

العيون الدولي

INTERNATIONAL EYE HOSPITAL



INTERNATIONAL EYE HOSPITAL

ANNUAL MEETING

14-15

December, 2017

Marriott

Marriott Hotel Zamalek
Cairo, Egypt



www.ieh-conferences.com

Scientific Program



EYLEA[®]
(aflibercept solution for injection)



For further information , please contact ,

Bayer

Bayer Limited Egypt LLC

Plot No. 133, Road 70 (parallel to Road 90 North),

Raya Offices Banking Sector,

New Cairo, Cairo, Egypt.

Tel.: +20 259 806 66

[http:// www.bayer.com](http://www.bayer.com)

For Medical Information: med-info.me@bayer.com

For Safety Reporting: pv.me@bayer.com

L.EG.MKT.11.2017.0154

A large, ancient pyramid made of stone blocks, situated in a desert landscape. The sky is filled with dramatic, dark clouds, and the ground is sandy and uneven. The pyramid's surface shows signs of weathering and erosion.

Welcome to

INTERNATIONAL
EYE HOSPITAL
ANNUAL MEETING

Welcome

Dear friends and Ophthalmologists:

It gives us great pleasure and honor to welcome you to the IEH' scientific conference on December 14th -15th 2017.

We aspire to bring together a talented pool of renowned researchers and surgeons creating a rich platform for the transfer of knowledge.

Through round table discussions, debates, workshops and live surgery, innovations and experience will be shared by experts in different field of ophthalmology.

This conference will focus on challenges that ophthalmologists face in their practice.

The board of IEH will exert an enormous effort to make this meeting both scientifically strong and socially enjoyable.

Sincerity
International Eye Hospital



CONFERENCE CHAIRMAN

Beshr Kenawy, MD.

CONFERENCE COMMITTEE

Mahmoud Abou Steit, MD.

Ahmed Barrada, MD.

Hazem Haroun, MD.

SCIENTIFIC & ORGANIZING COMMITTEE

Mostafa Nabih, MD.

Manal Assem, MD.

Thank
YOU

TO OUR GENEROUS SPONSORS





SPEAKERS INSTRUCTIONS..

Congress halls will be equipped with:

Two laptops: one Apple Mac & one PC with Microsoft Windows 8 and Microsoft Office 2013.
Internet access will NOT be available inside the meeting rooms.

To ensure that the meeting progresses smoothly, please stick to the following instructions:

- All presentations should be recorded on a USB flash memory (preferred).
- Please save presentations in PowerPoint 2007 or later format for PC & Keynote for Apple.
- Upload your presentation early to the Audiovisual Center (RM Events) as we will load the presentations to the hard drive of our systems before the sessions by one hour.
- No personal laptops are permitted for presentations.
- In case you have problems with your presentation(s), please do not hesitate to contact the IT support team (RM Events).

Computerized Count-Down TIMER

will monitor speakers' time

So make sure to present during the given time,
as NO EXTRA TIME IS ALLOWED

12:55  → 00:55 



Microsoft



Powered by
RM EVENTS

Address: Suite 301, Level 3, Nassar Tower,
1 Mostafa Kamel Street, Roushdy
Phone: +20 (0) 35226738, +20 (0) 35226572
Mobile: +2012-75580666, +2012-23925628
Hotline: +2012-85555421
E-mail: conferences@rmsolutions.net
Web: www.rmsolutions.net



20
YEARS
—over—
75 MILLION
IMPLANTS



He trained you to be the best ophthalmologist you can be

And he chose you to perform his cataract surgery

That's success story **75 million** and one¹

CONFIDENCE | THE ACRY *Sof*[®]
ADVANTAGE

THE ACRY *Sof*[®]
ADVANTAGE

1. Data on File, Dec 2013
© 2014 Novartis 2/14 ACRI4008JADI EU

Alcon
a Novartis company



A large, ancient pyramid, likely the Great Pyramid of Giza, dominates the left side of the frame. The pyramid is constructed from massive stone blocks, showing significant weathering and erosion. The top of the pyramid is a lighter, more uniform color, possibly due to a different material or the removal of the original casing. The sky is filled with dramatic, dark clouds, with some light breaking through near the horizon. The foreground is a vast, flat desert landscape with scattered rocks and sand. The overall tone is warm and historical.

Scientific Program



08:00

Registration

09:00 - 12:00

Refractive Wet Lab

Hall A

09:00 - 13:00

Session 1

Main Hall

09:00 - 09:05

Opening Remarks

Mahmoud Abou Steit

09:05 - 13:00

Live Surgeries

Moderators

Moderators at Marriott Hotel:

Hany Hamza
Mahmoud Abou Steit
Mohsen Salem
Noha Khater

Moderators from the OR:

Mostafa Nabih
Omar Barrada
Tarek Elnaggar

• 25G Vitrectomy for Rhegmalogenous Retinal Detachment

Amr Azab

• 25G Epi - Retinal Membrane Removal

• VERION: Digitally Assisted Toric IOL Implantation

Ahmed El Sawy

THURSDAY

14 December, 2017

INTERNATIONAL
EYE HOSPITAL
ANNUAL MEETING

- Q - valve Adjusted Intra - Corneal Ring Segment Implantation
- Femto- Second Assisted Contoura Vision with Oval Flap

Tarek Elnaggar

- VERION: Digitally Assisted Toric IOL Implantation

Wessam Armia

- Low Flow Phaco for Hard Cataract

Amir Mostafa

- VERION: Digitally Assisted Extended Focus IOL (Symphony) Implantation

Omar Barrada

- FLACS
- Phaco - Vitrectomy : ERM Removal

Mostafa Nabih

- Femto - Second Assisted Penetrating Keratoplasty

Rania Sobhy

- DALK : Single Graft - Two Recipients
- DMEK

Tarek Katamesh

13:00 - 13:05

Session 2

Main Hall

Welcome Talk

Beshr Kenawy

13:05 - 13:30

Coffee Break

13:30 - 14:50

Session 3

Main Hall

Medical Retina & Uveitis

Moderators

Mahmoud Soliman

Soheir Esmat

13:30 - 13:40

Multi Model Imaging in Diagnosis and Follow-Up of AMD
Karim Raafat

13:40 - 13:50

OCTA In Retinal Vascular Disorders
Magdy Moussa

13:50 - 14:00

OCT Angiography of the Optics Disc
Zeinab El Senbary

14:00 - 14:10

DME Management from Beliefs to Guidelines
Noha Khater

14:10 - 14:20

Pigmented Paravenous Retinochoroidal Atrophy
Azza Shehab

14:20 - 14:30

Uveitis Surprise
Radwa El Zanaty

14:30 - 14:40

CNV Retinitis
Omar Barrada

14:40 - 14:50

Role of Surgery in Uveitis Management
Mahmoud Soliman

Each lecture is 7 minutes followed by 3 minutes discussion



THURSDAY

14 December, 2017

INTERNATIONAL
EYE HOSPITAL
ANNUAL MEETING

14:50 - 15:20

Session 4

Main Hall

Neuro Ophthalmology Sessions

Moderator

Mai Sharawy

14:50 - 15:05

Red Flags for NMOSD



Mai Sharawy

15:05 - 15:20

Anterior Ischemic Optic Neuropathy A New Look
Sherif Kamel



15:20 - 17:10

Session 5

Main Hall

Cataract Surgery Plus

Moderators

Beshr Kenawy

Mostafa Nabih

15:20 - 15:30

Pearls for Phacoemulsification in Small Pupil

Akram El Gazar

15:30 - 15:40

Cataract Plus Phakic IOL

Fathy Fawzy

15:40 - 15:50

FLACS a Helpful Tool

Ahmed Shama

15:50 - 16:00

Traumatic Pediatric Cataract and Beyond

Abdallah Hassouna

16:00 - 16:10

Repair of iris Defects in Complex Cataract Surgery

Ahmed El Sawy

16:10 - 16:20

Traumatic Subluxation in a Young Man

Omar Barrada

16:20 - 16:30

Traumatic Subluxation of a Hard Lens

Mostafa Nabih

16:30 - 16:40

Secondary Piggyback for Postoperative Refractive Surprise

Khaled Mansour

16:40 - 16:50

Management of Traumatic Cataract Following Intravitreal Injections

Ashraf Swailam

16:50 - 17:00

Posterior Lenticonus

Wessam Armia

17:00 - 17:10

To Satisfy your Patient , Is it Always that Easy?

Islam Abdallah

Rawnak Mahdy

Each lecture is 7 minutes followed by 3 minutes discussion



THURSDAY

14 December, 2017

INTERNATIONAL
EYE HOSPITAL
ANNUAL MEETING

17:10 - 17:40

Symposium 1

Main Hall

Bayer Symposium

Panelists

Amr Azab

Mostafa Nabih

Noha Khater

17:10 - 17:40

Optimizing Retinal treatment

Ahmed El Sawy

Omar Barrada



17:40 - 19:00

Lunch Break

09:00 - 12:00

Refractive Wet Lab

Hall A

09:00 - 10:45

Session 6

Main Hall

Cornea Refractive Surgery

Moderators

Ahmed Barrada

Mohamed Salah

Tarek Elnaggar

09:00 - 09:10

Updates in Refractive Surgery

Fathy Elsahn

09:10 - 09:20

Updates in Cross Linking

Tarek Elnaggar

09:20 - 09:30

Collagen Cross Linking for Treatment of Resistant Infected Corneal Ulcers Evaluated by Anterior Segment OCT

Soheir Esmat

09:30 - 09:40

Urgent Penetrating Keratoplasty as Visual and Tectonic Graft for Treatment of Postlasik Infective Keratitis

Mohamed Salah

09:40 - 09:50

Anticipation of Difficulties in Smile Procedure

Assem Zahran

09:50 - 10:00

SISI Procedures

Mohsen Salem

10:00 - 10:10

DALK

Karim Sedky

10:10 - 10:20

Trouble with the Bubble: Alternatives to DALK

Sameh Elagha

10:20 - 10:30

Scrolling characteristics of Descemet's Membrane and Dua's layer in Pre-Descemet's Endothelial Keratoplasty

Mohamed Beshr Kenawy

10:30 - 10:45

Discussion

FRIDAY
15 December, 2017

INTERNATIONAL
EYE HOSPITAL
ANNUAL MEETING

10:45 - 11:15

Session 7

Main Hall

Challenges in GLAUCOMA

Moderator

Ayman El Sheyaty

10:45 - 10:55

Disc Damage Likelihood Scale

Ayman El Sheyaty

10:55 - 11:05

Express Shunt in Refractory Glaucoma

Mohamed El Malah

11:05 - 11:15

Blebs Behaving Badly

Yasmin Elsayed

Each lecture is 7 minutes followed by 3 minutes discussion

INTERNATIONAL
EYE HOSPITAL
ANNUAL MEETING

FRIDAY

15 December, 2017

11:15 - 11:45

Symposium 2

Main Hall

Novartis Symposium

 **NOVARTIS**

11:45 - 13:00

Praying Break & Coffee Break 1



FRIDAY

15 December, 2017

INTERNATIONAL
EYE HOSPITAL
ANNUAL MEETING

13:00 - 13:50

Session 8

Main Hall

Pediatric Session I:
Refractive Surgery in Children: When and Only When?

Moderator

Hala El Helali

13:00 - 13:50

Panel Discussion:
Refractive Surgery in Children When and Only When?

Ahmed Awadien
Hala El Helali
Lobna Khazbak
Mohamed El Sada
Mostafa El Quiee
Tarek Elnaggar



13:50 - 15:00

Session 9

Main Hall

Pediatric Session II: When the Going Gets Tough

Moderator

Hala El Helali

13:50 - 14:00

Challenging Leukocoria

Adel Aley El Deen

14:00 - 14:10

Management of Subluxated Lenses

Lobna Khazbak

14:10 - 14:20

Lateral Rectus Transposition in Management of Complete 3rd Neuro Palsy

Akmal Rizk

14:20 - 14:30

Consecutive Exotropia

Hatem Saied

14:30 - 14:40

Eyelid Anomalies and Malpositions in Children: Cases Review

Rania El Essawy

14:40 - 14:50

Miswiring

Ahmed Awadien

14:50 - 15:00

When Muscles Get Tough

Hala El Helali

Each lecture is 7 minutes followed by 3 minutes discussion

15:00 - 15:30

Coffee Break 2



FRIDAY
15 December, 2017

INTERNATIONAL
EYE HOSPITAL
ANNUAL MEETING

15:30 - 16:00

Session 10

Main Hall

Oculoplastic

Moderators

Essam Eltoukhy

Tamer Gawdat

15:30 - 15:40

Optic Nerve Tumors
Abdalla El Hussein

15:40 - 15:50

Recent Advances in Dry Eye Management
Essam Eltoukhy

15:50 - 16:00

Case Presentation
Tamer Gawdat

Each lecture is 7 minutes followed by 3 minutes discussion



16:00 - 17:04

Session 11

Main Hall

Vitreoretinal Challenges Session I

Moderators

Amr Azab

Hany Hamza

Yasser Serag

16:00 - 16:08

ILM in Diabetic Vitrectomy. When to Peel?

Ahmed El Sawy

16:08 - 16:16

Difficult Posterior Hyaloid Separation During Vitrectomy for Rhegmatogenous Retinal Detachment

Ayman Khattab

16:16 - 16:24

New Technique of ILM Peeling in Detached Retina

Amr Azab

16:24 - 16:32

Large, Fuchs' spot related, myopic macular hole RD

Hassan Mortada

16:32 - 16:40

Fovea Sparing

Sherif Sheta

16:40 - 16:48

Myopic Macular Retinoschisis, a Macular Hole Inevitable?

Mohamed Moghazy

16:48 - 16:56

Retinoschisis Threatening the Macula

Hany Hamza

16:56 - 17:04

Internal limiting Membrane. Is It Always an Enemy?

Amir Mostafa

Each lecture is 5 minutes followed by 3 minutes discussion



FRIDAY

15 December, 2017

INTERNATIONAL
EYE HOSPITAL
ANNUAL MEETING

17:04 - 18:00

Session 12

Main Hall

Vitreoretinal Challenges Session II

Moderators

*Bahaa Abdallah
Mahmoud Ginady*

*Mostafa Nabih
Noha Khater*

17:04 - 17:12

Vitrectomy in Opaque Vitreous Case Presentation
Omar Mohamed

17:12 - 17:20

Exudative Detachment Masquerading Harada Disease
Sherif Embabi

17:20 - 17:28

Recurrent Detachment Under Silicon
Ali Ghali

17:28 - 17:36

A case of AC.IOL , Secondary Glaucoma & Vitrits
Bahaa Abdallah

17:36 - 17:44

Retinal Detachment Secondary to Acute Retinal Necrosis
Khaled El Rakhawy

17:44 - 17:52

**Is Silicone Oil Always the Ideal Choice in Vitrectomy
for Gun Shot Injuries**
Ahmed Abd Allah

17:52 - 18:00

When Silicone Oil Sinks Down
Mostafa Nabih

Each lecture is 5 minutes followed by 3 minutes discussion

18:00 - 19:00

Dinner Break



LONG LASTING EFFICACY IN IOP CONTROL

Favorable tolerability.



Instill one drop in the affected eye(s) twice daily⁸.

COMPOSITION: Each 1.00 mL contains: Dorzolamide hydrochloride 22.26 mg (equivalent to 20 mg Dorzolamide) Timolol maleate 6.83 mg (equivalent to 5 mg Timolol) **THERAPEUTIC CLASS:** DORZOLAMOL ophthalmic solution (dorzolamide hydrochloride and timolol maleates), is the first combination of a topical carbonic anhydrase inhibitor and a topical beta-adrenergic receptor blocking agent. **INDICATIONS:** DORZOLAMOL is indicated in the treatment of elevated intraocular pressure (IOP) in patients with open-angle glaucoma, pseudoexfoliative glaucoma or ocular hypertension when topical beta-blocker monotherapy is not sufficient. **DOSAGE & ADMINISTRATION:** The dose is one drop of DORZOLAMOL in affected eye(s) two times daily. When used in conjunction with other ocular therapy, administer DORZOLAMOL last. **CONTRAINDICATIONS:** DORZOLAMOL is contraindicated in patients with:-Bronchial asthma or a history of bronchial asthma, or severe chronic obstructive pulmonary disease.-Sinus bradycardia, second or third degree atrioventricular block, overt cardiac failure, cardiogenic shock.-Hypersensitivity to any component of this product.The above are based on the components and are not unique to the combination. **WARNINGS & PRECAUTIONS:** Cardiovascular/Respiratory Reactions:-As with other topically-applied ophthalmic agents, this drug may be absorbed systemically.-The timolol component is a beta-blocker. Therefore, the same warnings and precautions apply as those associated with the systemic use of beta-blockers. These include hypotension, bradycardia, peripheral vascular disease, heart failure, peripheral and central circulatory disorders and hypotension.-Because of the timolol maleate component, cardiac failure should be ad- watched for and pulse rates should be checked - Respiratory reactions and equally controlled before beginning therapy with DORZOLAMOL. In patients with a history of severe cardiac disease, signs of cardiac failure should be cardiac reactions, including death due to broncho-spasm in patients with asthma and rarely death in association with cardiac failure, have been reported following administration of timolol maleate. Hepatic Impairment - DORZOLAMOL was not been studied in patients with hepatic impairment and should therefore be used with caution in such patients. **Hypersensitivity:** Hypersensitivity to any component of this preparation may cause allergic reactions ranging from mild conjunctivitis to severe reactions such as Stevens-Johnson syndrome and toxic epidermal necrolysis. If signs of serious reactions or hypersensitivity occur, discontinue use of this preparation.-Local ocular adverse effects, similar to those observed with dorzolamide hydrochloride eye drops, have been seen with DORZOLAMOL. If such reactions occur, discontinuation of DORZOLAMOL should be considered.-While taking (5-blockers, patients with a history of allergy or a history of severe anaphylactic reaction to a variety of allergens may be more reactive to accidental, diagnostic, or therapeutic reactions with allergens. Allergy tests may be unreliable due to the usual uses of epinephrine used to treat anaphylactic reactions. **Concomitant Therapy:** The following concomitant medication is recommended: -Dorzolamide and anticholinergic drugs: Anticholinergic agents may increase the risk of angle closure glaucoma. **Discontinuation of Beta-blockers:** If discontinuation of ophthalmic timolol is needed in patients with coronary heart disease, therapy should be withdrawn gradually.Additional Effects of Beta-Blockade: -Therapy with beta-blockers may mask certain symptoms of hypoglycaemia in patients with diabetes mellitus or hypoglycaemia.-Therapy with beta-blockers may mask certain symptoms of hyperthyroidism. Abrupt withdrawal of beta-blockers therapy may precipitate a worsening of symptoms.-Therapy with beta-blockers may aggravate symptoms of myasthenia gravis. Additional Effects of Carbonic Anhydrase Inhibition: -Carbonic anhydrase inhibitors can cause metabolic acidosis, especially in patients with renal insufficiency. In patients with pre-existing renal insufficiency, prior history of renal colic, although no acid-base disturbances have been observed with dorzolamide timolol.Basis: DORZOLAMOL contains a topical carbonic anhydrase inhibitor and a topical beta-adrenergic receptor blocking agent.

8- Insert leaflet.

Scientific Office :

496, El Horreya Ave., Bolkely, Alexandria. Tel. : (03) 5823745 - 5839670

P.O.Box : 12 Sidi Gaber, Alexandria, Egypt. Fax : (03) 5830958

E.Mail : marketing@pharco.com.eg



PHARCO
PHARMACEUTICALS



[NOTES]

A series of horizontal dashed lines for writing notes.



[NOTES]

Handwriting practice lines consisting of multiple rows of dashed lines on a light gray background.



LUCENTIS
RANIBIZUMAB

TRAVATAN[®]
40 micrograms/ml eye drops, solution
travoprost

DUOTRAV[®]
40 micrograms/ml + 5 mg/ml eye drops solution (travoprost/timolol)

AZARGA[®]
(brinzolamide 10mg/ml+timolol 5mg/ml) eyedrops, suspension

Systane[®]
ULTRA
LUBRICANT EYE DROPS

For full prescribing information, please contact:
Novartis Pharma S.A.E
3El Sawah St., El Amina, Cairo, Egypt
P.O. Box 1893 - Code 11511
Tel.: +20 2 22361000
Fax: +20 2 24505345
www.novartis.com.eg

 **NOVARTIS**

العيون الدولي

INTERNATIONAL EYE HOSPITAL



INTERNATIONAL EYE HOSPITAL

ANNUAL MEETING



Organizing office in charge

RM EVENTS

Address: Suite 301, Level 3, Nassar Tower,
1 Mostafa Kamel Street, Roushdy

Phone: +20 (0) 35226738, +20 (0) 35226572

Mobile: +2012-75580666, +2012-23925628

Hotline: +2012-85555421

E-mail: conferences@rmsolutions.net

Web: www.rmsolutions.net