

CERTIFICATE

Presented to:

M. Hidayat, MD

has attending

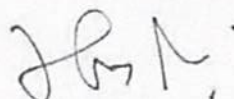
Young Ophthalmologist Program

March 31st, 2019 | Santika Premiere Bintaro Tangerang

as

Speaker

Country Business Unit Head



Hanny Rahmasari



YOP
Young Ophthalmologist Program


PERDAMI
CABANG BANTEN

YOP **Final Announcement**

Santika Bintaro Tangerang
Sunday / Mar 31st, 2019
Tangerang

Alcon

Dates and Venue

Sunday / March, 31st 2019



HS
Santika
Hotel Santika
BINTARO

Bintaro Jaya Cbd, Blok B7, Jl. Prof. DR.
Satrio No.A3-01, Pd. Jaya, Pd. Aren, Kota
Tangerang Selatan, Banten 15224,
Indonesia

Phone: +62 21 29868989

<https://goo.gl/maps/Bg4FCa7RV4G2>

Welcome Notes

Dear Doctors,



Alcon committed to help people see better and increase the quality of life. To attain this objective, We are pleased to help enhancing the knowledge's and skills of Indonesian Ophthalmologists as our partner by conducting the **Young Ophthalmologist Program 2019** This event will be held at Santika Bintaro Tangerang on Sunday 31th Mar 2019



Whether your field of interest is in Cataract or , Refractive, we would like to invite you to participate in this exciting event and be exposed to the clinical experiences which are supported by in-depth studies. By the time you are back to clinic or operating-theater, you will be well-equipped with the knowledge's to deliver best treatment for your patients.

This discussion is dedicated for health practitioners only and not for their partner, children or the health practitioners' relatives.

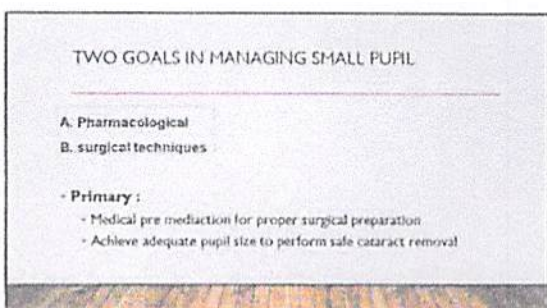
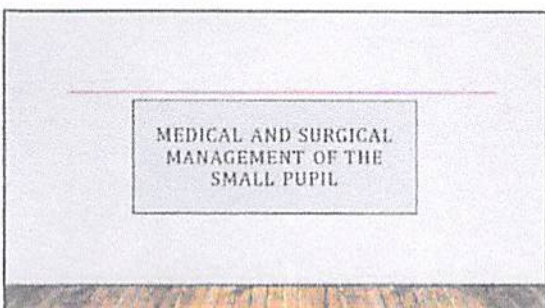
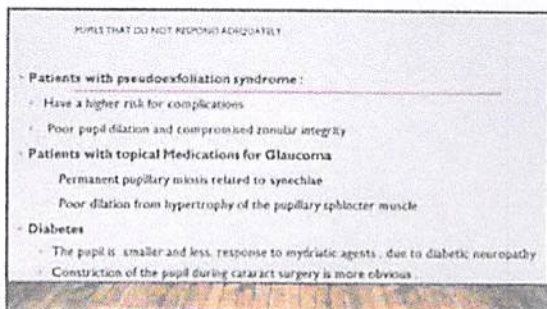
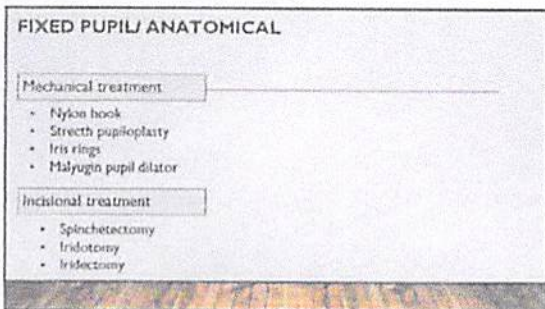
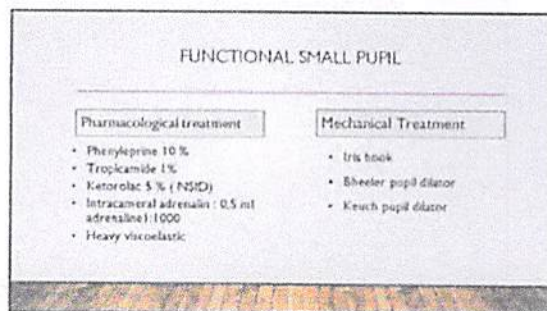
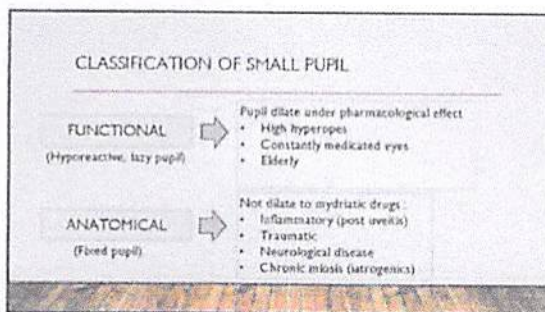
Looking forward to see you at this event

Alcon A Novartis Division

Agenda

| Time | Topic | Speaker |
|--|--|-------------------------------|
| 08.30 - 09.00 | Registration & Coffee break | |
| 09.00 - 09.15 | Opening Speech | Head of Vietnam and Indonesia |
| 09.15 - 09.30 | Opening Speech | Head of PERDAMI Banten |
| Moderator : Vidyapati MD* | | |
| 09.30 - 10.00 | Hydrophobic Vs Hydrophilic, Are all hydrophobic IOLs the same ? | Imam Tiharyo MD |
| 10.00 - 10.30 | How can OVD improve the outcomes in challenging cases ? | Sharita Siregar MD |
| 10.30 - 11.00 | How to start implanting premium IOL | Johan Hutauruk MD |
| 11.00 - 11.30 | Patient Selection for Astigmatism | Ucok Parlindungan MD |
| 11.30 - 12.00 | Discussion | |
| 12.00 - 13.00 | Lunch | |
| Moderator : Tjahjono D Gondhowiardjo MD | | |
| 13.00 - 13.30 | Peristaltic Vs Ventury system which one is better ?? | Bobby Sitepu MD |
| 13.30 - 14.00 | Challenging Cases 1 : High myopia Benefits of Active fluidic and Intra operative pressure control. | Magdalena Siska Trisanti MD |
| 14.00 - 14.30 | Challenging Cases 2 : Small Pupil Small Pupil without iris retractor, let's handle it | M Hidayat MD |
| 14.30 - 15.00 | Challenging Cases 3 : Hard Cataract Dealing with Hard Cataract | Kalqin MD |
| 15.00 - 15.30 | Discussion | |
| 15.30 - 16.00 | Coffee break & Closing | |

*To Be Confirm



SMALL PUPIL PHACO WITHOUT IRIS RETRACTOR : CAN WE HANDLE IT?

MUHAMMAD Hidayat

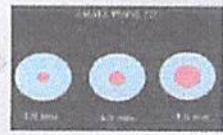
Cataract & Refractive Surgery Subdivision
Department of Ophthalmology Medical Faculty Andalas University
Sir. M. Djamil Hospital Padang

INTRODUCTION

SMALL PUPIL CATARACT

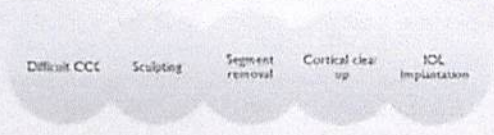
A relatively common problem experienced during cataract surgery

Defined as pupil ≤ 4 mm in diameter \rightarrow Prevalency 2%



SMALL PUPIL

Major challenge \rightarrow Lack of visualization



COMPLICATION


- ☐ Posterior Capsule Rupture
- ☐ Corneal endothelial cell loss
- ☐ Vitreous loss
- ☐ Dropped nuclei
- ☐ Iris trauma, damage
- ☐ Capsular phimosis

TECHNICAL CHALLENGES OF SMALL PUPIL PHACO

- ☐ Reduced red reflex
- ☐ Increased risk of iris damage
- ☐ Iris bleeding
- ☐ Problems in ensuring in-the-bag IOL placement
- ☐ Iris prolapse from wound
- ☐ Incomplete evacuation of the cortical material
- ☐ Small anterior capsulorhexis rim

COMMON CAUSE OF SMALL PUPIL

- Post uveitis cataract (posterior synechiae)
- Pseudoexfoliation syndrome
- Diabetic patients
- Floppy iris syndrome (when on alpha blocker drugs)
- Prolonged miotic therapy
- Neurological conditions



PHARMACOLOGICAL APPROACH

Preoperative → starts 2 days before surgery.

- Phenylephrine 2.5%
- Tropicamide 1 %
- Cyclopentolate 1%
- Ketorolac 0.5%

SURGICAL TECHNIQUES

- Posterior synechia → synechial released devices
- A high-viscosity viscoelastic is used to dilate the pupil.
- Surgical methods to enlarge the pupil can be classified into :

1. Pupil stretching

2. Iris cutting

3. Iris retaining

OPERATIVE

INTRACAMERAL MYDRIATICS

1: 1000 (1 mg/ml) Epinephrine

Lidocaine/ Epinephrine mixture

CAN WE DO CATARACT SURGERY IN SMALL PUPIL?

Without Iris-retaining devices ?


Pupillary mydriasis can be achieved by

- ☐ Injection of an ophthalmic viscosurgical device
- ☐ Membranectomy
- ☐ Release of Posterior Synechiae
- ☐ Pupil Stretching



THE PHACOEMULSIFICATION TECHNIQUE


- A longer clear corneal incision
- High viscosity viscoagents
- The capsulorhexis undermatch the inc




Small pupil phaco of the elderly

dr.M.Hidayat,SpM(K)

- Endocapsular vertical chopping phaco technique



- Lens caps removal can be done in AC
- VA eye 45° (curved)



- IOL Implantation
- Remove YES
- All parameter lower than usual

Small pupil phaco of the elderly



dr.M.Hidayat,SpM(K)

CONCLUSION

- ✓ A complete medical history is critical in identification of patients with pharmacologically induced pupillary dilation.
- ✓ The use of NSAIDs preoperatively ; support mydriasis and/or prevent miosis.
- ✓ A specific techniques for small pupil must be safe, quick, effective and has same result with cataract surgery through normal pupils.



THANK YOU