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VIDEO THEATRE & FILM FESTIVAL

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DURING FILM FESTIVAL AND FINAL SESSIONS

THE BEST VIDEO SELECTED FROM
THOSE PRESENTED AT THE
FILM FESTIVAL
WILL BE ELIGIBLE FOR THE
C.S. RESHMI AWARD
(SUBJECT TO THE CONDITIONS OF THE AWARD)
FILM FESTIVAL FINAL
DATE : 11.2.2006 HALL : I TIME : 1.45-2.45

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(See Video declaration form for 2007 at the end)

VIDEO THEATRE - I

10 MINUTES EACH

VIDEO THEATRE FILM 1 [FP0615]

INSTRUCTION FILM

DATE : 09.2.2006

HALL : I

TIME : 8.30-10.30

AN ANALYSIS OF COLD PHAKONIT WITH ROLLABLE IOL IMPLANTATION

Dr. ARUN KUMAR G. L., Dr. PRAKASH S. K., Dr. PALANIRAJ — *CHENNAI*

An analytical study of Cold Phakonit with Rollable Intraocular Lens implantation was done on all grades of cataract using different types of phaco modes. 50 cases were done. The advantages and disadvantages of different Phaco Modes on all type of cataracts was analysed. The patients were followed up for a minimum of 6 months post-operatively. The time of post-operative visual rehabilitation, quality of vision, contrast sensitivity and the centration of the rollable intraocular lens was analysed and documented. This study provides details of advantages of Phakonit and subsequently about the Rollable Lens also as proven by other studies. The advantages of the Burst Mode Phaco in Phakonit is also proved in this study.

VIDEO THEATRE FILM 2 [FP0136]

INSTRUCTION FILM

DATE : 09.2.2006

HALL : I

TIME : 8.30-10.30

COMPARISON OF EFFECTIVITY OF VITREOUS STAINING AGENTS.

Dr. ARVIND KUMAR DUBEY, Dr. BENU DUBEY — *GWALIOR*

This film makes live comparison of four vitreous staining agents i.e. Trypan blue, ICG, Na FI, and triamcinolone for purpose of identification of posterior cortical vitreous and vitreous base. The methods for use of these agents are shown, relative merits and demerits represented and a technique for producing posterior vitreous detachment without active suction is demonstrated. Technique for safe removal of vitreous base in phakic eyes is shown with use of different colouring agents.

VIDEO THEATRE FILM 3 [FP1344]

GENERAL FILM

DATE : 09.2.2006

HALL : I

TIME : 8.30-10.30

CAPSULAR POLISHING

Dr. KANKARIA PRAKASH KANHAIYALAL — *AHMEDNAGAR*

Capsular thickening after the cataract surgery is a problem frequently faced in our practice and is more frequent in younger population. ND-Yag laser capsulotomy is a standard procedure in such situation, which has got an advantage as an OPD procedure. But it has its own problems, its more risky in myopic patients, difficult in very thickened capsules and paediatric patients.

Under topic anaesthesia, 1 mm corneal incision capsular polishing can be done by a syringe with 23 gauge canula. This can be done as OPD procedure and maintains the concept of anterior chamber and posterior chamber due to intact posterior capsule. It's very useful when the yag laser is not accessible or available to your practice. This film demonstrate the procedure.

VIDEO THEATRE FILM 4 [FP0151]

INSTRUCTION FILM

DATE : 09.2.2006 **HALL :** I **TIME :** 8.30-10.30

ULTRASOUND B SCAN FOR POSTERIOR SEGMENT DISORDERS

Dr. DUDANI AJAY INDUR, Dr. ANUPAM DUDANI, Dr. WALTER MASCARENHAS — *MUMBAI*

This course will outline the B Scan modality and its use in various Vitreoretinal Disorders - including Retinal Detachment, Diabetic eye disease, Ocular tumors and IOFB. The basic technique of operation to acquire good images and diagnosis in Real Time USG will be outlined. Ophthalmic Colour Doppler and 3 D USG will also be covered. Few orbital conditions like Pseudotumor and Thyroid eye disease will also be reviewed.

VIDEO THEATRE FILM 5 [FP0184]

GENERAL FILM

DATE : 09.2.2006 **HALL :** I **TIME :** 8.30-10.30

REPAIRED CORNEAL TEAR WITH MATURE CATARACT & ANIRIDIA >180 - A SURGICAL CHALLENGE (VIDEO PRESENTATION)

Dr. SINGH S. V., Dr. MANISHA RATHI, Dr. SANJEEV BISLA, Dr. CHAND SINGH DHULL, Dr. RAJESH GARG, Dr. ROHIT DILAWARI — *ROHTAK*

A 25 year old man presented with a repaired corneal tear with cataract and aniridia >180, the management of which proved a challenge. Through a sclerocorneal tunnel, a capsulorrhexis of 6 mm was done, followed by irrigation and aspiration of the soft cortical cataract. A PCIOL was implanted in the bag, without polishing of the peripheral anterior and posterior capsule, to encourage the formation of Sommering's ring so that the peripheral aphakic area would not cause diplopia and incapacitating glare. A post-operative vision of 6/9 was achieved. The video of this surgery will be shown, which will provide a platform for discussion of the best technique to manage these cases.

VIDEO THEATRE FILM 6 [FP0214]

GENERAL FILM

DATE : 09.2.2006 **HALL :** I **TIME :** 8.30-10.30

MICROINCISION CATARACT SURGERY: HOW TO START

Dr. ANGSHUMAN GOSWAMI, Dr. MOHITA SHARMA — *NOIDA*

Purpose: The purpose of this video is to demonstrate how any surgeon who is doing a 3.2 mm phacoemulsification surgery can make a smooth transition to

microincision cataract surgery(MICS). **Methods:** The video demonstrates the basic minimum instruments required for MICS which include an irrigating specially designed turbo chopper, 1.2 mm keratome and rollable lens. The technique of MICS has been shown in a case of soft cataract. Corneal tunnel incision was made with a 1.2 mm keratome. Capsulorhexis was done followed by a careful hydrodissection. Irrigating chopper was introduced from the side port and phacotip without sleeve was introduced from the main incision. The soft nucleus was emulsified by flip and chip. A rollable lens was implanted. **Results:** This video demonstrates MICS in a very soft cataract which is ideal for a beginner. The highlight of the video is the initial problems encountered with new instruments during MICS like oarlocking, handling of a bulky chopper, order of introducing the instruments in and out and handling of rollable lens. **Conclusion:** This is one demonstration of the 10 cases of MICS that the authors performed during initial stages before switching over to harder cataract. Hence this video demonstrates in a very simplified manner how a beginner can make a smooth transition to MICS.

VIDEO THEATRE FILM 7 [FP0235]

INSTRUCTION FILM

DATE : 09.2.2006

HALL : I

TIME : 8.30-10.30

COMPARISON OF SICS WITH SUTURE LESS TRABECULECTOMY AND A NEW TECHNIQUE OF SICS WITH TRABECULECTOMY USING W-SHAPED SCLERAL TUNNEL INCISION

Dr. ASHOK KUMAR KHURANA, Dr. MANISHA NADA — *ROHTAK*

The present study aims to evaluate and compare the technique of SICS with suture-less trabeculectomy (Group I) and modified SICS with trabeculectomy using W- shaped scleral tunnel incision (Group II) in patients of cataract with OAG. Results of IOP control and visual recovery were inconsistent in Group I. IOP control was much better in Group II where pre-operative IOP was > 28 mm Hg. This new technique retains the advantages of SICS over conventional ECCE with trabeculectomy with negligible scleral flap and suture related complications. This technique is promising will be shown in the video.

VIDEO THEATRE FILM 8 [FP0334]

INSTRUCTION FILM

DATE : 09.2.2006

HALL : I

TIME : 8.30-10.30

SKIN GRAFTING FOR CICATRICIAL ECTROPION

Dr. ASHOK KUMAR GROVER, Dr. ZIA CHAUDHURI, Dr. BIBHASH CHAKRABORTY — *NEW DELHI*

Surgical correction of cicatricial ectropion involves VY plasty and Z Plasty for localized ectropion and skin grafting for generalized shrinkage of skin. This video presents the surgical technique for the correction of cicatricial ectropion by using a skin graft in a middle-aged patient with post-traumatic ectropion preventing lid closure. Adequate excision of scar tissue, correct choice of donor

skin, appropriate suturing and ensuring excellent apposition to the bed are the keys to a successful long-term outcome.

VIDEO THEATRE FILM 9 [FP1280]

GENERAL FILM

DATE : 09.2.2006

HALL : I

TIME : 8.30-10.30

TOWARDS INTEGRATION

Dr. SUBHRA SIL, Dr. SIL ASIM KUMAR — *MIDNAPORE*

Many partially sighted students studying in schools for the blind are taught through Braille. In higher education they find it very difficult to continue their studies. Simple introduction of the low vision devices and specially made softwares at an early age can make them at par in studies with others. If they start using it later in life, even with N6 near acuity the reading and writing speed will not be too good because they are less in touch with the letters. We worked with 8 such cases with good results. They were integrated in normal sighted schools.

VIDEO THEATRE FILM 10 [FP0484]

INSTRUCTION FILM

DATE : 09.2.2006

HALL : I

TIME : 8.30-10.30

SUSPENSION RESECTION TECHNIQUE ON INFERIOR OBLIQUE MUSCLE IN CASES OF V-PHENOMENON WITH INFERIOR OBLIQUE OVERACTION

Dr. KAMLESH, Dr. SUMIT MONGA, Dr. HARI N. PRASAD — *NEW DELHI*

Purpose: To study the effectiveness of suspension-recession technique on inferior oblique muscle in cases of V-phenomena with inferior oblique overaction (IOOA). **Methods:** 30 patients with V-pattern strabismus underwent graded suspension-recession of inferior oblique muscle. Double-armed 6-0 vicryl sutures were used to hang back the severed inferior oblique muscle. Horizontal muscle surgery was done according to the deviation in primary gaze. **Results:** V-pattern correction rate was 93.3% in- V-exotropia group and 86.6% in V-esotropia group. While, the IOOA was corrected in 93.3% cases in both the groups. No significant intra or post-operative complications were noted. **Conclusion:** Inferior oblique suspension-recession procedure was found to be an effective method for correction of V-pattern strabismus with IOOA.

VIDEO THEATRE FILM 11 [FP0532]

GENERAL FILM

DATE : 09.2.2006

HALL : I

TIME : 8.30-10.30

IS BIMANUAL MICROPHACO AS EFFICIENT AS COAXIAL PHACOEMULSIFICATION?

Dr. AJAY PAUL, Dr. CHANDRIMA PAUL, Dr. PARTHA BISWAS, Dr. BAKSHI PRADEEP KUMAR — *KOLKATA*

Coaxial phacoemulsification has been the mainstay of cataract removal for the last decade. Advent of Bimanual phacoemulsification has ushered in a new

debate about the advantages and disadvantages of this new technique. Bimanual microphaco has been criticized for its inefficiency in different grades of cataract. This video gives a simultaneous realtime comparison of Bimanual and Coaxial phaco by the same surgeon, using the Legacy Everest phacoemulsification system. It highlights the difference in technique during incision, capsulorrhexis, hydroprocedures and nuclear fragmentation. Procedural alterations during various step of surgery with optimum machine settings, reveal that Bimanual microphaco is as efficient and effective as Coaxial phacoemulsification

VIDEO THEATRE FILM 12 [FP1239

GENERAL FILM

DATE : 09.2.2006

HALL : I

TIME : 8.30-10.30

PHACOEMULSIFICATION WITH NEOSONIX UNDER TOPICAL ANESTHESIA FOR TRAUMATIC SUBLUXATED CATARACT

Dr. ANJU S. RAJU, Dr. BIJU RAJU, Dr. RAJU N. S. D. — *COCHIN*

A 58 year old gentleman sustained blunt trauma (OS) from a cracker blast. His visual acuity was hand movements. Slit-lamp evaluation showed traumatic uveitis and iridophacodonesis. After 2 weeks of conservative treatment, his cataract had progressed with anterior capsular contracture. He underwent phacoemulsification with endocapsular ring under topical anesthesia. During surgery 245° of zonular dehiscence was noted. The lens was stabilized with endocapsular ring and iris retractors. Phacoemulsification was performed using neosonix alone. A rigid lens was implanted in the bag. Post-operatively he had a well centered IOL and acuity of 6/9. This video highlights the surgical technique employed.



How many F's does the following passage contain?

**Finished files are the result
of years of scientific study
combined with the experience
of years . . .**

Did you count all 6 of them or only 3??

Most people forget to include the F's located in the word "Of".

VIDEO THEATRE - II

10 MINUTES EACH

VIDEO THEATRE FILM 13 [FP0672]

GENERAL FILM

DATE : 09.2.2006

HALL : I

TIME: 10.45-12.45

SULCUS FIXATION IOL – AN INNOVATIVE METHOD BY USING 30G NEEDLE

Dr. NICHLANI V. K. — *BHOPAL*

The best way to implant IOL in a case where anterior and posterior capsule is deficient is to perform sulcus fixation of IOL. This video film shows the innovative use of 30 g needle to pass the suture to suspend the IOL from both opposite ends. The 30 g needle carries the suture from scleral site into the post chamber to tie both ends of IOL. The video will show how easy, cheap and safe this procedure IOL is?

VIDEO THEATRE FILM 14 [FP0695]

THEMATIC FILM

DATE : 09.2.2006

HALL : I

TIME : 10.45-12.45

REMOVAL OF UNUSUAL FOREIGN BODY

Dr. RAJPAL KUMAR, Dr. MARY VARGHESE, Dr. ABHAS MEHROTRA — *NEW DELHI*

Thirty year old male presented with perforating injury to his left eye while working with chisel and hammer. Visual acuity in right eye (RE) was 6/6 and left eye (LE) was finger counting close to face. Examination of RE was within normal limits. LE showed corneo-scleral perforation with iris prolapse. Fundus details were not visible. X ray orbit and ultra sound showed retained intra ocular foreign body. Primary repair of the corneo-scleral perforation was performed. Two weeks later pars plana lensectomy, vitrectomy with intra ocular foreign body removal was done. A 13 mm foreign body was found incarcerated inferotemporal to the macula. This video presentation highlights successful removal of unusually long foreign body.

VIDEO THEATRE FILM 15 [FP0777]

INSTRUCTION FILM

DATE : 09.2.2006

HALL : I

TIME : 10.45-12.45

SMALL INCISION PTOSIS SURGERY : GREATER PREDICTABILITY IN APONEUROTIC PTOSIS

Dr. GUPTA ROSHMI, Dr. BHUJANG SHETTY K. — *BANGALORE*

Levator surgery in patients of aponeurotic ptosis with good levator function tends to over-correction, and surgeons are wary of operating on mild aponeurotic ptosis. In this video we demonstrate a technique of repair for disinserted or dehiscient levator aponeurosis through a small (10 to 15 mm)

incision. Tissue dissection and handling is minimized. Accurate placement of lid at correct height is obtained per-operatively. Post-operative inflammation is low, and the lid height is stable at the desired level 6 weeks post-surgery.

VIDEO THEATRE FILM 16 [FP0808]

GENERAL FILM

DATE : 09.2.2006

HALL : I

TIME : 10.45-12.45

SCLERAL FIXATION ... NATURALLY

Dr. BIJU RAJU, Dr. RAJU N. S. D., Dr. ANJU S. RAJU — *COCHIN*

This video describes a technique of scleral fixating dropped acrylic lens without removing it from the eye. 70 year old lady underwent phacoemulsification with blue blocker IOL (OS) for hypermature cataract. Post-operatively posterior dislocation was noted. The patient underwent scleral fixation of the same IOL, two port vitrectomy and endolaser barrage. The IOL was brought anteriorly using intraocular forceps. The 10-0 prolene sutures were passed and a slip knot was prepared. The knot was tightened on the haptics through a 1.5 mm corneal incision. The IOL was pushed back and the sutures tied. Post-operatively her visual acuity improved to 6/12.

VIDEO THEATRE FILM 17 [FP0861]

INSTRUCTION FILM

DATE : 09.2.2006

HALL : I

TIME : 10.45-12.45

A NEW, INVERSE TECHNIQUE FOR CIONNI RING IMPLANTATION

Dr. PRAVIN V. KRISHNA, Dr. SRIDHAR M. S. — *HYDERABAD*

A 34 year old male presented with a traumatic cataract with 6 O'clock clock hours of subluxation superiorly. A CCC was performed and a Cionni ring anchored with 10 – 0 prolene on straight needles was inserted into the capsular bag. The straight needles were passed inferiorly through a side port into a 26G needle and then redirected back through the same inferior side port to exit the sclera at 12 O'clock. The prolene suture was secured to the sclera and the nucleus delivered with a Blumenthal technique. Cortical aspiration was done and an IOL implanted in the bag.

VIDEO THEATRE FILM 18 [FP0863]

GENERAL FILM

DATE : 09.2.2006

HALL : I

TIME : 10.45-12.45

INTRAOCULAR MULTIFOCAL CYSTICERCOSIS

Dr. SHASHI NATH JHA, Dr. MANCHANDA NEERAJ, Dr. TINKU BALI, Dr. ZIA CHAUDHURI — *NEW DELHI*

A live mobile floating cyst of *Cysticercus* was observed in the vitreous cavity of the right eye of an eighteen year old boy complaining of diminished vision. In the inferior quadrant, an ovoid retinal break was present which seemed to be

the previous lodging site of the cyst. A subretinal cyst was seen near this area with scarring around it. A pars plana vitrectomy was performed to remove the cyst and laser photocoagulation was done around the retinal break and area of scarring. The technique of this interesting surgery is highlighted in this video.

VIDEO THEATRE FILM 20 [FP0135]

THEMATIC FILM

DATE : 09.2.2006 HALL : I TIME : 10.45-12.45

SINGLE STAGE PHACOEMULSIFICATION AND VITREO RETINAL SURGERY FOR DIABETIC VITREORETINOPATHY

Dr. ARVIND KUMAR DUBEY, Dr. BENU DUBEY — *GWALIOR*

This film shows same sitting phaco with IOL implantation and vitreoretinal surgery. All the steps of retinal surgery such as removal of membranes, endolaser, control of intra-operative bleeding, m/m of intra-operative tears, fluid air exchange etc. are shown. Film emphasizes taking advantage of transient aphakia (before IOL implantation) for complete removal of vitreous base which is so crucial to prevent re-bleeding, and also for performing easy fluid air exchange.

VIDEO THEATRE FILM 21 [FP1293]

THEMATIC FILM

DATE : 09.2.2006 HALL : I TIME : 10.45-12.45

SONU'S SAGA

Dr. MANIAR RANJIT HIMATLAL — *MUMBAI*

Rehabilitation of the visually challenged is the oft neglected dimension of eye care. Sonu's Saga is a visual catalogue of the organised rehabilitative efforts put in by one organisation - the Kamala Mehta Dadar School for the Blind. Sonu's Saga chronicles the trials and tribulations of the students, the patience of its teachers and the dedication of its administrators. Sonu's Saga brings into focus the entire gamut of the rehabilitative training programme.

VIDEO THEATRE FILM 22 [FP1185]

INSTRUCTION FILM

DATE : 09.2.2006 HALL : I TIME : 10.45-12.45

ASSISTANT INDEPENDENT VITRECTOMY WITH CONTACT WIDE ANGLE LENS SYSTEMS MOUNTED ON ORDINARY LANDERS RING.

Dr. GOPAL S. PILLAI, Dr. NAIR K. G. R., Dr. UNNIKRISHNAN NAIR, Dr. ADEEP CHAKRAVARTHY — *TRICHUR*

Objective: To evaluate the feasibility of independent surgery with contact wide field lens mounted on ordinary Landers ring. **Materials and methods:** 42 consecutive vitreous surgeries were done with contact wide angle (Ocular Landers widefield) lens mounted on ordinary Landers ring. **Results:** Wide view

was obtained by slight tilting of the lens with fingers. At no point was the view hampered due to gross tilt. **Conclusions:** Wide angle lens mounted on ordinary Landers rings can help eliminate the need of skilled assistant in vitreous surgeries.

VIDEO THEATRE FILM 23 [FP1229]

GENERAL FILM

DATE : 09.2.2006

HALL : I

TIME : 10.45-12.45

MYOGENIC PTOSIS – A NEGLECTED ENTITY

Dr. ARNAB BISWAS, Dr. PARTHA BISWAS — *KOLKATA*

In this video, we would like to share our experience of the different and interesting myopathies that give rise to ptosis. The video will demonstrate how patients present in such conditions, the causes, the important role of counseling, the investigative options, the management protocol.

VIDEO THEATRE FILM 24 [FP0502]

INSTRUCTION FILM

DATE : 09.2.2006

HALL : I

TIME : 10.45-12.45

CONJUNCTIVAL-LIMBAL AUTOGRAFTS FOR PREVENTING PTERYGIUM RECURRENCE

Dr. PRATIBHA JAIN, Dr. SEJAL SANGVI — *JALNA*

The wide range of surgical methods advocated for treatment of pterygium with variable success rate suggests that pterygium recurrence remains an enigmatic problem. The video highlights the surgical technique of pterygium excision with conjunctival-limbal autograft with useful tips to decrease the recurrence rate in primary and recurrent pterygia.

