



Vitreous Retinal Society of India

XVII<sup>th</sup>

VITREO RETINAL SOCIETY  
OF INDIA CONFERENCE VRSI  
2008

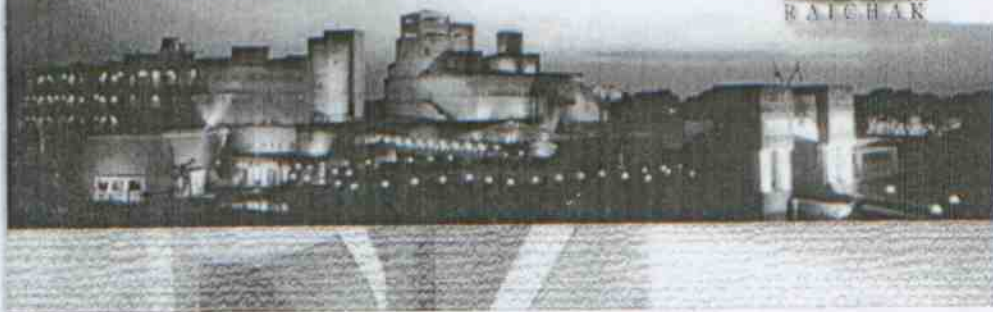


**Nataraja Pillai Oration**

5th December, 2008

at

the  
**ffort**  
RAICHAK





Dr. Nataraja Pillai  
(1900 - 1974)

1974

Dr. Subramaniam Nataraja Pillai was born in March 1<sup>st</sup> 1900 and studied at St. John's College, Palayamkottai, Thirunelvelly District. He was trained by Col. Wright (authority on Tropical Ophthalmology) and who started Museum in Ophthalmology).

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He was blessed with two sons, two daughters and 14 grand children. He represented College Hockey Team, did L. M. P. Course at Tanjore Medical School, joined Medical Service as Sub assistant Surgeon in Thirunelvelly in the earlier period. As per British rule, one has to serve 3 years (1.5 years jail duty and 1.5 years Agency duty) and he will be posted at his native place during the last five years of service. He therefore served all the three years of service as agency duty at Boipariguda in Koraput, Garjam. Dt. (Orissa), which was in Madras Presidency. He had great interest in hunting.

After the Agency duty, he was posted as Sub-assistant Surgeon at GOH in 1938 as a Pathologist. He studied and got L. O. in 1939 and continued to serve in all the departments of GOH till 1943. He worked in Govt. Erskine Hospital, Madurai from 1948 to 1951 and then continued private practices till his demise at Madurai. He was one of the pioneer to do eye camps at Virudhu Nagar and Dindugal with the help of TVS family. He was a member of Lion's Club and worked as a Hon. Magistrate for two terms.

Dr. N.S. Sundaram - Suptt. - Govt. Oph. Hosp.  
Dr. S. Natarajan - President VRST

Oraters awarded the "Nataraja Pillai Oration" in the last 5 years.

- 2003 **Prof. Suresh Chandra,**  
Clinical Professor of Ophthalmology,  
University of Wisconsin, USA.  
**Topic:** Update in Macular degeneration
- 2004 **Dr. Eugene de Juan, CEO,**  
Doheny Retina Institute,  
Los Angeles, California.  
**Topic:** My experience with limited macular translocation
- 2005 **Dr. John R Heckenlively**  
Paul Lichter Professor of Ophthalmic Genetics,  
Director, Visual Physiology Lab,  
Kellogg Eye Center,  
University of Michigan, Ann Arbor, MI  
**Topic:** Autoimmune Retinopathy, CAR and MAR  
Syndromes
- 2006 **Dr. Vinod Lakhanpal**  
Baltimore, USA  
**Topic:** Prevention and Management of Massive  
Suprachoroidal Hemorrhage
- 2007 **Dr. Baruch D. Kuppermann,**  
Department of Ophthalmology  
University of California, Irvine  
118 Med Surge I  
Irvine, California  
**Topic:** Ocular Drug Delivery Systems and their Clinical  
Implications



**Frank Koch,**  
MD

**BORN:** October 27, 1959 in Essen, Germany.

**FAMILY STATUS:** Married to Eva Liß-Koch,  
Specialist in Neurology,  
1 son Benjamin, 9 years old.

**ADDRESS:**

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**Fax:** +49 69 68600556

**E-Mail:** fkoch1@mac.com

**Web Site** [www.modern-retina-surgery.com](http://www.modern-retina-surgery.com)

**Experiences:** Nov. 1984 - Dec. 1988 Residency/Retina Fellowship  
in Ophthalmology at the University Eye Clinic, Bonn (Director:  
Professor Dr. M. Spitznas).

Dec. 14, 1988 Specialist's degree in Ophthalmology (German Board).

**POSITION (since 1996):** Head of the Retina and Vitreous  
Department of the University Eye Clinic Frankfurt am Main. With  
the academic rank of a Full Clinical Professor ("C3-life time  
position).

MAIN RESEARCH/SURGICAL ACTIVITIES:

1. Microscopic vitreoretinal surgery (retinal detachment, bi-manual vitreous surgery)
2. Endoscopic vitreoretinal surgery (ECP, sheathotomy in branch vein occlusion, subretinal surgery, vein catheterization)
3. Microsurgery of the anterior segment of the eye (cataract surgery, intraocular lenses)
4. Laser surgery (retinal breaks, diabetic retinopathy, age related macular degeneration, MPS, PDT).
5. Cell transplantation, Laser PE stimulation
6. Pharmaco-Surgery for treatment of diabetic retinopathies and age-related macular degenerations with corePPV ("intrectomy") and drug injections (Avastin, Lucentis, Macugen, triamcinolone, dexamethason), also combined with photodynamic therapy (PDT).

Founding President of the European VitreoRetinal Society,  
Organizer of the International VitreoRetinal Symposium (VRS)  
Frankfurt /Main - Germany

MAIN TEACHING ACTIVITIES: Evidence based virtual reality dry lab education.

Medical Technology    Development of ophthalmosurgical technology:- Multiport Illuminations (2 Port Chandeliers) - High Resolution Gradient Index (GRIN) Endoscope- 27 gauge Chandelier („Torpedo“), Illumination-Intrector“ for 23 gauge monoport pars plana-Vitrectomy with drug - application. Development of ophthalmodiagnostic and -surgical teaching strategies for EYESi (therapy of lens and vitreous) and OSI (diagnosis retina/vitreous)

Peer Review Papers    > 100

Surgical Interventions > 19.000 (Anterior and Posterior segment)

### **"Intrectomy" – a true cost-effective 23 gauge sutureless PPV approach**

**M**odern pars plana vitrectomy equipment allows us to perform a 3 port pars plana access and interventions in the vitreous cavity, on the retinal surface and behind the retina.

Not all diseases need such a 3 port approach. A transconjunctival, sutureless, truly self-sealing one stitch approach performed with the 23 gauge portable „Intrector<sup>R</sup>“ lets us easily and safely handle multiple indications. Samples are:

1. Floaters, inflammatory cells or blood in the vitreous (PDVR = proliferative diabetic vitreoretinopathy)
2. Complications in cataract surgery and removal of regenerative after cataract
3. Need for the unlimited admission of larger volumes (> 0,1 cc) of fluid, drugs, air or gas into the vitreous (e.g. macular edema in diabetic retinopathy, after retinal vein occlusions, pneumatic retinopathies)

Interestingly, for such indications the Intrector is not only a more cost-effective approach: after performing almost 4000 intrectomies, it turned out that this procedure also might have other advantages over a full pars plana vitrectomy procedure:

- A. A partial posterior core PPV with or without posterior vitreous detachment helps to protect the lens. A shorter time of the surgical intervention is also of advantage (limited trauma).
- B. The infusion delivered from the tip of the Intrector device is safer and more efficient in the management of complications as bleedings which have affected the vitreous cavity and the anterior chamber as well as the eye wall (combined suprachoroidal and vitreous/ anterior chamber bleedings).

Cases and case series will be discussed and illustrated through the microscope and the indirect ophthalmoscope view.

