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### **ACTION!!**

- \* **One of the authors MUST be present during the Film Festival & Video Final Sessions.**
- \* **All AIOS Awards will be given to ratified AIOS Members only.**

(See Video declaration form for 2007 at the end)

## GUIDELINES FOR THE JUDGES OF FILM FESTIVAL

Please START the session on time.

The movies have been uploaded onto a UMATIC tape in the order listed and only the allowed time for each movie has been uploaded.

At the end of each movie, the tape will be paused while you deliberate. The tape will be restarted when you ask the operator to do so.

Please mark each tape on the categories in your score sheet. 25 marks for each category giving a total out of 100 marks. (25 marks each for scientific content, artistic content & cinematic quality, presentation and originality).

Kindly hand over the Certificates of Participation to the producer on completion of the presentation and return all unused certificates to the Hall Co-ordinator. At the beginning of the session, please announce that the **winner of the BEST movie in the session would be announced at the end at the Scientific Committee Office because delegates marks will also be considered.**

Please inform the winner that the Certificate of Merit will be available at the Office of the Scientific Committee within THREE hours.

*Uncollected certificates will NOT be sent by post.*

The winner in your session will automatically compete for the **C.S. Reshmi Gold Medal for Best Movie**. (Ratified AIOS Members only). Please instruct the winner to be Film Festival – **Final Session on 11/2/2006, in Hall I at 1.45 – 2.45 p.m.**

Please announce that one of the authors **MUST** be present at Film Festival & Final Video Sessions.

If you are one of the Judges for the video from your Institute/Organisation, please do not mark that particular video. For that video, other Judges average marks will be considered.



# FILM FESTIVAL FINAL

DATE : 11.2.2006

HALL : I

TIME : 1.45-2.45

JUDGES

: Dr. KUMAR J. DOCTOR

Dr. ASHOK GARG

Dr. DIPAN MAHENDRA DESAI

Dr. DEBASISH BHATTACHARYYA

Dr. SANGWAN VIRENDER S.



**2005 C. S. RESHMI AWARD WINNER**

**DR. MANIAR RANJIT HIMATLAL**

**"CONVERSATIONS WITH CAPSULINA"  
will be shown**

## FILM FESTIVAL GENERAL FILM

DATE : 09.2.2006

HALL : I

TIME : 1.45-3.45

10 MINUTES EACH

**JUDGES** : Dr. PANDEYA A. N.  
Dr. DESHPANDE A. A.  
Dr. WANGIKER VILAS DATTOPANT  
Dr. PATIL SHARAD RAJARAM  
Dr. SUKUMAR S. S.

**FILM FESTIVAL FILM 1 [FP0885]**

### TSUNAMI IN THE EYE

Dr. MAHESH G., Dr. GIRIDHAR A., Dr. SAIKUMAR S.J., Dr. ANNA ELIAS,  
Dr. SANDHYA N., Dr. SAVITA BHAT — *PALAKKAD*

Expulsive or suprachoroidal haemorrhage is the nightmare of an ophthalmic surgeon. Though it is a rare complication of ocular surgery, expulsive haemorrhage can occur in any eye even if the surgery is done with utmost precautions. This video film demonstrates the worst complication of a cataract surgery, which was attended by a vitreoretinal team immediately. The various steps taken to combat this devastating complication are shown in the film. It can be truly called the tsunami in the eye.

**FILM FESTIVAL FILM 2 [FP1332]**

DATE : 09.2.2006

HALL : I

TIME : 1.45-3.45

### MODIFIED IMPLANT DACRYOCYSTORHINOSTOMY

Dr. SOMYA DULANI, Dr. PAWAR M.D., Dr. NAGPURA S., Dr. MANISH MALHOTRA, Dr. SEEMA SHRINIWAS LELE, Dr. BHAGAT V. — *WARDHA*

Modified Implant Dacryocystorhinostomy is the operation of choice in the cases having epiphora due to obstruction in Nasolacrimal duct. The main aim of this new surgical technique is to obtain and maintain a patent passage in between the lacrimal sac and nasal cavity through the introduced implant with less operative and post-operative complications. This is more simple, quick and effective in comparison to the Endonasal DCR and other DCRs with the success rate near about 98%. The surgical procedure and merits of this technique will be discussed with the help of Video Film.



### FILM FESTIVAL FILM 3 [FP0279]

DATE : 09.2.2006

HALL : I

TIME : 1.45-3.45

#### IMPLANT DACRYOCYSTORHINOSTOMY

Dr. SEEMA SHRINIWAS LELE, Dr. PAWAR M.D., Dr. SUBHANGI P. NAGPURE, Dr. SOMYA DULANI, Dr. BHAGAT V., Dr. MANISH MALHOTRA — *WARDHA*

Implant Dacryocystorhinostomy is the operation of choice in the cases having epiphora due to obstruction in Nasolacrimal duct. The main aim of this new surgical technique is to obtain and maintain a patent passage in between the lacrimal sac and nasal cavity through the introduced implant. This is more simple, quick and effective in comparison to the Endonasal DCR and conventional DCR with the success rate near about 96%. The surgical procedure and merits of this technique will be discussed with the help of video film.

### FILM FESTIVAL FILM 4 [FP1014]

DATE : 09.2.2006

HALL : I

TIME : 1.45-3.45

#### TRIPLE TROUBLE

Dr. RAJIV CHOUDHARY, Dr. PREMCHANDANI SATISH — *INDORE*

The video presents the surgical management of a case with a nucleus and an IOL drop and yet more, retinal injury. First of all pars plana vitrectomy was done, then using Per Fluoro Carbon Liquid (PFCL), IOL was floated up and taken out through corneo-scleral route. Then nucleus was managed by phacofragmentation and finally A.C.IOL implanted. Retinal injury was managed by endophotocoagulation.

### FILM FESTIVAL FILM 5 [FP0289]

DATE : 09.2.2006

HALL : I

TIME : 1.45-3.45

#### SURGICAL MANAGEMENT OF LARGE TENON'S CYST AN UNCOMMON COMPLICATION AFTER SMALL INCISION CATARACT SURGERY

Dr. CHOUDHARY PANKAJ, Dr. RATHORE M.K., Dr. DWIVEDI PC., Dr. ELES H JAIN, Dr. SANDEEP BUTTAN, Dr. RICHA SINGH, Dr. RAVI CHANDIL — *REWA*

This video highlights the surgical management of a large (16 x 5 mm) symptomatic Tenon's cyst in a patient after manual small incision cataract surgery. Conjunctiva was elevated from fornix side, Tenon's cyst wall was incised, after scrapping resuturing of wound done. Postoperative followup showed good approximation of wound.

**FILM FESTIVAL FILM 6 [FP0605]****DATE :** 09.2.2006**HALL :** I**TIME :** 1.45-3.45**EPI-LASIK**Dr. SUDHANK BHARTI, Dr. RAKA BHARTI — *NEW DELHI*

EpiLASIK is an innovative new procedure designed to restore natural vision with the help of an epikeratome. The surgeon uses an epikeratome, a separator that creates an epithelial sheet, to make a thin flap in the epithelium. The Wavefront based excimer laser beam is then applied under the epithelial flap to successfully correct refractive errors and restore clear vision.

EpiLASIK overcomes the limitations of LASIK, is the treatment of choice for eyes with high powers and thin corneas. It is also very safe for steep and flat corneas. This video demonstrates the instrumentation and technique in detail.

**FILM FESTIVAL FILM 7 [FP0231]****DATE :** 09.2.2006**HALL :** I**TIME :** 1.45-3.45**EXOPHTHALMOMETRY: PRINCIPLES AND APPLICATIONS**

Ms. GARIMA TYAGI, Dr. MILIND N. NAIK, Ms. SHOBHA MOCHERLA, Dr. GANGADHAR JALLI, Dr. GOVARDHAN BABU KOLLI, Dr. SANTOSH G. HONAVAR — *HYDERABAD*

Exophthalmometry is a useful diagnostic test in all cases of orbital disorders. It measures the displacement of the eye in relation to the lateral orbital rim. With a wide range of measuring devices available today, it is important that clinicians adopt a standardized method of using them in diagnosis. This video shows different types of orbital displacement and elaborates the use of the Hertel and Luedde exophthalmometers. Types of exophthalmometry, factors affecting measurements, sources of error with different exophthalmometers and ways of avoiding them are also demonstrated.

**FILM FESTIVAL FILM 8 [FP0340]****DATE :** 09.2.2006**HALL :** I**TIME :** 1.45-3.45**MONOCANALICULAR TEFLON INTUBATION FOR CANALICULAR REPAIR – A NEW TECHNIQUE**

Dr. ASHOK KUMAR GROVER, Dr. KALRA B. R., Dr. ZIA CHAUDHURI — *NEW DELHI*



Monocanalicular stenting for canalicular repair is preferable to bicanalicular stenting as it does not compromise the normal canaliculus. Retention of the monocanalicular stent, however entails use of the imported Monaco stents which are costly and not easily available. This video presents a new surgical technique for canalicular repair using the easily available Teflon intra-cath tube retained by a traction suture which provides an inward pull to the tube. This suture has been successful in aiding the retention of the tube for the desired period upto 3 months. The finer points of the surgical technique are presented in the video.

#### **FILM FESTIVAL FILM 9 [FP0232]**

**DATE :** 09.2.2006

**HALL :** I

**TIME :** 1.45-3.45

#### **RADIOFREQUENCY TARSAL WEDGE RESECTION**

Dr. MILIND N. NAIK, Dr. SANTOSH G. HONAVAR — *HYDERABAD*

Tarsal wedge resection is commonly performed for surgical correction of upper eyelid cicatricial entropion. The excision of tarsal wedge is a critical step of paramount importance for the successful eversion of the eyelid. The specially made triangular tip of Ellman Radiofrequency monopolar cautery aids in bloodless resection of tarsal wedge. In this video, we demonstrate upper eyelid Radiofrequency tarsal wedge resection performed for cicatricial entropion of the upper eyelid following healed trachoma.

#### **FILM FESTIVAL FILM 10 [FP0485]**

**DATE :** 09.2.2006

**HALL :** I

**TIME :** 1.45-3.45

#### **LIVE INTRAOCULAR BANCROFTIAN FILARIAL WORM**

Dr. SUBHASH PRASAD, Dr. SUDHIR KUMAR, Dr. ARVIND KUMAR JAISWAL, Dr. VINAY KUMAR GUPTA, Dr. DEEPAK KUMAR — *PATNA*

Bancroftian filarial worm in anterior chamber of eye is extremely rare. We are presenting a video clip of male filarial worm threaded/entrapped in iris, with two free ends showing very fast, jerky, restless movement in a young healthy male. As it was impossible to pull out the worm from the iris, we injected intracameral xylocaine to immobilise the worm. Approximately 25 mm long worm was removed in two pieces. Histopathological examination confirmed an adult, male *whuchereria bancrofti*. This video highlights unique presentation of a filarial worm and its removal with the aid of xylocaine.

**FILM FESTIVAL FILM 11 [FP0237]**

DATE : 09.2.2006

HALL : I

TIME : 1.45-3.45

**ACUTE CORNEAL HYDROPS TREATED BY INTRACAMERAL PERFLUOROPROPANE GAS**

Dr. SRIDHAR M.S., Dr. SUSHMITA SHAH, Mr. GANGADHAR JALLI, Mr. GOVARDHAN BABU KOLLI, Ms. SHOBHA MOCHERLA — *HYDERABAD*

The incidence of acute hydrops in keratoconus varies from 2.6 -2.8%. Review of our data showed a mean edema resolution time of  $100.13 \pm 71.33$  days. We report the novel technique of treating acute hydrops with intracameral injection of 14% non-expansile concentration of perfluoropropane gas as it stays longer in the anterior chamber and the number of injections may be minimized.

**FILM FESTIVAL FILM 12 [FP0105]**

DATE : 09.2.2006

HALL : I

TIME : 1.45-3.45

**RETINOPATHY OF PREMATURITY (ROP): SCREENING AND MANAGEMENT**

Dr. SUBHADRA JALALI, Dr. ANJLI HUSSAIN, Dr. JYOTI MATALIA — *HYDERABAD*

Retinopathy of Prematurity is a preventable cause of avoidable blindness. Early screening and timely intervention prevents blindness. We present an NICU centred model for the screening and management of ROP including logistics of setting up ROP screening, pupillary dilatation, retinal examination, stages of ROP and their current treatment guidelines. This video is intended for public education of parents, paediatricians, ophthalmologists, residents, nursing staff and all other caregivers of premature babies. While this video is not meant to be an exhaustive academic account of how to treat ROP, it does provide useful insights about the care of eyes of premature babies.





## FILM FESTIVAL INSTRUCTION FILM

15 MTS EACH

DATE : 10.2.2006

HALL : I

TIME : 8.30-10.30

JUDGES

: Dr. JAIN M. R.  
Dr. QURESH B. MASKATI  
Dr. (Lt. Col.) AHLUWALIA T. S.  
Dr. (Mrs.) GYANAM G. MURTHY  
Dr. (Mrs.) BAPAYE MEENAXI MANOHAR

FILM FESTIVAL FILM 1 [FP0408]

### STEREOSCOPIC ANGIOGRAPHY

Dr. AVINASH PATHENGAY, Mr. MOHAN RAM, Mr. ANKIT MATHUR —  
*HYDERABAD*

The diagnostic information obtained from stereoscopic angiography serves to supplement ophthalmoscopic observations of a range of chorioretinal disorders. It helps us understand the pathophysiology, plan the management and advance the therapeutic goals for these disorders much better than would be achieved by conventional angiography alone. Anaglyph technology has been utilized to document the stereo ocular angiography and the three-dimensional reconstruction of the vascular architecture of the retina and choroid is viewed with red-cyan glasses.

FILM FESTIVAL FILM 2 [FP0753]

DATE : 10.2.2006

HALL : I

TIME : 8.30-10.30

### INTERNAL REPOSITIONING OF POSTERIORLY DISLOCATED IOL - INSTRUCTION VIDEO

Dr. SATYEN DEKA, Dr. HARSHA BHATTACHARJEE — *GUWAHATI*

Posterior dislocation of IOL is a serious condition that needs surgical intervention. If the capsular remnant support is inadequate, after vitrectomy and IOL retrieval, a scleral fixation is the choice. This Video demonstrates the technique of internal repositioning and scleral fixation of the dislocated IOL without explantation. Preformed 10-0 prolene knots were used to secure the dislocated IOL heptics through pars plana approach in the vitreous cavity. After repositioning the IOL behind the iris plane two-point scleral fixations are made. This cornea friendly technique gives excellent results.

**FILM FESTIVAL FILM 3 [FP0230]****DATE : 10.2.2006****HALL : I****TIME : 8.30-10.30****BOTULINUM TOXIN INJECTION: THE STING THAT SOOTHES!**

Dr. MILIND N. NAIK, Dr. SANTOSH G. HONAVAR, Ms. SHOBHA MOCHERLA, Mr. GANGADHAR JALLI, Mr. GOVARDHAN BABU KOLLI — *HYDERABAD*

We introduce you here to the many applications of botulinum toxin in ophthalmic plastic surgery. This instructional video guides you through the mechanism of action and reconstitution of botulinum toxin, the indications for its use and contraindications and its application in benign essential blepharospasm, hemifacial spasms, induction of temporary ptosis and lower eyelid senile entropion.

**FILM FESTIVAL FILM 4 [FP0536]****DATE : 10.2.2006****HALL : I****TIME : 8.30-10.30****SURGERIES ON THE SUPERIOR OBLIQUE: WHEN AND HOW?**

Dr. ZIA CHAUDHURI, Dr. ASHOK KUMAR GROVER, Dr. SHALOO BAGEJA — *DELHI*

Though considered in the past to be a “touch me not” muscle by many strabismologists, knowledge about the anatomy of the superior oblique muscle has been instrumental in the development of different techniques that strengthen or weaken the muscle, as indicated in different clinical situations for appropriate ocular alignment. This video depicts the exposure of the superior oblique muscle, different weakening procedures like posterior tenotomy, posterior tenectomy, Z-tenectomy, and recession of the muscle followed by strengthening procedures like superior oblique tucks. The finer points of other ancillary procedures like superior oblique transposition in third nerve palsy are also highlighted in sequence.

**FILM FESTIVAL FILM 5 [FP1290]****DATE : 10.2.2006****HALL : I****TIME : 8.30-10.30****ENTROPION SURGERY-AN INSTRUCTIONAL FILM**

Dr. MOREKER SUNIL RATILAL, Dr. BARUN KUMAR NAYAK — *MUMBAI*

This instructional video teaches viewers how to evaluate entropion and shows the various steps of common entropion surgeries like transverse sutures, modified Wheeler’s surgery, tarsal rotation, grafting, as well as surgery for congenital entropion

**FILM FESTIVAL FILM 6 [FP0060]****DATE : 10.2.2006****HALL : I****TIME : 8.30-10.30****PIGGY BACK LENSES - OUR EXPERIENCE**

Dr. MAHIPAL S. SACHDEV, Dr. KAMAL B. KAPUR, Dr. SAMIR SUD — *NEW DELHI*



**Objective:** To highlight the use of piggy back intraocular lenses in selected cases of High hyperopes with or without cataract. Post pseudophakic residual refractive errors. **Methods:** The authors demonstrate the use of 2 lens placements in an eye with the help of surgical videos demonstrating its usefulness in extreme hyperopia and distinct advantage over lens change in cases of residual post pseudophakic refractive errors. The paper describes practical tips and formulae for the above procedure along with the management of various possible complications. Problems related to lens power calculations for such cases have also been discussed along with secondary multi-focal and toric piggy back lenses, are discussed. **Conclusion:** Piggy back intra-ocular lenses are fast assuming importance as viable mode of refractive correction in

1. Extreme hypermetropes with or without cataract.
2. Secondary procedure to correct residual post pseudophakic error making it an ideal atraumatic procedure and giving more predictable refractive results.

#### FILM FESTIVAL FILM 7 [FP0710]

DATE : 10.2.2006

HALL : I

TIME : 8.30-10.30

#### SCLERAL FIXATED IOL IN MICROSPHEROPHAKIA WITH MEGALOCORNEA

Dr. HARBANSH LAL, Dr. SETHI ANITA, Dr. PIYUSH KAPUR — *NEW DELHI*

The main problem of scleral fixated IOLs is achieving centration of the IOL. This video describes the surgical management of a case of bilateral microspherophakia with megalocornea in a 6-year old child (wearing -30D glasses and having biometry +27D both eyes). Lensectomy and anterior vitrectomy was done with scleral fixation of PMMA IOL (6.5mm, 13.5 overall diameter). Conventional scleral fixation IOLs are available only with overall diameter of 12.5mm, so the largest available IOL was used as this case had a larger white to white diameter. The surgical steps to achieve good centration will be described in this video film.

#### FILM FESTIVAL FILM 8 [FP0149]

DATE : 10.2.2006

HALL : I

TIME : 8.30-10.30

#### VORTEX VEIN DECOMPRESSION & POSTERIOR LAMELLAR SCLERECTOMY & SCLEROTOMY FOR NANOPHTHALMOS

Dr. DUDANI AJAY INDUR — *MUMBAI*

This video will show the technique of decompressing the vortex veins to relieve the obstruction in the thick scleral outlet to improve the outflow and help in the resolution of exudative detachment and narrow angle glaucoma. This presentation will highlight the simplicity of this procedure and the anatomic landmarks will be highlighted to demystify this procedure.



## FILM FESTIVAL PUBLIC EDUCATION FILM

DATE : 10.2.2006

HALL : I

TIME : 10.45-12.45

15 MINUTES EACH

JUDGES

: Dr. ARUP CHAKRABORTY  
Dr. ASIM KUMAR DEY  
Dr. VAISHAL P. KENIA  
Dr. VELAYUTHAM VEERABAHU

FILM FESTIVAL FILM 1 [FP0867]

### SWEET DISEASE, BITTER BLINDNESS — PREVENTING VISION LOSS FROM DIABETES

Dr. TINKU BALI — *NEW DELHI*

This patient education video explains how diabetics may develop the various stages of diabetic retinopathy finally leading to blindness. It describes treatment with panretinal laser photocoagulation and mentions the possible need for vitreous surgery. The importance of early detection in preventing vision loss is stressed.

FILM FESTIVAL FILM 2 [FP0070]

DATE : 10.2.2006

HALL : I

TIME : 10.45-12.45

### HISTORY OF OPHTHALMOLOGY: FROM DARKNESS TO LIGHT AND BEYOND...

Dr. SAMAR KUMAR BASAK — *KOLKATA*

This musical video-film illustrates the fascinating journey of ophthalmology from the Sumerian civilization around 5000 BC to the recent time and then towards the "bionic eye" age. It narrates the ophthalmology in the Egyptian era, Vedic time, Hippocrates' time, Chinese medicine, Arabian medicine, medieval era, and in the modern times. It also tells the stories of ancient ophthalmic medical treatment, anaesthesia, spectacle, cataract surgery and IOL, laser, vitrectomy, keratoplasty and so on. It will also narrate the history of technological advancement including the bionic eye. In one word, this film will take the audience for a journey to the "History of Ophthalmology" from darkness to light and beyond.....



### FILM FESTIVAL FILM 3 [FP1247]

DATE : 10.2.2006

HALL : I

TIME : 10.45-12.45

#### LET PARENTS UNDERSTAND AMBLYOPIA AND THEIR ROLE IN TREATMENT

Dr. INDRANIL DEB, Dr. SUBHRA SIL, Dr. SIL ASIM KUMAR — *CHAITANYAPUR*

The success of amblyopia treatment depends on parents understanding and their sincere effort. In our hospital we give much importance to parent and child counseling. This film shows how parents can be educated by using various examples. This also depicts some of the success stories to encourage parents of amblyopic children.

### FILM FESTIVAL FILM 4 [FP0144]

DATE : 10.2.2006

HALL : I

TIME : 10.45-12.45

#### A SAFE TECHNIQUE FOR SILICON OIL REMOVAL IN APHAKIC EYES

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

Silicon oil removal often results in corneal oedema lasting from days to months in aphakic eyes, more commonly in elderly age groups. Direct contact of silicon oil causes damage to cornea already compromised due to age and previous surgeries. This video film shows a method to prevent any touch of silicon oil with corneal endothelium, constant air insufflation is done in AC with air injector while oil is flown out by continuous infusion of ringer lactate through one sclerotomy, and exit of oil through other sclerotomy following the principle of specific gravity. No active or passive suction is used avoiding any consequent complications. We claim originality to this method.

### FILM FESTIVAL FILM 5 [FP0888]

DATE : 10.2.2006

HALL : I

TIME : 10.45-12.45

#### PHACOCELE – A RARE CASE REPORT

Dr. RAJU V.K., Dr. MADHAVI MADHU — *MORNGTOWN*

Hyper mature cataracts if left untreated sometimes may move from their original location into vitreous, in to anterior chamber, in to sub retinal space through a retinal tear or in to subscleral space. We saw a 72 year old female patient with a superonasal limbal nodule who denied history of trauma or surgery and aphakic lens area. We operated on that patient and was found to be having lens as a whole in the superonasal subconjunctival area presenting as limbal nodule. We report that rare case of Phacocoele and the surgery to remove it with good visual outcome.

### FILM FESTIVAL FILM 6 [FP1015]

DATE : 10.2.2006

HALL : I

TIME : 10.45-12.45

#### VITAMIN A AND THE EYE

Miss. SHOBHA MOCHERLA, Dr. NIBARAN GANGOPADHYAY, Mr. GANGADHAR JALLI, Mr. GOVARDHAN BABU KOLLI, Dr. GULLAPALLI N. RAO — *HYDERABAD*

Vitamin A deficiency, the leading cause of preventable corneal blindness in children, is a public health problem in 118 countries, especially in Africa and South-East Asia. Children aged six months to three years are most vulnerable to the spectrum of ocular disease, known as xerophthalmia, arising from Vitamin A Deficiency. The assessment of Vitamin A status by means of blood tests, indirect assessment of the liver stores of vitamin A, measurement of breast milk concentration and conjunctival impression cytology are illustrated as is the prevention and treatment. The stages of xerophthalmia and the role of surgery are elucidated.

#### FILM FESTIVAL FILM 7 [FP0106]

DATE : 10.2.2006

HALL : I

TIME : 10.45-12.45

#### CRICKET BALL INJURIES AND THE EYE – WEARING A HELMET AT PLAY

Dr. SUBHADRA JALALI, Dr. ANJLI HUSSAIN, Mr. GANGADHAR JALLI —  
*HYDERABAD*

In the last few years, we have seen numerous patients with eye injuries from the cricket ball. Basic precautions could have prevented these mishaps. We recommend that wearing of a visor and a helmet should be mandatory. Soft rubber balls are also not safe; being small, equal to the size of the orbit they can push the eyeball forcefully and sometimes lead to permanent visual loss. Detailed ocular examination by an ophthalmologist is the first step to protect the eyesight. We hope that cricket-loving persons of all age groups will benefit from the discretion advised in this video.

#### FILM FESTIVAL FILM 8 [FP0496]

DATE : 10.2.2006

HALL : I

TIME : 10.45-12.45

#### SURGICAL REMOVAL OF INTRASTROMAL HONEY BEE STING AND SIMULTANEOUS APPLICATION OF FIBRIN TISSUE GLUE FOR CORNEAL THINNING

Dr. HIJAB MEHTA, Dr. DHARMESH KAR, Dr. NATARAJAN S., Dr. HITENDRA BASANT MEHTA, Dr. SANTOSH MAHAPATRA, Dr. CHAITRA JAYADEV —  
*MUMBAI*

Surgical removal of deep intrastromal honey bee sting is a must to control inflammation. In this video we present lamellar dissection of cornea and safe removal of sting. Technique of the intrastromal honey bee sting removal and application of fibrin tissue glue are the main features of this film.





## FILM FESTIVAL THEMATIC FILM – GLAUCOMA

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

10 MTS EACH

JUDGES : Dr. RAMA KRISHNAN R.  
Dr. KULIN J. KOTHARI  
Dr. MAYURI KHAMAR  
Dr. NANGIA VINAY KUMAR B.  
Dr. TIWARI UMA SHARAN

FILM FESTIVAL FILM 1 [FP0240]

### TWO – STAGE MANAGEMENT OF THIN-WALLED OVERHANGING BLEB AND CATARACT

Dr. ANIL K. MANDAL, Dr. RAVI C., Dr. PRAVIN KRISHNA — *HYDERABAD*

This video demonstrates the repair of a thin walled overhanging bleb followed by corneal section cataract extraction at a later date. After excision of the overhanging bleb free autologous conjunctival grafting was performed by transplanting a large graft from the superotemporal bulbar area of the same eye to the filtering site. After 4 months, superior corneal section cataract extraction and PC IOL implantation was performed and the patient gained a visual acuity of 20/20 with minimal induced astigmatism. Six months after cataract extraction, the patient was maintaining good IOP control without medication and well functioning filtering bleb.

FILM FESTIVAL FILM 2 [FP0663]

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

### POST PK GLAUCOMA: GLAUCOMA VALVE WITH PK WITH IOL EXCHANGE WITH SCLERAL FIXATED IOL IMPLANTATION & LIMBAL STEM CELL TRANSPLANTATION: OUR EXPERIENCE.

Dr. PARIHAR J.K.S., Dr. (Col.) DEVENDER PAL VATS, Dr. (Col.) RAJENDRA PRASAD GUPTA, Dr. (Surg Cdr.) BERA T.R., Dr. (Maj.) ANIRUDH SINGH, Dr. (Lt.Col.) PHOOKEN R. — *KOLKATA*

This Video film demonstrates surgical technique of management of post PK glaucoma resulting corneal decompensation and opacification. Conventional glaucoma surgery invariably resulting into failure in these cases due to extensive derangements of ocular surface, anterior segment as well as of vitreous. The Limbal stem cell transplantation, Glaucoma valve procedure, Penetrating Keratoplasty with IOL explant and Scleral fixated IOL implantation will be highlighted in detail.

**FILM FESTIVAL FILM 3 [FP0343]**

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

**STEP BY STEP APPROACH TO MANUAL SICS WITH TRABECULECTOMY**

Dr. RITA DASH, Dr. DHANUKA NAV RATAN, Dr. DEVI AISWARIYA DAS, Dr. PURNIMA BISWAL — *CUTTACK*

Manual Small Incision Cataract Surgery with Trabeculectomy is now an acceptable option in the surgical management of combined cataract and glaucoma uncontrolled with maximum tolerated medical therapy, specially where Phacoemulsification has limitations of long learning curve, Machine dependency and relatively difficult in situation like hard Cataract, Small pupil etc. This video takes us through a step by step approach to Manual SICS with trabeculectomy.

Preparing conjunctival flap, Raising partial thickness scleral flap, Basic steps of SICS, Excision of block of TBM, A good peripheral iridectomy, Titrating filtration through suturing, Apposition of conjunctival flap.

**FILM FESTIVAL FILM 4 [FP0819]**

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

**COMBINED TRABECULECTOMY AND MANUAL SMALL INCISION CATARACT SURGERY(SICS) – A SIMPLE MODIFICATION WITH A HIGHLY SATISFYING RESULT**

Dr. TUSHAR KANTI HAZRA, Dr. MANAS KUMAR GHOSH — *HOOGHLY*

**Contents:** Results of filtration surgery following Combined Trabeculectomy and cataract Surgery is still unpredictable. Opinions differ regarding this. Some says to do it on different sitting. Some states to do it in different sites. We will show here a new modified technique through the same site but separate entry for Trabeculectomy and manual SICS giving a hugely encouraging results, both from filtration and cataract wound stability point of view. An experience of 100 cases.

**FILM FESTIVAL FILM 5 [FP0927]**

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

**CRAMPED FOR SPACE – PHACO + TRAB IN AN EYE WITH EXTENSIVE PAS**

Dr. SUVEN BHATTACHARJEE, Dr. SOMNATH MAULIK — *KOLKATA*



**The Situation:** Left eye of 33 yr old male, secondary glaucoma and cataract following recurrent attacks of uveitis and steroids used, extensive peripheral anterior synechiae from 9-5 O'clock, a small pupil tied down by dense posterior synechiae resulting in seclusio pupillae.

**The problems:** Incision at PAS site ran the risk of bleeding, risk of stripping of Descemets membrane in attempting to release PAS. Little room and limited access from head end for a Phaco and Trabeculectomy. A round and accommodating pupil was desirable.

**The Solution:** The video demonstrates how we achieved our ambitious goals by innovative techniques.

#### FILM FESTIVAL FILM 6 [FP0664]

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

**MANAGEMENT OF CONCURRENT PRIMARY OPEN ANGLE GLAUCOMA CATARACT WITH: DEEP SCLERECTOMY AND PHACONIT WITH ROLLABLE IOL IMPLANTATION.**

Dr. PARIHAR J.K.S., Dr. (Col.) RAJENDRA PRASAD GUPTA, Dr. (Col.) DEVENDER PAL VATS, Dr. (Surg Cdr) BERA T.R., Dr. (Maj.) ANIRUDH SINGH, Dr. (Lt. Col.) PHOOKEN R. — *KOLKATA*

This instructional Video film will demonstrate surgical technique of management of concurrent Primary open angle glaucoma with Cataract by latest technique of Ultra Micro phaco nit using 22 gauze irrigating chopper, Rollable IOL implantation and Deep Sclerectomy as a tool to offer advantages of both good glaucoma control and ultra micro phaco nit surgery. High-light of video will be step by step demonstration of surgical technique, specifications and applied tips of instrumentation, Phaco and fluidic dynamics related to procedure as well clinical aspects of constraints of the procedure.

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#### FILM FESTIVAL FILM 7 [FP0481]

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

**BLUMENTHAL SICS WITH TRABECULECTOMY IN PHACOMORPHIC GLAUCOMA (VIDEO)**

Dr. ROHIT CHANDRAMOHAN KHANNA, Dr. SUSHMA TEJWANI — *HYDERABAD*

Blumenthal manual SICS is an established procedure for cataract surgery. This video shows Blumenthal SICS with trabeculectomy being done in difficult situation i.e. phacomorphic glaucoma along with adherent leucoma. Blumenthal

SICS was done along with trabeculectomy using a Kelly's punch. The difficulty is faced mainly in performing a large capsulorhexis in phacomorphic glaucoma with a small pupil and increased intralenticular pressure. The video also demonstrates the use of Kelly's punch in performing deep sclerectomy and its advantages over other methods like blades and scissors. The details of the technique would be presented in the video.

#### FILM FESTIVAL FILM 8 [FP1271]

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

#### NON-PENETRATING DEEP SCLERECTOMY WITH DEROOFFING OF SCHLEMM'S CANAL

Dr. (Prof.) GUPTA V.P. — DELHI

This Video film demonstrates the technique of NPDS with deroofting of Schlemm's Canal for Primary Open Angle Glaucoma. Early post operative follow up and control of Intraocular pressure will also be highlighted.

#### FILM FESTIVAL FILM 9 [FP0546]

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

#### TRABECULECTOMY - A MODIFIED RESERVOIR TECHNIQUE

Dr. VISHNU PRABHU, Dr. UMA D. KULKARNI, Dr. KIRAN BHAT, Dr. ADISHESHAN A.N. — MANGALORE

This video presentation demonstrates a modified reservoir technique in Trabeculectomy where the aqueous outflow is maintained depending on I.O.P. it acts like a valve where, when IOP is less, the aqueous outflow is reduced and when it is high, the outflow is increased, the details of the technique will be presented in this video.

#### FILM FESTIVAL FILM 10 [FP0851]

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

#### A CLOSE LOOK AT IRIDOGONIODYSGENESIS

Dr. SUVEN BHATTACHARJEE — KOLKATA

Iridocorneal angle malformations result in a spectrum of diseases – Posterior Embryotoxon, Axenfeld's anomaly, Rieger's anomaly & Rieger's Syndrome. Half



of these patients may have Glaucoma. Glaucoma may be present at birth or appear after several decades. The video vividly shows the ocular anomalies like Posterior Embryotoxon, Iris strands running across the angle, corectopia & pseudopolycoria as well as facial and dental anomalies. Video gonioscopy can be an amazing experience. The presentation also looks into the mechanism of Glaucoma & the treatment modalities. This video will leave a more lasting impression than text book pictures.

#### FILM FESTIVAL FILM 11 [FP0241]

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

#### A BETTER WAY TO MANAGE PHACOLYTIC GLAUCOMA

Dr. ANIL K. MANDAL, Dr. JYOTI H. MATALIA — *HYDERABAD*

This video demonstrates a safe, simple, quick, effective and inexpensive technique of performing endocapsular surgery and capsular bag fixation of IOL in phacolytic glaucoma. The technique involves aspiration of fluid cortex from capsular bag using a 26-gauge bent needle. After anterior capsulotomy with angled Vannas scissors the nucleus is delivered. Following removal of the residual cortex a PC IOL is inserted in the bag. A V-shaped anterior capsulectomy is completed using Vannas scissors. The entire procedure can be performed with minimal trauma to fragile lens capsule and zonular apparatus and it minimizes intraoperative outflow channel obstruction by soluble proteins, easing recovery.

#### FILM FESTIVAL FILM 12 [FP1135]

DATE : 10.2.2006

HALL : I

TIME : 1.45-3.45

#### COMBINED CATARACT AND GLAUCOMA SURGERY – TECHNIQUES AND RESULTS

Dr. DOLLY H. CHANDRA, Dr. SHAH K.K., Dr. ANISH NEEKHRA, Dr. SAPNA PRASHANT — *BHOPAL*

The video depicts removal of cataract with anti-glaucoma surgery through single incision versus two incisions. It exhibits the technique and complications during surgery. The video also presents the post-operative pictorial followup in terms of anterior segment findings and post-operative gonioscopy. It addresses the advantages and disadvantages of the surgical procedures.



Setting a goal is not the main thing. It is deciding how you will go about achieving it and staying with that plan.

— Tom Landry

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Success is a state of mind. If you want success, start thinking of yourself as a success.

— Anonymous

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The toughest thing about success is that you've got to keep on being a success.

— Irving Berlin

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The price of greatness is responsibility.

— Winston Churchill

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The trouble with experience is that by the time you have it you are too old to take advantage of it.

— Jimmy Connors

