Miss Caroline Styles, Lead Clinician, Diabetic Retinopathy Screening Scotland

13.30 – 13.45 **Future of screening worldwide**
Mr Simon Harding

13.45 – 14.10 **Automated grading systems and worldwide introduction**
Dr Stephen Russell, University of Iowa

14.10 – 14.30 **Panel discussion**

The role of surgery in glaucoma (Hall 4)

Chaired by Mr Mohit Gupta, Pilgrim Hospital, Boston & Mr Keith Barton, Moorfields Eye Hospital

Glaucoma is a chronic condition. The surgical management of glaucoma is in a stage of rapid evolution in the recent years with the introduction of multiple surgical techniques and new glaucoma implants. This has led to some confusion as to how best to surgically manage glaucoma patients. This seminar will seek to look at the different options of surgical management of glaucoma and evaluate the strategies for management of different cases. In this session we will hear about the advantages and limitations of different surgical techniques currently being used to manage glaucoma.

- | | |
|----------------------|--|
| 13.00 – 13.05 | Welcome and Introduction
Mr Mohit Gupta |
| 13.05 – 13.20 | Trabeculectomy - advantages and limitations
Mr Mohit Gupta |
| 13.20 – 13.35 | Canal Procedures- indications and limitations
Dr Paul Harasymowycz, University of Montreal |
| 13.35 – 13.50 | Subconjunctival MIGS - for high IOP and not bad discs
Mr Keith Barton |
| 13.50 – 14.05 | Suprachoroidal stents - finding role.
Dr Paul Harasymowycz |
| 14.05 – 14.20 | Tubes surgery- indications
Mr Keith Barton |
| 14.20 – 14.30 | Discussion |

Diagnosing nystagmus – how, why and when (Hall 1B)

Chaired by Mr Jay Self, Southampton General Hospital

Pathological nystagmus is a specific disorder of eye movement. However, it can be seen in a variety of clinical scenarios and associated with a broad range of underlying diagnoses. Therefore, it often poses a diagnostic challenge when identified in ophthalmic practice. With the advent of clinically applicable eye tracking technology, hand-held OCT devices, genetic testing panels and treatment for some underlying conditions, accurate diagnosis is becoming key to clinical management. In this session we will hear how these advances are changing approaches to diagnosis in both specialist and non-specialist centres.

- | | |
|----------------------|--|
| 13.00 – 13.05 | Welcome and introduction
Mr Jay Self |
|----------------------|--|

- 13.05 – 13.20** **The Southampton approach to diagnosis in children**
Mr Jay Self
- 13.20 – 13.40** **Diagnosing nystagmus in adults**
Mr Mike Burdon, Queen Elizabeth Hospital, Birmingham
- 13.40 – 14.00** **The role of imaging techniques and electrophysiology in diagnosis**
Irene Gottlob
- 14.00 – 14.20** **The role of nystagmus waveforms in diagnosis**
Dr Maria Theodorou, Moorfields Eye Hospital
- 14.20 – 14.30** **Questions**

Getting into research (Hall 12)

Chaired by Dr Helena Lee, Senior Lecturer in Ophthalmology, University of Southampton
Have you thought about how to combine research and clinical work in ophthalmology?
This symposium is suitable for all those interested in undertaking research in ophthalmology at all stages of training. Using real examples of research being carried out by current trainee ophthalmologists at different stages of their careers, this interactive symposium aims to provide practical tips and advice for successfully carrying out research in an increasingly challenging clinical training environment. Objectives - to:

- Understand how to take a clinical problem and develop it into a research question
- Learn about the different routes into clinical academia in ophthalmology
- Get practical tips and advice for combining clinical and academic ophthalmic training
- Learn how the Ophthalmology Clinical Trials Network can benefit your research

- 13.00 – 13.05** **Introduction**
Dr Helena Lee
- 13.05 – 13.20** **From the lab to the clinic and back: (developing your research question)**
Dr Rebecca Kaye, Academic Clinical Fellow in Ophthalmology, Southampton General Hospital
- 13.20 – 13.25** **Q&A**
- 13.25 – 13.40** **Clinical Academia... More than one path to consider**
Dr Helena Lee
- 13.40 – 13.45** **Q&A**

Dealing with complaints (Hall 3B)

Chaired by Mr Declan Flanagan, Moorfields Eye Hospital

13.00 – 13.20

Introduction

Mr Declan Flanagan

13.20 – 13.40

Review of complaints, incidents and litigation in Moorfields Eye Hospital over past 5 years

Mr James Cassidy, Trust Solicitor, Moorfields Eye Hospital

13.40 – 14.00

GMC perspective on complaints

Mr Antony Americano, GMC

14.00 – 14.15

A patient's perspective on complaints

Ms Nicole Howard

14.15 – 14.30

Question and answer session

The St John Eye Hospital session – past, present and future (Hall 1C)

Chaired by Miss Alison Davis, Consultant Ophthalmologist, Moorfields Eye Hospital and Mr David Verity, Moorfields Eye Hospital

The St John Eye Hospital Session will describe the history of the hospital, its work today and plans for the future. The St John Ophthalmic Association (SOA) has recently been formed to re establish ophthalmic links with the hospital world wide.

The main hospital in East Jerusalem has been operating for over 130 years. The hospital is the main provider of eye care for Palestinians in East Jerusalem, and sees many of the most complex eye cases from across the oPt, which are referred to from medical centres across the West Bank and Gaza. As it is the only charitable provider of eye care, the importance of the hospital for the region cannot be overstated. St John Eye Hospital has a large outpatients department, specialist eye units, operating theatres and 24 hour eye emergency services

The hospital is internationally recognised as operating to the highest standards. St John Eye Hospital recently became the first Palestinian hospital to be awarded the three-year Joint Commission International (JCI) accreditation. JCI is a US-based organisation that has established patient safety and quality service standards for health facilities worldwide.

With high rates of poverty in the region, it is essential that the hospital continues to make our services available to all. Patients are treated regardless of their ethnicity, religion or ability to pay.

13.00 – 13.10

History of the St John Eye Hospital

Alison Davis

13.10 – 13.25

View from the Hospitaller

Mr David Verity

- 13.25 – 13.40** **Paediatric Ophthalmology in St John Eye Hospital**
Mr Habes Batta, Consultant Paediatric Ophthalmologist, St John Eye Hospital
- 13.40 – 13.55** **Clinical Governance and St John Eye Hospital**
Mrs Melanie Hingorani, Moorfields Eye Hospital
- 13.55 – 14.10** **A Trainee perspective**
Dr Siegfried Wagner, Moorfields Eye Hospital
- 14.10 – 14.20** **How you can become involved**
Miss Alison Davis
- 14.20 – 14.30** **Q&A**
- 14.00 – 14.30** **Questions and discussion**
- 14.30 – 15.00** **Tea and posters (Hall 2)**
- 15.00 – 16.00** **Rapid Fire session (Hall 1)**
Chaired by Professor Andrew Lotery, Chair of RCOphth Scientific Committee
- 15.00 – 15.06** **Post-Retinal Detachment Macular Translocation – How Best to Detect It?**
Mr Edward Casswell, Moorfields Eye Hospital
- 15.06 – 15.12** **Reducing Visual Loss in Children in Low Income Countries(LIC) through Primary Health Care Interventions**
Ms Aeesha NJ Malik, London School of Hygiene and Tropical Medicine
- 15.12 – 15.18** **UK National Surveillance of Emergency Canthotomy & Cantholysis**
Dr Stephen Stewart, Royal Victoria Hospital, Belfast
- 15.18 – 15.24** **Mobile phone Electromagnetic waves exposure affects the overall development of chick embryo and the retina**
Mr Syed Wajid, Russell's Hall Hospital, Dudley
- 15.24 – 15.30** **Three-year Real-world Results on Combination Therapy (RandOL Protocol) for Treating Macular Oedema in Retina Vein Occlusion**
Dr Faye Horner, Birmingham Midland Eye Centre

- 15.30 – 15.36** **Inflammatory markers at the ocular-surface: two-year comparative study of preserved and non-preserved anti-glaucoma medications**
Dr Imran Mohammed, University of Nottingham
- 15.36 – 15.42** **Two-stage, dry-lab incisional glaucoma surgery simulation - a step-wise readily available alternative to wet lab simulation**
Mr Mohammed Abu-Bakra, King's College Hospital, London
- 15.42 – 15.48** **A Cluster of Fungal Endophthalmitis Following Elective Corneal Transplants Using Hypothermic Storage Donor Corneas**
Ms Nicola Lau, Moorfields Eye Hospital
- 15.48 – 15.54** **Limbal Nerve Corpuscles: Novel Nerve Terminations at the Human Corneal Limbus**
Dr Mouhamed Al-Aqaba, University of Nottingham
- 15.54 – 16.00** **Can interocular axial length difference be disregarded as a criteria to repeat biometry?**
Dr Kimberly Tan, Epsom & St Helier Hospital
- 16.00 – 17.00** **Barrie Jones Lecture – Public health approaches to the control of visual loss in children in low and middle income countries (Hall 1)**
Professor Clare Gilbert, London School of Hygiene and Tropical Medicine
- 17.00 – 18.30** **Poster and drinks reception (Hall 2)**