President Address

Dear Colleague,

The Asia Pacific Society of Ophthalmic Plastic and Reconstructive Surgery (APSOPRS) has been working since 2000 as a major subspecialty of Ophthalmology. We have a tight connection with the supranational organizations like International Council of Ophthalmology and Asia Pacific Academy of Ophthalmology. We, therefore, have a responsibility for all the patients in our region to improve their eye function with updated knowledge and modified skill.

Although the Asia-Pacific region has more than half the population of the world, many of these have received little chance to take a proper treatment of oculoplasty because of small number of oculoplastic specialists. In order to improve these adverse circumstances, the most important factor is to provide high quality education. Our vital effort is to provide the best possible training through quality fellowship programs. The impetus for this can be provided by holding CME activities, workshops and conferences. They should be held in different parts of this vast region to spread the base and to develop interest in the specialty in all parts.

The society must become truly representative of the entire region. This can only be done by enlarging our membership base, developing national oculoplastic societies, affiliating them to the APSOPRS and tuning them all to our objectives. At the moment, only 8 national societies are affiliated: Australia/New Zealand, China, Indonesia, Japan, South Korea, India, Philippines and Thailand. As there are much more countries in the Asia-Pacific
region, we need more endeavor to establish more national societies in our region.

We need to promote development of centres of excellence in the specialty, providing the best possible oculoplastic care. We also need to ensure that the culture of research, especially in the problems that are commoner in or are peculiar to the region, is promoted to answer the questions that befuddle us. Oculoplastic surgery is developing at a very rapid pace. Newer techniques and technologies are coming up and newer vistas are opening up in a short period. The development of highest level of academic standards will also require us to coordinate with other organizations in the field of oculoplastics. American society of OPRS has been our reciprocal society, but we need to have more reciprocal societies to catch up with and lead the rapid development of technique and knowledge of the oculoplastics. Turkish Society of OPRS and Korean College of Cosmetic Surgery are newly affiliated with our society.

Although the Asia Pacific Society of Ophthalmic Plastic and Reconstructive Surgery is still developing, we do continuous efforts to provide the highest level oculoplastic treatment to all persons for their healthy lives.

Warmest regards,

Prof. Hirohiko Kakizaki
President, APSOPRS
Aichi Medical University
Editorial Note

Dear Friends and Colleagues,

Our biennial meeting in New Delhi was a highly anticipated one and on all fronts, our high expectations were met. We all enjoyed a carefully crafted programme and were treated to the delightful tastes and sounds of exotic India. My sincere congratulations to Dr Ashok Grover not only for hosting a terrific meeting but also for his excellent leadership over the last two years. It has been my personal privilege to be part of his executive committee.

Our society now looks forward to an exciting two years ahead as a new team helmed by Professor Hirohiko Kakizaki takes over the reins. With a new team, we will be seeing a new secretariat and an improved website.

As editor of iPlastic, it will be exciting to see all issues of our newsletter made available on our website to all members including new ones who may wish to read back issues. Without putting any undue pressure on our new President, we also look forward to our next big meeting in Japan!

In the first half of 2015, we have several meetings to look forward to, notably the Feb Asia-ARVO meeting in Yokohama, the March/April APAO meeting in Guangzhou and the May SNEC 25th Anniversary International Meeting in Singapore. As Organising Chairman of the OPRS Symposium that is held in conjunction with the International Meeting, I would like to warmly welcome all our readers to Singapore. It will be a great opportunity for us to play host to all our friends in the oculoplastic community and we look forward also to learning from one another and from our distinguished panel of speakers.

Finally, I would like to take this opportunity to include a shout out to all our members to contribute articles to our newsletter. The submission guidelines will be included in all issues hereon to simplify the process of contribution. We certainly hope to see more viewpoints from all our colleagues in the Asia-Pacific region.

Wishing all a Happy and Prosperous Lunar New Year!

Sincerely,

Dr Audrey Looi
Singapore National Eye Centre
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Guidelines
Case Highlights

SMALL INCISION PTOSIS SURGERY
Prof Hirohiko Kakizaki
Aichi Medical University
Japan

Introduction:
Many variations are known in transcutaneous ptosis surgery. Although a long incision is most popularly used, I prefer to use a small incision procedure. The advantages of this procedure are 1. shorter operation time only with a couple of stitches, 2. Simplicity to make a good curvature, 3. Similar elevation effect to a long incision procedure. Although a skin excision cannot be done simultaneously in a small incision ptosis surgery, this is usually resolved by a higher incision.

A current trend in Ophthalmology is “Small Incision”. I am going to explain here why a small incision ptosis surgery is better than a longer incision procedure.

1. Reasons I prefer to perform a transcutaneous small incision ptosis surgery:
A ptosis surgery is not an operation simply elevating a drooping upper eyelid. Its curvature also needs to be made with good shape as the upper eyelid is cosmetically the most important part in the body. The tarsal plate of young patients is thick in general, and we can, therefore, make a good curvature in ptosis surgery irrespective of a longer incision, a larger dissection and a fewer stitches to aponeurosis. However as the tarsal plate strength is generally weaker in older patients, a triangular shape may be shown under a larger aponeurotic dissection with a fewer stitches (Fig.1).

2. Advantage of a transcutaneous small incision ptosis surgery based on the upper eyelid lamellar structures:
The upper eyelid is constituted by two lamellae (Fig.2). Roughly speaking, the anterior lamella comprises the skin and the orbicularis oculi muscle, and the posterior lamella does the levator aponeurosis, the tarsal plate and the conjunctiva. These structures complement the eyelid strength in cooperation. Figure 3 shows an intraoperative photo that a tarsoconjunctival flap was made to reconstruct a lower eyelid defect after a tumour removal. The tarsal plate appears to be thin and flexible. This picture demonstrates that a fewer stitches cannot make a good curvature under a larger aponeurosis dissection as the upper eyelid strength depends mostly on the tarsal plate in this state.

Fig.1. An 83 year-old female after a left side long incision ptosis surgery. The upper eyelid curvature is triangle-like.

I had performed before a transconjunctival ptosis surgery. Although the incision length was only 10 mm, the levator aponeurosis was easily exposed and advanced. In addition, a good curvature can be mostly made with one stitch. This operation made me understood why a small incision ptosis surgery was effective! However, several patients suffered from ocular surface injury by this transconjunctival technique. I chose, therefore, a small incision technique via transcutaneous approach. The incision length is usually set with 12 or 15mm, a little longer than the transconjunctival approach, as a transcutaneous technique generally needs 2 sutures for making double eyelids.

Fig.2. A sagittal microscopic figure of a central part of an upper eyelid. OOM: orbicularis oculi muscle. Masson trichriome, x20.

Fig.3. An intraoperative photo that a tarsoconjunctival flap is made to reconstruct a lower eyelid defect after a tumour removal.
The thickness of the tarsal plate and that of the orbicularis oculi muscle is almost same (Fig.2). The figure 4A illustrates an anterior surface of the tarsal plate with the levator aponeurosis largely dissected, although this picture did not show a nature of the tarsal plate. The figure 4B illustrates a meibography (Fig.4B) that shows the meibomian ducts arranged longitudinally. According to this finding, the tarsal plate is a structure easily bent horizontally. On the other hand, the orbicularis oculi muscle fibers are arranged horizontally in the central part of the upper eyelid (Fig.4C), which demonstrates that the orbicularis oculi muscle is a structure easily bent longitudinally. As such, the bending direction of the tarsal plate is vertical against that of the orbicularis oculi muscle, which complements the vulnerability of the eyelid. In addition, a muscle has the basal tonus, with which a muscle does not relax completely in a relax state but has a certain tension. Although the orbicularis oculi muscle works in eye closing, it also works in eye opening with the basal tonus to support an eyelid vulnerability.

In conclusion, a narrower dissection of the levator aponeurosis in a ptosis surgery does not lose the eyelid strength by support of the orbicularis oculi muscle, with which a good curvature can be made easily, mostly with one stitch.

**EXOGENOUS STEROID-INDUCED ORBITAL LIPOMATOSIS – SOMETHING WE MAY HAVE FORGOTTEN FROM THE OLD CUSHING’S**

Dr Deborah Tan¹,², Dr Anita Chan¹,²,³,⁴, Dr Chan Ling Ling³, Dr Issam Al Jajeh³, Dr Sunny Shen¹,²,⁴
¹ Singapore National Eye Centre
² Singapore Eye Research Institute
³ Singapore General Hospital
⁴ Duke-NUS Graduate Medical School, Singapore

**History**
A 60-year-old Chinese gentleman with significant past medical history of renal transplant more than 10 years ago for drug-induced end-stage-renal-failure, was referred to the Oculoplastics service for bilateral proptosis of a few years’ duration. He also has ischemic heart disease, atrial fibrillation with ablation therapy, hypertension and gout. He has been on long-term immunosuppression with prednisolone 10mg OM, and cyclosporine 100mg BD. His ocular history included bilateral lower lid blepharoplasty more than 10 years ago and bilateral cataract surgeries 5 years ago.

**Examination**
His best-corrected visual acuity was 6/7.5 in both eyes; pupils were normally reactive to without a relative afferent papillary defect. Intraocular pressures, slit-lamp examination, and fundus examination were all within normal range. On external examination, the patient had bilateral axial proptosis with exophthalmometric measurement of 25 mm on each side. (Figure 1a and 1b) Eye movements were otherwise full and besides bilateral inferior scleral show, there was no lid retraction or lid lag. There were also no signs of active inflammation, such as eyelid erythema or edema, conjunctival injection or chemosis.

**Figure 1a.** Presence of bilateral proptosis
Investigations

Thyroid function tests were normal, thyroid peroxidase antibodies, thyroglobulin antibodies, TSH-receptor antibodies and thyroid stimulating immunoglobulins (TSI) were all negative. Computed tomographic (CT) scan of the orbits showed bilateral significant proptosis with stretching of the optic nerves. The extraocular muscles were normal in size with a normal mean muscle diameter index of 15.5mm. There was orbital fat proliferation with intracranial fat prolapse at the left superior ophthalmic fissure. (Figure 2) Diagnosis of exogenous steroid-induced lipomatosis (ExSil) was made in view of the normal blood investigations, lack of extraocular muscle involvement on CT scan and the history of long-term corticosteroids therapy.

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<tr>
<th>Extraocular muscles</th>
<th>Normal values</th>
<th>Results</th>
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<tr>
<td>Superior muscle group (SMG)</td>
<td>3.8 +/- 0.7 mm</td>
<td>3.2 mm / 2.8 mm</td>
</tr>
<tr>
<td>Medial rectus</td>
<td>4.1 +/- 0.5 mm</td>
<td>3.1 mm / 3.5 mm</td>
</tr>
<tr>
<td>Inferior rectus</td>
<td>4.9 +/- 0.8 mm</td>
<td>4.4 mm / 3.6 mm</td>
</tr>
<tr>
<td>Lateral rectus</td>
<td>2.9 +/- 0.6 mm</td>
<td>3.0 mm / 3.4 mm</td>
</tr>
<tr>
<td>Superior oblique</td>
<td>2.4 +/- 0.4 mm</td>
<td>2.0 mm / 2.0 mm</td>
</tr>
<tr>
<td>Muscle diameter index (MDI)</td>
<td>18.2 +/- 1.4 mm</td>
<td>15.7 / 15.3</td>
</tr>
</tbody>
</table>

Management

Eighteen months after presentation, with the understanding that his corticosteroid treatment cannot be reduced, he subsequently underwent surgical orbital decompression for troublesome exposure symptoms. The previous lower eyelid blepharoplasty probably contributes to his discomfort despite the intensive ocular lubrication. Furthermore, there is a possible risk of stretch optic neuropathy, the finding of intracranial fat prolapse at the left superior ophthalmic fissure on CT scan was considered high risk of development of optic neuropathy. Incisional biopsy of the orbital fat showed mature adipose tissue separated by thin fibrous septate. There was no evidence of inflammatory infiltrate and immuno-stains confirmed the absence of CD20+ B-cells, and only occasional CD3+ T-cells and CD163+ macrophages scattered within the septae. (Figure 3)
Discussion
ExSIL is a rare but well documented side effect of chronic corticosteroid treatment, in which there is abnormal excess adipose tissue deposition. Although Harvey Williams Cushing has noted exophthalmos, as a sign of Cushing’s syndrome, as early as in 1932, this is an often forgotten clinical sign of Cushing’s syndrome. An important differential diagnosis to exophthalmos would be TED, which is the commonest cause of bilateral proptosis. However, in our patients, there was paucity of other classical clinical, radiological and biochemical features of TED. In previous studies, there was no significant difference in thyroid function according to different immunosuppressive regimen and corticosteroid use post kidney transplantation. Thus; it is unlikely that, in our patient, previous renal transplantation and chronic steroid use were influencing factors for the normal thyroid function and negative antibodies.

The appropriate recognition of orbital lipomatosis is critical as timely intervention can prevent potentially sight-threatening complications such as stretch or compressive optic neuropathy, or exposure keratopathy from severe proptosis. Conservative treatment with tapering of corticosteroid was difficult in view of his renal transplant. Patient therefore had more frequent clinical assessment to monitor for early signs of optic neuropathy, and subsequently underwent orbital decompression.

Reference
Meetings

APSOPRS-OPAI 2014 Conference Report
Dr Ashok Kumar Grover
Organizing Chairman
Dr. Shaloo Bageja
Organizing Secretary
India

“A to Z Ocuplasticfest”, the 9th meeting of the Asia Pacific Society of Ophthalmic Plastic & Reconstructive Surgery (APSOPRS) and Silver Jubilee meeting of the Oculoplastics Association of India (OPAI) was organized in New Delhi from Sept 26-28, 2014. The theme of the meeting was “Oculoplastics - Scaling newer horizons”. The meeting was attended by over 600 delegates, not only from the Asia Pacific region, but from all over the globe. Almost one fourth of the delegates were from sixteen countries outside India. This was one of the largest meetings of Asia Pacific Society of Ophthalmic Plastic & Reconstructive Surgery (APSOPRS).

This conference brought together experts from all over the globe. Eminent national and international faculty participated in the conference. The conference provided an excellent platform for everyone to learn from one another.

The inaugural programme included the traditional invocation by saraswati vandana (The Goddess of Knowledge), traditional lamp lighting and a special programme to mark the silver jubilee of the foundation of the Oculoplastic Association of India. Dr. A.K.Grover, president, APSOPRS, Dr. Arun Agarwal, chief Guest, Dr. Don Kikawa, President American society of Ophthalmic plastic & Reconstructive , Dr. Santosh Honavar on behalf of Asia Pacific society of Ophthalmology and Ocular Oncology, Dr. M. Subhramanyam President OPAI, addressed the delegates.

Scientific programme comprised of live surgeries, hands on workshops, planetary lectures, symposia, interactive session, free papers, videos and photographs.

Live surgery was conducted by national and international faculty at Vision eye centre, Siri Fort road. The session was directly transmitted to India Habitat centre. Six surgeries were demonstrated live:
1. Levator resection for congenital ptosis – Dr.A.K.Grover
2. Silastic sling surgery – Dr. E. Ravindra Mohan
3. Upper lid blepharoplasty- Dr. Kasturi Bhattacharjee
4. Aponeurotic repair for acquired ptosis – Dr. Santosh Honavar
5. Lower eyelid entropion – Dr. Ruchi Goel
6. Lower lid blepharoplasty – Dr. Gangadhar Sundar

The surgeries were highly educative and were greatly appreciated.

Six hands on workshops sessions were conducted on the first day of the conference.
1. Incision making and suturing
2. Nasal endoscopy
3. Fillers
4. Botox in Oculoplastics
5. Orbital plating
6. Radiofrequency

Lamp lighting at the inaugural programme symbolizing knowledge

A glimpse of the special programme to commemorate Silver jubilee of Oculoplastic association of India

Nasal endoscopy being demonstrated in the workshop
All were well attended and proved very useful to the delegates.

There were 2 plenary sessions with 6 talks by luminaries from all over the world. The topics included

1. "The changing face of TED: International collaboration, customized rehabilitation to cure" - Dr. Raymond Douglas
2. "Lessons learnt in orbital reconstruction" – Dr. Don Kikkawa
3. “Eyelid tumor classification and implications for prognosis” – Dr. Bita Esmaeli
4. “Innovations in oculoplasty: simplified techniques” – Dr. Hemant Mehta
5. “Towards perfection in transcanalicular endoscopic lacrimal duct canalization” – Dr. Reynaldo Javate
6. “Clinical profile of proptosis in south India - OPAI Presedential Address” - Dr. M Subrahmanyam

The plenary sessions from Hongkong ISO session were received and presented as deferred live sessions. The programme included sessions conducted by the APSOPRS “What’s new from APSOPRS”, chaired by Dr. Don Kikkawa, session by Chinese Oculoplasty society on “Advancing Oculoplastic surgery to a New horizon- The Chinese Perspective chaired by Dr. Xianqun Fan, Dongmei Li, Chew Chew Yip and a session by Asia Pacific Society of Ocular Oncology and Pathology chaired by Dr. Bita Esmaeli, Dr. Santosh Honavar and Dr. Tim Sullivan.

Symposia covered the entire gamut of Oculoplastic & oncology. The surgical session brought out the nuances and surgical pearls and was highly appreciated. Interactive session on Lacrimal system and “controversies in oculoplastics” were very practical and useful.

A large number of delegates presented their research work during the course of these three days. The presentations included 148 oral presentations & 50 poster presentations along with videos & photograph presentation. The best papers in different categories were awarded.

One of the winners of oral presentation session being presented a certificate by the new president Dr. Hirohiko Kakizaki

A trip to Taj Mahal on the preconference day was undertaken by 62 delegates’ mostly foreign guests. The visit was memorable to the guests and gave them lot to cherish.

Social programme included a faculty dinner at the Lodhi garden restaurant in the historic Lodhi Garden close to Sultan’s Lodhi tomb. The ambience was highly appreciated. The cultural evening and dinner near the historic Safdarjung Tomb included traditional Indian welcome with arches, marigold garlanding, tilak and traditional Indian folk artists. The programme included classical, bollywood music and instrumental medly. Folk dances like Bhangra and Matka dance by Rajasthani artists added to the colours and fragrances the occasion. Multi cuisine Indian food was greatly appreciated and provides an occasion for all to meet and build camaradery.

The business meetings of OPAI & APSOPRS were conducted and new office bearers were elected.
Social Visits

EXCHANGE VISITS BETWEEN ME AND A CERTAIN KAKI
Dr. Raoul Paolo D. Henson
Clinica Henson Eye Center and Ear, Nose & Throat Center
Philippines

The year was 2012, the month was March and the day was the 6th, my mother’s birthday celebration and I had a special dinner guest. He just had a Catholic medical mission somewhere in the Philippines and decided to visit me here in Angeles City, my hometown. After the dinner, I brought him to my favorite barber for a complete shave and massage then had a few drinks in one of the famous bars here in the city. We enjoyed each other’s company, exchanging views about ourselves, our families and the future of APSOPRS. The name of my guest was Dr. Hirohiko Kakizaki and he is now the president of the APSOPRS. I call him “Kaki” for short.

I met Kaki during the 2006 APSOPRS meeting in Singapore. He was alone, sitting comfortably, listening intently to one of the speakers in a symposium. I saw him all by his lonesome, so I decided to sit beside him and start a conversation. He was a huge dude and I didn’t know he was an oculoplastic surgeon. His English was decent and we had a good chat (by the way, his English is way better now thanks to another good friend, Raman Malhotra!). Since then we became good friends and learned from each other. We met again during the 2007 ESOPRS meeting in London (together with Audrey Looi and Milind Naik). We kept in touch since then and made sure that we always meet in future meetings of the society.

Fast-forward April 2014, Aichi Medical University Hospital, Aichi, Japan. The APAO Tokyo meeting just concluded and it was my turn to visit Kaki in his hometown. From Tokyo, my family went all the way to Osaka. Then from there, I had to take the Shinkansen (bullet train) to Nagoya and take another regular train to Aichi. It was a small city compared to Osaka and Tokyo. It took me a long time to look for a taxi. Finally after finding one, I was headed to that famous Aichi Medical University. Upon arriving, I informed the receptionist that I was looking for Dr. Kakizaki and they brought me to the Department of Ophthalmology. I was again with this huge dude friend of mine, but this time we are in his hometown. It was a reciprocal of sorts. I observed him in his high tech clinic complete with computer gadgets and monitors. It’s like he’s in the cockpit of an airplane! I was impressed with the technology and the facilities. What do you expect? You’re in Japan right?

After the clinic, he showed me his huge office where he has his own pathology lab for his anatomical studies! Then we had dinner at a famous Japanese restaurant with no name! Only the locals know this place and the Japanese food here is to die for! In fact, if you know Naresh Joshi, he brought the chef of this restaurant all the way to London for his birthday celebration! That’s how good this chef is! And I had the privilege to eat his
awesome cuisine! Finally, dinner was done and pleasantries exchanged. I had to go back to my family in Osaka. It was a wonderful visit and I enjoyed every minute of it.

What if I didn’t sit beside him in 2006 in Singapore? I won’t be even writing this article. But fortunately I did! Now we have a blossoming friendship that will last a lifetime. May 2015 bring APSOPRS to greater heights with our new president, Dr. “Kaki-San”!!!
eye opener to witness the surgical techniques that each surgeon had to share. We are so grateful for their generosity in allowing us to observe them in their practice.

During the second half of the year, I joined Dr Suzanne Freitag, Director of Ophthalmic Plastics and Reconstructive Surgery at Massachusetts Eye and Ear Infirmary, Harvard Medical School, Boston, Massachusetts, USA. She was both a generous and inspiring mentor. She taught me how to do a ptosis correction via a posterior approach and how to perform elegant upper lid recession and lower lid retraction surgery in thyroid patients. Learning from her helped me to appreciate the differences in the Caucasian versus the Asian eyelid. I saw many patients with periorcular and orbital tumours in the service and learnt how a large and well-established multidisciplinary team involving Otolaryngologists, Oncologists and Radiologists managed patients. It struck me how crucial it is to have specialists in various disciplines supporting the Oculoplastics surgeon in such cases. I also learnt how Dr Freitag employed state of the art minimally invasive endoscopic techniques with an Otolaryngologist for thyroid orbital decompression and for the removal of orbital apex tumours. During one of the weekends, I was able to visit Dr Aaron Fay at the Vascular Birthmark Institute of New York where he works closely with Dr Milton Waner, Co-director of the institute, to manage vascular malformations of the head and neck region. It is an impressive set up that manages patients from all over the world seeking help for a challenging disease.

Work aside, I did manage to find time to go for dinner and drinks with my new friends in Seoul and Boston. We managed to squeeze in several birthday parties, Christmas parties and outdoor barbecue parties after work and on weekends. I even managed to watch my first baseball game ever in Seoul with Prof Lee and the Oculoplastics team.

Overall, my fellowship year has been a rewarding one. It proved to be an invaluable opportunity to learn what colleagues from around the world are doing, and to get to know many members of the Ophthalmic Plastics and Reconstructive Surgery community better. I aim to bring some of these techniques and services back to Singapore. Learning is indeed a lifelong journey and I have learnt much from my wonderful mentors, both within and beyond the realm of Oculoplastics.
Announcements

SNEC 25TH ANNIVERSARY INTERNATIONAL MEETING
22–24 MAY 2015
SUNTEC SINGAPORE CONVENTION EXHIBITION CENTRE

HIGHLIGHTS
Arthur Lim Memorial Symposium • Retina Day • Cataract Day
APACRS Symposium • SNEC-Duke Symposium • Plenary Lectures
Live Surgery • Teaching Courses • Basic Phaco Course and Wetlab
Lask Accreditation Course and Wetlab • Free Papers & Posters
Social & Sponsored Programmes

Lectures & Awards
Arthur Lim International Lecture
SNEC 25th Anniversary Lecture
SNEC International Gold Medal Award
SNEC Gold Medal Award
SNEC International Lecture for Excellence and Leadership in Education
SER International Lecture for Excellence and Leadership in Research
Chee Sank Lim Lecture for Leadership and Excellence in Translational Research
Who Chong Lee Lecture for Ethics and Professionalism in Ophthalmology
Wallace Foulks for Leadership and Excellence in Research in Ophthalmology
Barry Cullen Lecture for Leadership and Excellence in Neuro-Ophthalmology
International Agency for the Prevention of Blindness (APB) Lecture
Singapore Eye Foundation Lecture

Subspecialty Symposia & Teaching Courses
Cataract • Cornea • General Cataract & Comprehensive Ophthalmology • Glaucoma • Neuro-Ophthalmology • Uveal Inflammation & Immunology • Oculoplastic & Aesthetic Eyelid • Paediatric Ophthalmology & Allotransplantation • Refractive Surgery • Vitreo-Retina

Other Programmes
Academic Clinical Program (ACP) Symposium
Nursing & Allied Health • Hospital Management

INTERNATIONAL FACULTY
United States of America
Prof Lloyd Paul Amsler
Prof Rand F Aligned
Prof Raj Agarwal
Prof Edward Buckley
Prof Scott Cousins
Prof David Friedman
Prof Sherwin Henley
Prof Glenn Jeffe
Prof Terry Kim
Prof Samuel Waked
Prof Neil Miller
Prof Nasrin Rao
Prof Cynthia Toth
United Kingdom
Prof Sir Peng Leo Khaw
Spain
Prof Jorge Alió

Australia
Prof Graham Barratt
Prof Paul Mitchell
Japan
Prof Shigeru Kinoshita
Prof Nagahisa Yoshimura
China
Prof Li Xiao Xin
Hong Kong
Prof Clement Tam
India
Prof Rajiv Puri
A/Prof Anand Vincen
Philippines
Dr Robert Ang
Dr Harvey Uy

For more Information:
SNEC 25th Anniversary International Meeting Secretariat
Email: secretariat@sne25.com | Tel: (65) 6411 6671

www.sne25.com

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OPHTHALMOLOGY & VISUAL SCIENCES
Academic Clinical Program

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2015 Volume 2 Issue 1
SNEC OPRS SYMPOSIUM & CADAVERIC DISSECTION COURSE

RAISING THE BAR IN OCULOFACIAL & ORBITAL SURGERY

Held in Conjunction With
SNEC 25TH ANNIVERSARY INTERNATIONAL MEETING • 21 – 24 MAY 2015

CADAVERIC DISSECTION WETLAB

22 MAY 2015

Procedures: Endoscopic Forehead Lift, Endoscopic Midface Lift, Orbital Decompression

Pre-Wetlab Lectures – 21 May 2015. Open to all wetlab and symposium participants.

23 – 24 MAY 2015 • SUNTEC SINGAPORE CONVENTION CENTRE

SYMPOSIA FEATURING WORLD RENOWNED FACULTY

Visit www.snc25.com/s nec-oprs-symposium/

Organised By
Singapore National Eye Centre
SingHealth

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Lee Foundation
STORZ
1. ENDOSCOPIC FOREHEAD & MIDFACE LIFT

2. ORBITAL DECOMPRESSION

Thursday, 21st May 2015

The first day of the course will be didactic, covering core topics in surgical anatomy, approaches, instrumentation, pre and post-operative care. This lecture series is also open to delegates of the oculoplastic symposium who may not be able to secure a place in the cadaveric dissection course.

Friday, 22nd May 2015

A full day of wetlab awaits the participant with one dedicated instructor to a pair of trainees. The morning session focuses on the endoscopic brow and midface lift whilst orbital decompression is taught in the afternoon. This is a rare opportunity for the participant to experience the nuances of endoscopic and orbital surgery under the watchful guidance of our expert instructors.

INVITED FACULTY

PROF JUNG WU
PROF DON KIKKAWA
PROF MAARTEN MOURITS
PROF GEOFFREY ROSE

CO-DEMONSTRATORS

ENDOSCOPIC SEGMENT
DR NARESH JOSHI
ASSOC PROF BOBBY KORN
DR JOSE RAUL MONTES PAGAN
DR CHOO CHAI TECK

ORBITAL DECOMPRESSION
PROF HIROHIKO KAKIZAKI
PROF DAVID VERITY
DR AUDREY LOOI
DR SUNNY SHEN
DR MORGAN YANG
**CADAVERIC DISSECTION DIDACTIC COURSE**

**Thursday - 21st May 2015**

**ENDOSCOPIC SURGERY**

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<th>Session</th>
<th>Presenter</th>
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<tr>
<td>0800 - 0830</td>
<td>Registration</td>
<td></td>
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<tr>
<td>0830 - 0850</td>
<td>Welcome / Introduction</td>
<td>Choo Chai Teck</td>
</tr>
<tr>
<td>0850 - 0915</td>
<td>Indications for Endoscopic Brow and Midface lift</td>
<td>Don Kikkawa</td>
</tr>
<tr>
<td>0915 - 0930</td>
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**ORBITAL DECOMPRESSION**

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Day 1, Saturday - 23rd May 2015

0730 - 0800  Registration
0800 - 0805  Welcome Speech  Audrey Looi

**SESSION I: ORBITAL APPROACHES AND CHALLENGES IN ORBITAL VASCULAR DISORDERS**

**CHAIRS:**  Seah Lay Leng / Kim Yoon Duck

0805 - 0825  Free Paper I (x2)

0825 - 0840  Key Considerations in Selecting Surgical Approach to the Orbit  Audrey Looi

0840 - 0855  Minimally Invasive Orbital Surgery  Suzanne Freitag

0855 - 0910  Vascular Lesions in the Orbit  David Verity

0910 - 0925  Sclerosing Therapy for Orbital Venous-lymphatic Malformations  Aaron Fay

0925 - 0940  Current Thinking in the Management of Capillary Haemangioma  Aaron Fay

0940 - 0950  Discussion

0950 - 1010  COFFEE BREAK

**SESSION II: CHALLENGES IN ORBITAL TUMORS**

**CHAIRS:**  Audrey Looi / Geoffrey Rose

1010 - 1030  Free Paper II (x2)

1030 - 1045  Management of Orbital Malignancies in Children  Peerooz Saeed

1045 - 1100  Orbital Bony Lesions  Tim Sullivan

1100 - 1115  Malignant Epithelial Tumors of the Lacrimal Gland  Seah Lay Leng

1115 - 1130  Management of Orbital Apex Lesions  Peerooz Saeed

1130 - 1145  Optic Nerve Sheath Fenestration – Different Surgical Approaches  Usha Kim

1145 - 1155  Discussion

1155 - 1240  LUNCH BREAK

**SESSION III: CHALLENGES IN ORBITAL INFLAMMATORY DISEASES**

**CHAIRS:**  Morgan Yang / Maarten Mourtis

1240 - 1300  Free Paper III (x2)

1300 - 1315  Current Update in IgG4-related Disease  Morgan Yang

1315 - 1330  Differential Diagnosis of IgG4 Disease  Sunny Shen

1330 - 1345  Orbital Histiocytic Disease  David Verity

1345 - 1400  From the Sinus to the Orbit  Shantha Amrith

1400 - 1415  Orbital Infection  Maarten Mourtis

1415 - 1425  Discussion

1425 - 1445  Keynote Lecture

Orbital Inflammatory Disease - Pearls and Pitfalls from Three Decades of Orbital Work  Geoffrey Rose

1445 - 1505  COFFEE BREAK

**SESSION IV: THYROID EYE DISEASE**

**CHAIRS:**  Sunny Shen / Don Kikkawa

1505 - 1525  Free Paper IV (x2)

1525 - 1540  Pathogenesis of Thyroid Eye Disease  Diego Strianese

1540 - 1555  Management of Active Thyroid Eye Disease  David Verity

1555 - 1610  Bony Orbital Decompression  Don Kikkawa

1610 - 1625  Fat Decompression for Disfiguring Proptosis  Liao Shu Lang

1625 - 1635  Discussion

1635 - 1655  Keynote Lecture

Orbital Decompression through the Last Century  Maarten Mourtis

1655 - 1710  Repeat Orbital Decompression  Don Kikkawa

1710 - 1725  Management of Post-decompression Complications  Peerooz Saeed

1725 - 1740  Rehabilitative Eyelid Surgeries in Thyroid Eye Disease  Hirohiko Kizakaki

1740 - 1750  Discussion

1900 - 2000  SNEC WELCOME RECEPTION
Day 2, Sunday - 24th May 2015

SESSION V: FINESSE IN ADDRESSING EYELID DISORDERS (I)
CHAIRS: Sunny Shen / Lee Sang Yeul
0730 - 0750 Free Paper V (x2) Livia Teo
0750 - 0805 Contact Lens-related Ptosis and its Surgical Management Hunter Yuen
0805 - 0820 MMCR Ptosis Correction and MMCR with Blepharoplasty
0820 - 0840 Keynote Lecture: The Art of Surgical Correction for Congenital Ptosis Lee Sang Yeul
0840 - 0855 My Current Approach to Blepharophimosis Syndrome Hunter Yuen
0855 - 0910 Conjunctival Cicatricial Disease – An Algorithmic Approach to Surgical Correction David Verity
0910 - 0920 Discussion
0920 - 0950 COFFEE BREAK

SESSION VI: FINESSE IN ADDRESSING EYELID DISORDERS (II)
CHAIRS: Seah Lay Leng / Hunter Yuen
0930 - 1010 Free Paper VI (x2) David Verity
1010 - 1030 Molecular Treatment of Adnexal Tumors Kim Yoon Duck
1030 - 1045 Diagnosis and Treatment of Sebaceous Carcinoma of the Eyelid Li Dong Mei
1045 - 1100 Dealing with Traumatic Eyelid Injuries Tomoyuki Kashima
1100 - 1115 Surgical Reconstruction in Severe Eyelid and Ocular Surface Disease Ashok Grover
1115 - 1130 Managing Peri-ocular Deformities in Neurofibromatosis Kelvin Chong
1130 - 1145 Eyelid Surgery in Facial Reanimation LUNCH BREAK
1145 - 1155 Discussion
1155 - 1250

SESSION VII: LACRIMAL SURGERY
CHAIRS: Choo Chai Teck / Tim Sullivan
1250 - 1310 Free Paper VII (x2) Tim Sullivan
1310 - 1325 Failed Probing – What’s Next? Bobby Korn
1325 - 1340 Optimizing Outcomes and Efficiency with En Bloc DCR Woo Kyung In
1340 - 1355 Management of Complications in Lacrimal Surgery
1355 - 1405 Discussion

SESSION VIII: PERIORBITAL REJUVENATION
CHAIRS: Yip Chee Chew / Jose Montes
1405 - 1425 Pre-operative Assessment for Orbital-facial Surgery Naresh Joshi
1425 - 1440 Endobrow Surgery – Cosmetic / Functional Choo Chai Teck
1440 - 1455 Evolving Concepts in Non-Endoscopic Brow-lift Yip Chee Chew
1455 - 1510 Asian Blepharoplasty for All Ages Kim Yoon Duck
1510 - 1525 Epicanthoplasty in Asian Blepharoplasty Jang Jae Woo
1525 - 1535 Discussion COFFEE BREAK
1535 - 1600

SESSION IX: FACIAL REJUVENATION
CHAIRS: Yip Chee Chew / Jose Montes
1600 - 1615 Achieving Best Results in Lower Blepharoplasty Jose Montes
1615 - 1630 Managing Complications of Lower Blepharoplasty Naresh Joshi
1630 - 1645 Advanced Techniques in Oculofacial Botox Injections Naresh Joshi
1645 - 1700 Safe Filler Injection Technique for Deep Superior Sulcus Audrey Looi
1700 - 1725 Keynote Lecture: The Finer Points of Facial and Periorbicular Filler Injection Jose Montes
1725 - 1730 CLOSING SPEECH
Guidelines

Below are the formats for the different categories of articles:

Invited Articles
(no more than 1600 words; include images where appropriate)

Case Highlights
This refers to the written presentation of an interesting or challenging case in the following format:
- History (no more than 100 words)
- Examination (no more than 150 words; include clinical photos)
- Investigations (include imaging where appropriate)
- Management (no more than 100 words; include pathology images where appropriate)
- Discussion (no more than 200 words; including challenges encountered in diagnosis or management)

Operative Pearls
This refers purely to advice that allows the reader to improve on his or her intraoperative technique and can include immediate post-op advice (no more than 600 words; include images where appropriate)

Meetings or Social Visits
All meetings organized by APSOPRS members as well as social visits to each other’s centers are eligible for inclusion in the newsletter (no more than 1000 words for the main APSOPRS biennial meeting and no more than 500 words for other meetings or visits).

Philosophical Notes
No more than 800 words; include images where appropriate