Dear colleagues and friends,

Wishing you all a happy festive period and let the New Year bring success and prosperity.

I am delighted to share the latest SOE Newsletter, with interesting articles written by young ophthalmologists.

Our online edition opens contains:

1 – YO Report from TOA National 2023 Congress - by Mine Esen Baris, MD, FEBO.

2 – YO Report from 15th Azerbaijan Young Ophthalmologists Conference and 1st Azerbaijan Young Ophthalmologists Forum – by Lala Mammadova – SOE YO Azerbaijan National Representative.

3 - YO Clinic - Little Secrets of Rejuvenation: Art and Science of Beauty by Nina Jovanovic, MD, MSc, MPH.

4 - Telemedicine 3 years on - Ayesha Karimi, National Rep for the UK.

5 - ESCRS MIGS Masterclass 2023: A New Course on Microinvasive Glaucoma Surgical Training - Atanas Bogoev, MD, FEBO.

I would like to sum up my reflections on 2023.SOE 2023 was successfully held in Prague with a very strong YO Community present. I attended TOA National 2023 Congress in Turkey, Antalya. We had our 3rd international Scientific – Practical Conference in Tbilisi, Georgia, At the time of writing this editorial I have a mini exchange program in Zagreb, Croatia - I was invited here by my friend Nina Jovanovic, one of the best young oculoplastic surgeons. This year has been the best for me because I had a baby girl and she gives me the warmest moments of my life.

I wish you and myself all the best in 2024.

Yours sincerely,

Editor – in - Chief

Lana Datuashvili

DR. SC. IGOR KNEZOVIC DR.MED. Nina Jovanovic, MD, MSc, MPH and - Dr. Lana Datuashvili - Poliklinika Knezović, Zagreb, Croatia.

New Year in Zagreb, Croatia.

TOA National 2023 Congress brings Young Ophthalmologists from all over the world together

By Mine Esen Baris, MD, FEBO

The 57th Turkish Ophthalmological Association (TOA) National Congress was held in Antalya, Turkey on 8-12 November 2023. At the 100th anniversary of the foundation of the Turkish Republic, with a world-class scientific programme and well planned social meetings for every night, the congress was memorable for the more than 2000 attendees.

The scientific programme included surgery videos of the most complicated cases of every sub-scpecialty, interactive sessions, presentations and debates of experienced clinicians in both Turkish and English, and oral presentations that were carefully selected from the submitted abstracts. A valuable exchange of information and efficient discussions took place at the “round table meetings”. The first of many future sessions of “sustainability in ophthalmology” also took place in this congress.

Most importantly, the congress had a lot to offer to YOs, with 4 sessions of presentations of prestigious young ophthalmologists from all over the globe, about latest advancements in their respective fields of research. The YO lounge provided a great enviroment for YOs to gather and chat with collegues from different countries. The interested residents and YOs found a chance to interview with the former EBO president Christina Grupcheva in a very warm enviroment, talked about the ophthalmology education in Europe and the importance of being “board certified”.

The social programme was especially rich this year. YOs had their own cocktail party at the pool side and had a delightful time talking and sharing with peer colleagues. The lovely weather conditions in Antalya during the congress time allowed guests to both enjoy the sea and outdoor activities. In addition to the concerts of music band “The Rocktors”, Turkish folk songs and TOA chorus, the famous Turkish pop singer Haluk Levent performed for ophthalmologists at the congress gala.

The TOA YO Committee met with the TOA President Dr. Huban Atilla, to discuss the needs of YOs and share their ideas for the future organizations. Thanks to the amazing support from the TOA, the YO committee will be more than happy to host our international colleagues in the next TOA National Congress.

TOA YO Committee with Prof Dr Huban Atilla

YO session-3 with the moderation of Emrullah Taşındı, Dua Harminder and Burçin Kepez Yıldız

YOs with Emrullah Taşındı, Dua Harminder & Burçin KepezYıldız

Dua Harminder with Lana Datuashvili

<u>Lala Mammadova – Azerbaijan National Representative, YO SOE</u>

Report about the 15th Azerbaijan Young Ophthalmologists Conference and 1st Azerbaijan Young Ophthalmologists Forum, held on 24-25th November 2023 in Baku, Azerbaijan.

The Young Ophthalmologists Conference (YOC), which was first held in 2006, has been organized regularly for 17 years. Young ophthalmologists who spoke at these conferences many years ago are now working as experts, participating in international events held in different countries of the world, representing our country, the science of ophthalmology of our country. This wonderful tradition is still continued in our country as a clear example of special attention to the professional development of young ophthalmologists.

15th Azerbaijan Young Ophthalmologists Conference and Azerbaijan Young Ophthalmologists 1st Forum were held on 24-25th November in Baku. It was the largest and most prestigious event for young ophthalmologists in Azerbaijan.

At the opening ceremony of the conference, the Chairman of the Azerbaijan Society of Ophthalmologists, Professor Elmar Kasimov, was awarded with the honorary title "Friend of Young Ophthalmologists" and was awarded with a trophy.

The conference offered a wide range of sessions covering the latest advances and challenges in ophthalmology, from basic science to clinical practice. There was very hot topics such as "Residents' Complications of Extracapsular Cataract Extraction", “The value of optic disc OCT angiography in patients with silicone oil tamponade", "Congenital cataract and its genetics", "Incidence of retinal detachment after refractive surgery", "Macular damage caused by a barcode reader" (clinical case) and "Congenital simple hamartoma of the retinal pigment epithelium" (clinical case) from local speakers. There were also many interesting topics from international speakers from Turkey, Italy, San Marino, India, Russia and Hong Kong.

At the end of the conference, young ophthalmologists were awarded 1st, 2nd, and 3rd place medals in the nominations of the best speaker, the best scientific work, and the best clinical case. The awards were chosen in a completely transparent way by the participants of the conference by voting by the QR code which presented on the badges and on the program cards.

Azerbaijan YO 1st Forum was especially interesting for young ophthalmologists. There were topics such as “How to start Scientific work?”, "How to write a scientific article?", "About advanced training courses and Fellowship education in European countries", “Specialization for Ophthalmologists in India. Opportunities for clinical and surgical improvement” and "International resources for professional development of young people. ICO Exams, ICO Fellowship programs”.

The conference and forum ended with a magnificent banquet on the evening of November 25. Various surprises were organized for young ophthalmologists at the party. Including the presentation of "Shahplov", one of the national dishes of Azerbaijan.

During the course of the conference and forum, it was presented on the pages of local news portals. The course of the entire event was actively covered on social media.

The conference was very succesfull and full of surprises. We hope to see you at this annual event in the future.

YO Clinic

Little Secrets of Rejuvenation: Art and Science of Beauty

Nina Jovanovic, MD, MSc, MPH

Aging is caused by a combination of genetic and environmental factors, especially ultraviolet radiation, repeated movements of facial expressions, and exposure to tobacco smoke, and is manifested by the appearance of wrinkles, uneven skin texture, loss of volume and elasticity, and relaxation of facial tissues and skin. Due to the numerous muscles and supporting ligaments of this region rejuvenation can be achieved with non-invasive cosmetic procedures such as soft tissue/dermal fillers application, botulinum toxin injection, PDO thread lift, or with surgical procedures addressing loss of volume, sagging and deflation of the skin and soft tissues. Non-surgical cosmetic treatments have limited and shorter duration and need to be frequently repeated to maintain their optimal effect. On the other hand, although, surgical corrections in this region offer longer-lasting results, they require very good knowledge of the regional anatomy, the relationship of involved structures that act as an undivided unit, long surgical training, and abilities to address the possible operative and postoperative complications.

The first step in the facial rejuvenation process is the periocular region assessment which includes the position of the eyebrows, wrinkles between the two eyes, and on the side of the eye, excess skin of all four eyelids, drooping of the upper eyelids, the position of the lower eyelid in respect to the eyeball, prolapse of the fat pads, sagging of the lacrimal gland, convexities and concavities and loss of elasticity of the skin of the entire region. Another relevant observation is the gender features that need to be respected when addressing age-related attributes. Corrections should be planned

individually, depending on the patient's problem or personal preferences, and when needed combined as part of one procedure when treating the regions that are natural continuations of others.

A general rule of thumb is that we should consider joined surgical treatment for eyebrow and upper lids, while lower eyelids surgery usually benefits from midfacial suspension.

Aesthetically and functionally, the upper eyelid and eyebrow form a unique unit one transitioning to the other at the *arcus marginalis* along the superior orbital rim. The combined procedure of eyebrow lifting and blepharoplasty of the upper and lower eyelids is one of the most effective procedures for rejuvenating this region. (1, 2). With age, upper eyelid skin becomes redundant giving the hooding appearance. This is more accentuated by the brow descent. If only redundant eyelid skin is removed without addressing brow ptosis, the brow may descend even further (3) failing the satisfaction of both, the patient, and the surgeon. In preoperative evaluation, it is important to educate the patient that with the brow lift and upper blepharoplasty surgery, the surgeon will address the ptosis and tissue redundancy, but dynamic lines and wrinkles will largely remain. Thus, other therapeutic considerations could be planned in time, like chemical peel, laser resurfacing, and Botox injection (3).

There is a myriad of surgical options for brow lifts, but due to limited space in this article, the one that stands out and is mentioned here is the Lateral Temporal Brow Lift or Mini Brow Lift. A small incision hidden in the hair is created and the outer 1/3 of the brow and forehead is lifted. Compared to a traditional or endoscopic brow lift, a lateral temporal lift does not address the central forehead and brow, but it lifts the lateral portion of the brow, thus preventing an overly open-eye or surprised look. Eyebrows are supported by muscles and fatty tissue behind them. Deep to the orbital orbicularis and frontalis muscles, there is a well-known ROOF that stands for retro-orbicularis oculi fat pad and provides fullness to the brow and upper lid. ROOF resection was previously executed as an adjunct procedure to Upper Blepharoplasty, often giving a skeletonizing, atrophic impression, and an “A-frame” deformity (4) however, the modern approach now actually advocates for preserving or even supplementing the volume of fatty tissue in this region. Of course, the position of male and female

eyebrows is different, and it is the shape of the arch that gives femininity or masculinity to the face, which should be considered preoperatively. When performing upper blepharoplasty, if excess or pinched fat tissue is to be removed (Fat Pads Excision), it should not be confused with lacrimal gland tissue because they often look similar, as inadvertent lacrimal gland injury will likely produce eye dryness. If the lacrimal gland has sunk into the eyelid (gland prolapse) causing bulging or fullness of the outer lid part, it can be reattached to its socket (lacrimal fossa) with two or three stitches in a procedure called Lacrimal Gland Repositioning. When addressing the lower eyelids, excess skin when exist should be removed, but unevenness (convexity) caused by orbital fat prolapse can be dealt with either by fat excision or transposing fat pads. The lateral canthal tendon of the lower eyelid, if needed, can be stabilized in a procedure called Canthopexy or Canthoplasty, which prevents frequent complications of this operation, or it can provide the appearance of so-called Cat or Foxy eyelids.

Similarly, the lower eyelids with the middle face (the upper part of the cheek) form a unique unit. The transition from one part to another is called the lid-cheek junction (5). Manifestations of aging are reflected in the sagging and descent of the middle face, i.e., the lowering of the malar fat pads and festoons of the orbicularis. Depending on the anatomy of the lower eyelid and the tear trough, with age, we notice herniation of the fat pads, dark circles, or excess skin that can occur individually or in combination. The orbicularis muscle is firmly attached to the bone by the orbicularis retaining ligament. Medially, there is a convergence of the orbicularis retaining ligament and zygomatic-cutaneous ligament and it changes into a tear trough ligament at the level of the nasojugal groove. Between the nasojugal groove and the location of the tear trough ligament the tear trough deformity and the ‘‘dark circles’’ can be identified clinically. The transition between lid and cheek is less pronounced in younger individuals, while with aging and fat re-distribution this zone becomes more sunken, while the zone above and beneath becomes more convex ending with so-called double convexity. There are several surgical techniques to address the aging lower lids in a procedure called Lower Blepharoplasty, and they are in most cases individually tailored. It can be done through the skin or the conjunctiva from the back of the eyelid. Lower eyelid stabilization is often combined with the lower blepharoplasty method to prevent ectropion or retraction of the lower eyelid in the canthopexy/canthoplasty procedure. A significant level of lifting of the upper part of the face or cheeks can be

achieved by stabilizing orbicularis muscle and soft cheek tissues by tying deep sutures for the periorbital periosteum. This raises the cheek, and flatness the unevenness that is the result of the natural relaxation of the skin.

Removal of only excess fatty tissue is most often done by the posterior approach through the conjunctiva of the eyelid, which does not induce skin scar and prevents possible unwanted complications such as retraction or ectropion. In case of excess skin, pinch blepharoplasty can be performed, where 3 or 4 mm of excess skin is removed in a single strip. In this case, the safest option is a combination of a posterior approach to remove excess fat pads, and an anterior pinch blepharoplasty, which does not damage the septum and thus minimizes postoperative complications. If the fat pads are only unevenly distributed or herniated and when a removal will lead to a pronounced skeletonizing appearance making the patient look older, it is necessary to perform a fat tissue transposition in the upper region of the middle face, filling the hollowness. The face acquires a continuous slightly convex shape instead of a double convexity. Here, it is necessary to detach the connection between orbicularis muscle and the orbital rim making pockets, especially in the tear trough region. Fat is slid into created pockets. It is very important not to inadvertently damage the inferior oblique muscle. Fat is then stabilized with a suture that is externalized through the skin. Macro or nano-fat can be used to fill in the residual hollowness to achieve a smooth transition. Such a smooth transition without depressions or bulges is one of the most important characteristics of a youthful appearance and should be the main goal of lower blepharoplasty or mid-face lift. Considering the innervation of this region, care is taken not to damage the infraorbital nerve, which is responsible for the sensitivity of the cheek and lower eyelid.

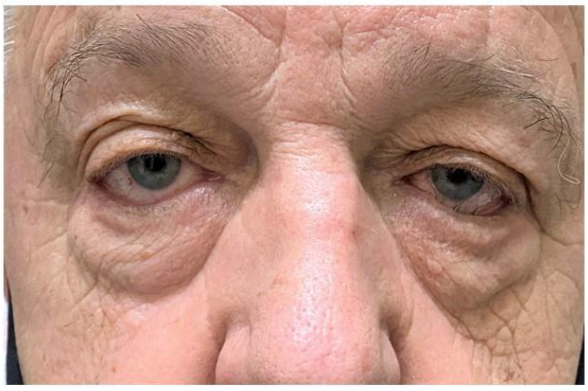
Bearing in mind the complexity, multimodality, and constantly evolving techniques in periorbital surgery, the rejuvenation of this region continues to be an exciting area of constant advancement and expansion in nonsurgical and surgical methods for oculoplastic experts and fellows. The pursuit of youthfulness and reversing a time clock backward has always been an epic dream or a mystery, portrayed in numerous books, movies, and plays. Thus, it does not come as a surprise that today we have almost the largest and fastest growing industry backing up the story of being forever young and beautiful with an increasing number of ophthalmologists who passionately strive to

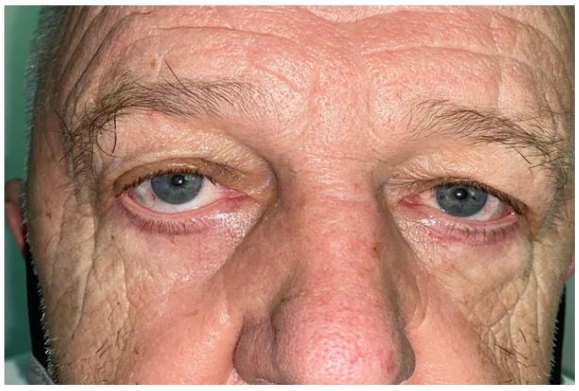
master the more and less invasive techniques and to create a unique art piece embodied in faces of their patients.

BEFORE

AFTER

UPPER FACE REJUVENATION WITH INJECTABLE HYALURONIC ACID FILLERS





BEFORE – PRIJE

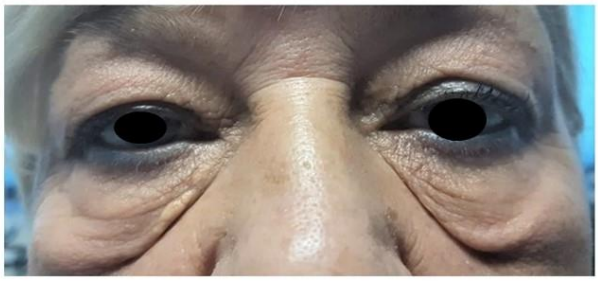
AFTER - POSLIJE

ENTROPION SURGERY WITH RETRACTOR PLICATION AND LATERAL STRIP PLUS LOWER EYELID BLEPHAROPLASTY WITH EXCESS FAT REMOVAL

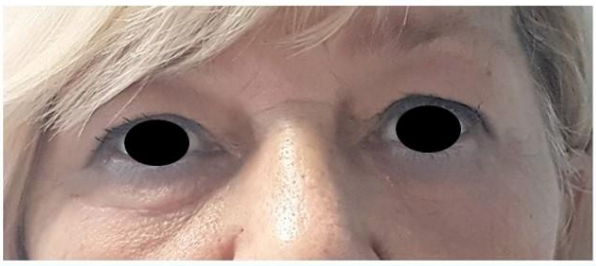
BEFORE

AFTER

UPPER BLEPHAROPLASTY WITH BROW LIFT



BEFORE



AFTER

LOWER BLEPHAROPLASTY and MID-FACE LIFT WITH FESTOONS REMOVAL

Telemedicine 3 years on

Virtual medical consultations / Telemedicine was accelerated by the Covid-19 pandemic, with many doctors now using telephone or video consultations as their primary method of contact with patients.

Ayesha Karimi, National Rep for the UK

The practical aspects of remote consultations have been viewed generally positively by patients. Some of the benefits of virtual consultations includes:

- Reducing the risk of infections
- Patients feeling more relaxed in their homes or in a familiar environment
- More convenient for the doctor and patient e.g. do not have to take time off work to attend, do not have to find childcare / vulnerable adult care arrangements
- Time-saving
- Cost-saving e.g. travel and parking costs
- Family can be easily present if needed

However there have also been some challenges faced with virtual consultations:

- Inability to perform a slit-lamp / physical examination
- Technical difficulties around platforms used to communicate with patients
- Inequality of access for patients due to technological handicap or personal disabilities
- Additional training required to run remote consultations
- More difficulty in establishing a good doctor-patient relationship virtually
- Concerns around confidentiality, privacy and security from both doctor and patient
- Communication risks e.g. in a telephone consultation unable to use any body language cues
- If sound is unsynchronised due to poor signal, some information spoken may be missed from both ends
- Doctors and patients may be multi-tasking and distracted from the consultation
- Lack of social presence and proximity – can give a sense of detachment
- Patients more likely to forget a phone call appointment than a face-to-face appointment
- Patients preferring seeing a doctor face to face as this may alleviate some anxiety about being seen ‘thoroughly’

- Patients preferring having a specific time and place for the appointment, rather than getting a call at a less precise time in the day

In addition to the above, doctors may have what is called a “wellness bias” when consulting remotely. This is a tendency to underestimate the severity of symptoms, possibly because there is a false reassurance when not seeing the patient face to face, or possibly due to missing vital cues or not asking about red flags in the history.

In general, it is better to consult in person when there are high-risk scenarios, disabilities, language barriers, vulnerable patients or when there is a need for a physical examination.

We know that good communication skills are key in effective and safe consultations, and patients often consider our interpersonal skills when evaluating how good we are as doctors. The virtual clinic disrupts some of those skills. For an effective video consult, it is good to:

- Ensure a good internet connection and a backup plan in case this fails
- Familiarise yourself with the platforms or apps you use consult remotely
- Consider having two screens – one for viewing the patient and the other to view the patient’s notes
- Verify who the patient is and who is in the room with them
- Ensure the device is charged / plugged in and advise the patient if possible to do the same. Have a backup device if needed
- Minimise distractions and noise
- Consider your background and make sure it appears professional
- Know beforehand if there is going to be any disability or language barrier so any necessary arrangements can be made beforehand
- Have a dedicated clinical account, if you use the platform socially as well as personally
- Take the patient’s consent when recording the consultation

When making a call it is reasonable to ask if the patient is ok with the call at that moment (and not driving, in a supermarket etc), as if there is anyone else in the room with them.

It can be beneficial for the patient to be sent written information after either the phone or video consultation either through the video platform, email, post, etc.

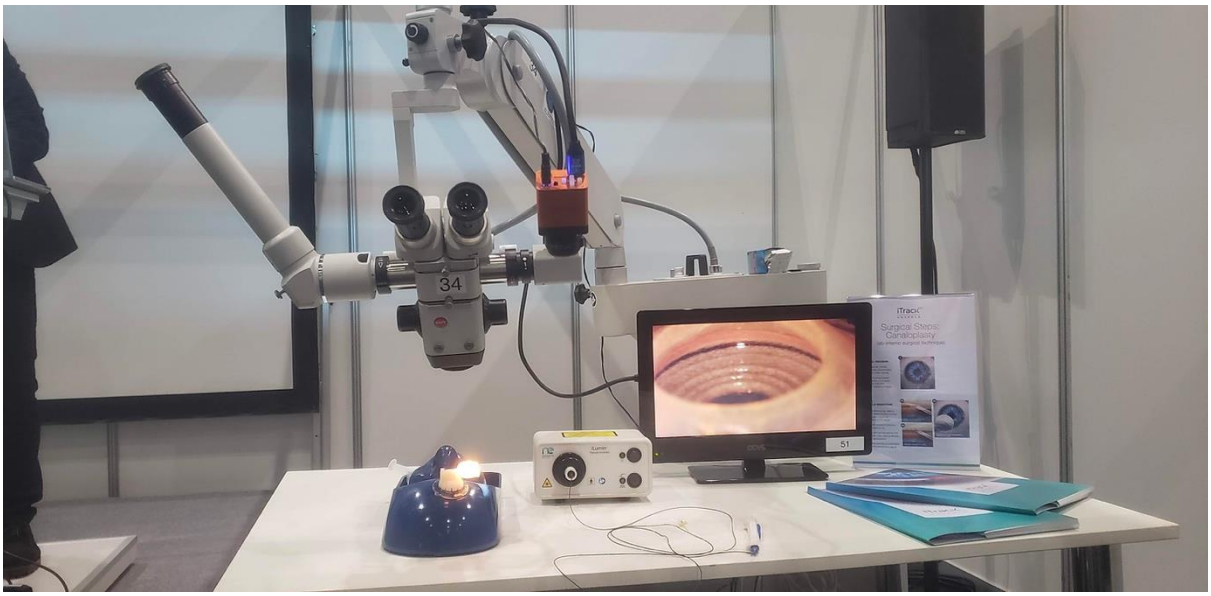
Content from this article has been adapted from the Medical Protection Society, UK.

ESCRS MIGS Masterclass 2023: A New Course on Microinvasive Glaucoma Surgical Training

Atanas Bogoev, MD, FEBO

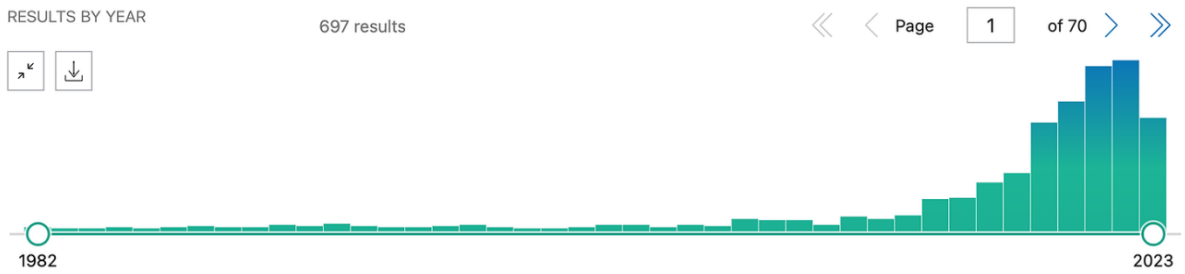
This year for the first time the European Cataract and Refractive Surgery Society (*ESCRS*) announced a new microinvasive glaucoma surgical training course - the ESCRS MIGS Masterclass 2023. If you want to know what it consists of and if it's worth applying for, read on. During the ESCRS Congress in Vienna, I (*Atanas Bogoev, MD*) had the opportunity to go through it, and I am here to share all about it from my personal experience.

It is well known that glaucoma is one of the most common causes of irreversible blindness, affecting millions of people globally. Treating glaucoma can be challenging, especially in complex cases, where conventional medical treatment (*eyedrops*) or laser therapy may not be sufficient. That's where MIGS comes in, helping us ophthalmologists efficiently treat patients with an innovative approach to glaucoma surgery.



In the last decade, there has been a growing interest and development in microinvasive glaucoma surgery (*MIGS*). It's a group of surgical procedures using micro-sized devices or techniques to enhance the aqueous humor drainage from the eye, with *minimal trauma and complications*.

An increasing number of recent publications demonstrate how MIGS proves to be effective and safe, especially in lowering the IOP and reducing the need for glaucoma medications in selected patients.



The graph is based on a search query in PubMed and shows that the number of MIGS publications has increased significantly over time, especially in the last decade.

Of course, MIGS is not a one-size-fits-all solution. It requires careful patient selection, surgical planning, proficient surgical technique, and follow-up. MIGS is a rapidly evolving field, constantly introducing and improving on new devices and techniques. Therefore, it is essential for ophthalmologists who want to perform MIGS to acquire adequate knowledge and skills and keep up with the latest evidence and innovations.

To address this need, the European Society of Cataract and Refractive Surgeons (*ESCRS*) has launched a new course in 2023. It's called the ESCRS Masterclass on Microinvasive Glaucoma Surgical Training. The course provides practical training on MIGS targeting ophthalmology specialists with some glaucoma surgery experience and those who want to expand their expertise.

ESCRS MIGS Masterclass: How to apply

Application for the MIGS Masterclass 2023 started in May 2023.

To apply for the ESCRS Masterclass MIGS, first of all you need to meet the following criteria:

- You are a member of the ESCRS
- You have to have some experience doing surgery, preferably comfortable with cataract surgery
- You have to have and show interest and be motivated to learn about MIGS
- You are willing to commit time to the program and attend all online and in-person sessions, as well as the on-site course and Wetlabs

You apply by filling out an online application on the ESCRS website.

ESCRS MIGS Masterclass: Structure

The ESCRS MIGS Masterclass 2023 had two parts: an online part and an on-site part.

The online part included four modules that cover the basic principles, indications, contraindications, complications, and clinical outcomes of MIGS. Each module consisted of video lectures. It also included four live webinars, where we could interact with the faculty, ask questions, and participate in discussions. Some of the online modules include:

1. ***Lectures from renowned glaucoma subspecialty experts on glaucoma overview;***
2. **Therapeutic *options and target intraocular pressure for glaucoma patients***
3. ***Visual fields and Optic nerve head imaging and interpretation***
4. ***Gonioscopy during the clinic and intraoperatively***
5. ***Anterior ocular segment anatomy***
6. ***Angle surgery with various* specific *MIGS devices, stents, and bleb-forming implants.***

Lectures length is usually between 40 to 60 minutes. They were very concise, to the point, and packed with research, good practices, and helpful advice. The lectures were so informative that I even went through them one more time after completing the course. I find them very practical and extremely helpful for my daily work in the clinic!

Furthermore, the participants were invited to join a WhatsApp group, where they could discuss cases and share experiences with their peers and mentors. Questions from the WhatsApp group were discussed thoroughly during the webinars.

ESCRS MIGS Masterclass 2023: Mentors

When I talk about my experience with the ESCRS Masterclass, one of the first things that comes into my mind is the high quality of tailored mentorship from the incredible MIGS Faculty. You could feel the energy and the time the team of motivated, renowned experts in glaucoma surgery, put into organizing the course.

The faculty includes Ziad Khoueir (*Program Chair, Lebanon*), Leon Au (*United Kingdom*), Henny Beckers (*Netherlands*), Syril Dorairaj (*USA*), Karsten Klabe (*Germany*), Verena Prokosch (*Germany*), Andrew Tatham (*United Kingdom*). All of them are very down to earth, approachable, and are great teachers!

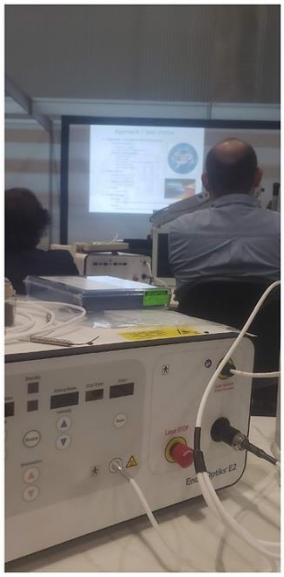
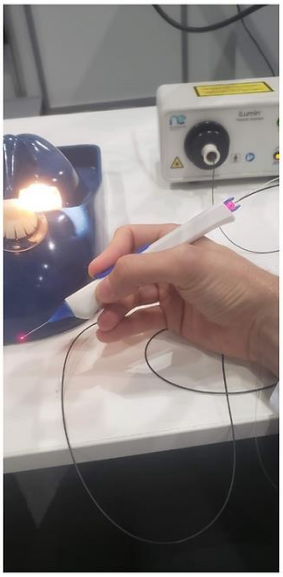
ESCRS MIGS Masterclass 2023: On-site

The on-site part was a two-day intensive course at a state-of-the-art congress center in Vienna. The first day included several case discussions. We were split into groups of 8-10 participants and were assigned a mentor. We had to answer specific questions regarding a

case of glaucoma as a group, which stimulated very interesting discussions internally. After the time for each case was up, each group had to present its therapeutic option and answers to the question and present them to the others, sparking even more interesting discussions between groups. In the afternoon we switched to doing various wet labs, and practical training on different MIGS devices and techniques:

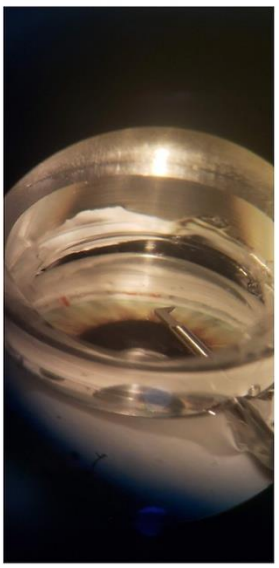
- *iStent inject*
- *Hydrus Microstent*
- *iTrack surgical system*
- *Kahook dual blade*
- *ECP*

After the busy day 1 we were invited to an official MIGS Masterclass dinner event, where the participants had the opportunity to network with each other and connect with the faculty. If you are accepted for the next MIGS masterclass you cannot miss this dinner! For me, it was one of the highlights of the course. You can easily approach and chat with fellow colleagues from around the world or ask the mentors whatever you like!


We were divided into several groups of 8-10 participants and rotated through the Wetlabs. Each Wetlab was about 1 hour and 30 minutes and included an introduction lecture about the device, surgical technique and some tips and tricks.





After completing the Wetlabs on day 2 we had to take a 100-question multiple-choice question test, focused on what we learned.

I believe the ESCRS MIGS Masterclass provided us with a solid foundation and confidence in performing MIGS. The surgical training course also inspired us to pursue excellence and keep in touch with the innovation in the glaucoma field.

ESCRS MIGS Masterclass 2024

The ESCRS Masterclass 2024 will be open for applications in the spring of 2024. So stay tuned and do not miss the opportunity to apply! It is so worth it! For more information and registration, please visit the ESCRS official website.