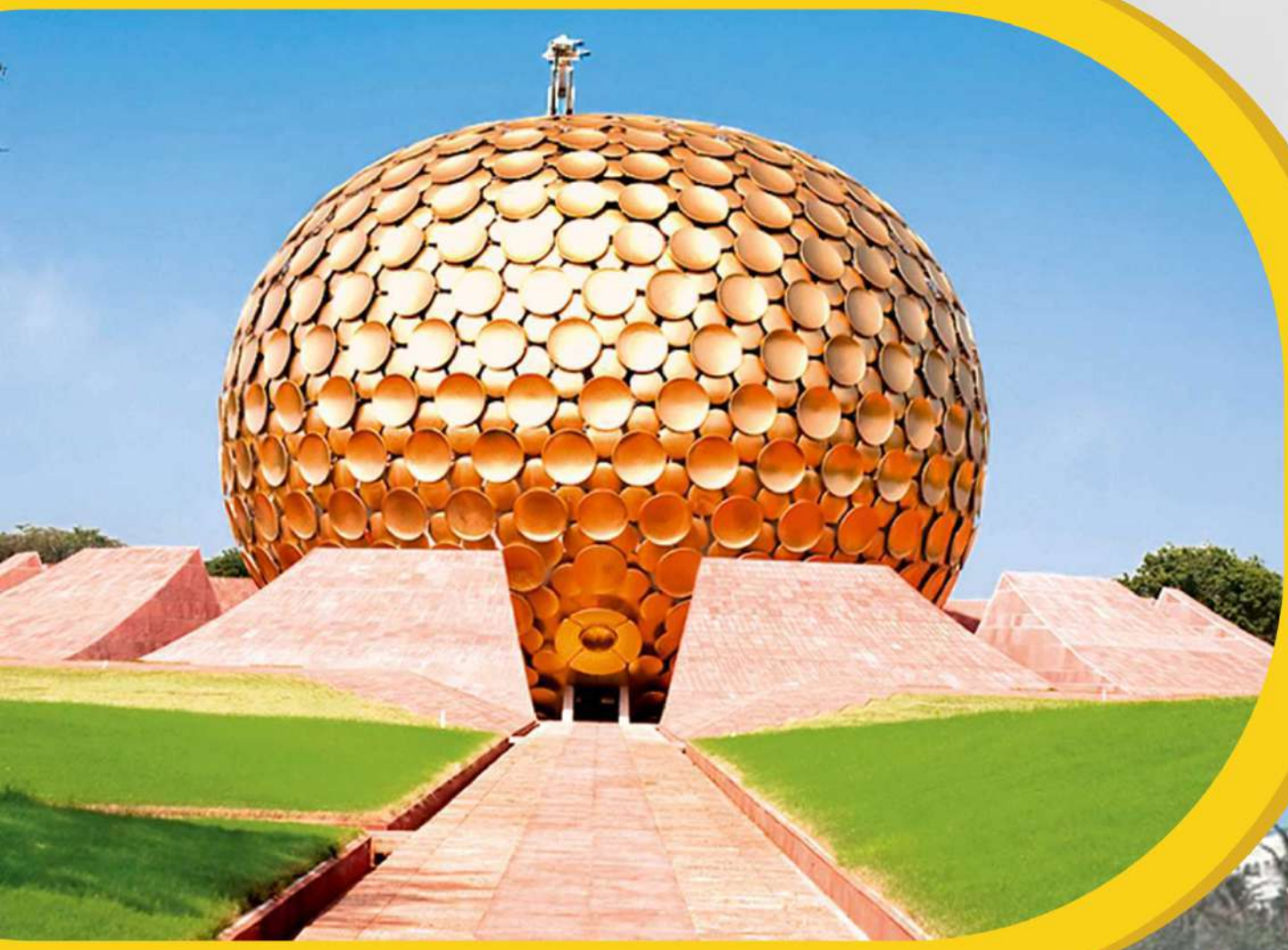
# 33rd Annual Conference of Glaucoma Society of India

27-29 September 2024

## GlaucoCherry 2024

# Programme Cum Abstract Book



Suganya Convention Centre, Pondicherry

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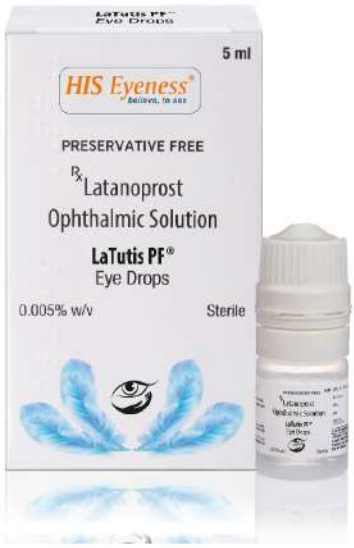


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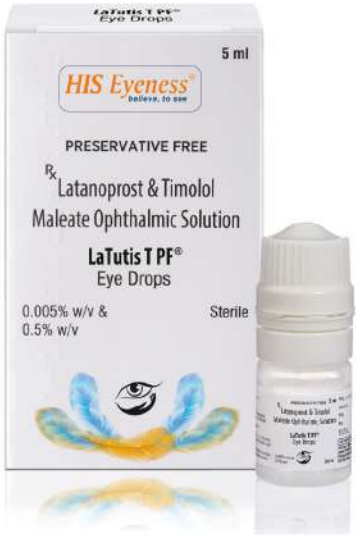


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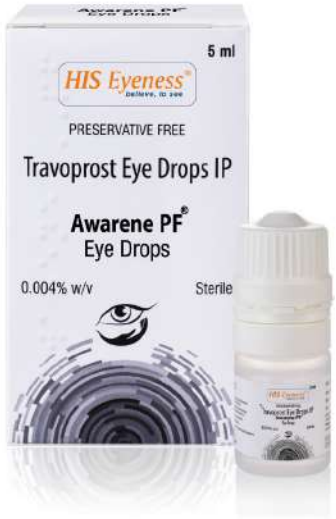


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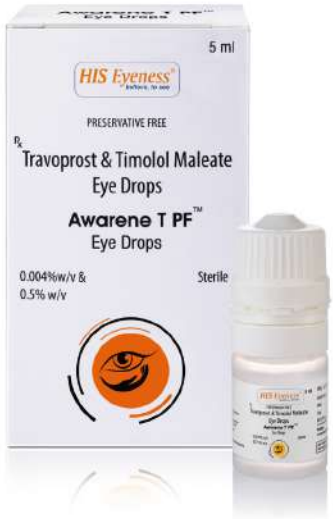


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Dear GSI Member,

Welcome to GlaucoCherry 2024

The entire team of LOC and the Executive Committee members have left no stone unturned in making this Conference a memorable one. The Scientific Programme has been curated to fulfill the need of all levels of Glaucoma Practitioners, the experts in the field as well as the Comprehensive Ophthalmologists. We have seven International Faculty apart from one hundred and eleven from our society. The Instruction Courses have been designed to cover in depth the basic aspects and the Plenary Sessions will deal with the gist of various aspects of Glaucoma which they have acquired after practicing over the years. Wet Labs will provide tips for performing the two most common Glaucoma Surgeries; the Trabeculectomy and Tube Surgery.

I am also thankful to the Trade, who have wholeheartedly supported this Conference and the delegates will get a chance to bring the latest development in the field of medication and technologies.

I once again welcome you all to this enriching extravaganza at Puducherry which is also known for its rich heritage and spirituality.

Regards,

**Dr Barun Kumar Nayak**
President-GSI

Dear Delegates and members of GSI,

Greetings from the Secretary!

Welcome to the city of Pondycherry which is not only a learning hub but also an excellent tourist and spiritual destination. Highly efficient LOC team of GlaucoCherry 2024 lead by Dr. R Venkatesh has made excellent arrangements for everyone. The team is providing you a wonderful opportunity to learn, enjoy and socialise at the same time.

This conference brings us close to the period of my two years of tenure as secretary. This period has been full of excitement, fulfilment and learning for me. The most challenging task that was assigned to the current executive was to have the society statuary compliant. We have submitted approximately 600 pages of documents with the registrar's office and are in the process of submitting additional documents as per their further demand.

Second was the constitutional amendment. The amended constitution was submitted in the registrar office in March 2024 and no objections have been raised by them.

Need for a permanent office has always been felt not only to have a permanent address but also for the continuity of office. A permanent office of GSI has been set up at the AIOS HQ building in Delhi.

Most of societies have a presidential medallion which gets transferred from outgoing to incoming president after the elections. This tradition was being missed in GSI. Now a presidential medallion will be transferred on election of new president every two years, starting from the AGM 2024. Please do not miss this rare opportunity of being a part of beginning of a new tradition. The attendance of AGM will also help you to remain in touch with the working of society, give your valuable opinion and improve your eligibility to contest elections upto next 5 years.

It is a very pleasant experience for me to share that most of the posts in the new executive 2024 have been filled un-opposed. I congratulate all those who have already been elected and wish good luck to those who are in the contest.

Once again, I welcome you to Pondycherry and enjoy the hospitality of LOC.

Long live GSI! Jai Hind

Regards,

**Prof. Manav Deep Singh**
Honorary Secretary GSI

Dear Esteemed Delegates and Honored Speakers,

On behalf of the Glaucoma Society of India, it is my privilege to extend a warm welcome to each and every one of you to GlaucoCherry'24, our annual conference, being held in the picturesque spiritual city of Pondicherry from September 27-29, 2024.

We are thrilled to bring together a diverse group of national and international experts, researchers, and clinicians to share knowledge, ideas, and experiences in the field of glaucoma. This conference promises to be an enriching experience, with a comprehensive program featuring cutting-edge research, innovative techniques, and thought-provoking discussions.

I would like to express my sincere gratitude to our distinguished speakers for their contributions to the scientific program. Your presence and expertise will undoubtedly enrich our understanding of glaucoma and its management.

To our delegates, we appreciate your participation and enthusiasm. We hope that this conference will provide a platform for networking, learning, and collaboration, ultimately leading to better patient outcomes.

Thank you for joining us at GlaucoCherry'24. Let us work together to advance our knowledge and combat glaucoma.

Warm regards,

**Dr. R. Venkatesh**
Organizing Secretary
GlaucoCherry'24

# PRE-CONFERENCE DAY

Lunch starting 12 noon
Interactive session starting 1 pm for all participants

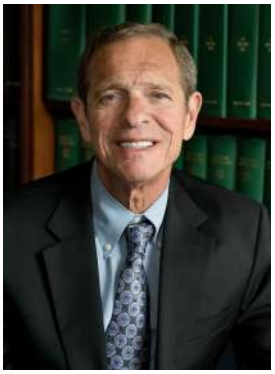
**Wetlab scheduled to start at 2 pm**

Thursday, 26th September 2024
Trabeculectomy & Tube Implant Surgery

## Executive Committee Meeting

7:30 pm at Conference Room, Aravind Eye Hospital

# INTERNATIONAL FACULTY



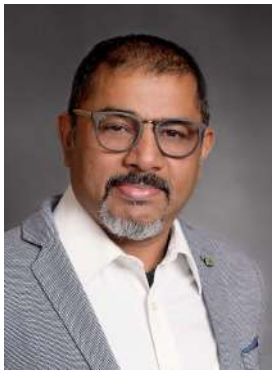
Alan L. Robin

Dr. Alan L. Robin was the first executive vice president of the American Glaucoma Society from 2019-2023. . He is a leader in the clinical management and scientific study of glaucoma. Dr. Robin holds joint Associate Professorships in Ophthalmology and in International Health at the Johns Hopkins University and is also a Professor at the University of Michigan. He was has also been a Professor of Ophthalmology in the VA system. He was the co-director of the Glaucoma Service at the Greater Baltimore Medical Center and held an active private practice with offices in the Baltimore and southern Pennsylvania areas.

Dr. Robin has made over 100 trips to India and Nepal since the 1980s. At the Aravind Eye Institute he was instrumental in establishing its glaucoma service and still serves as its co-director.

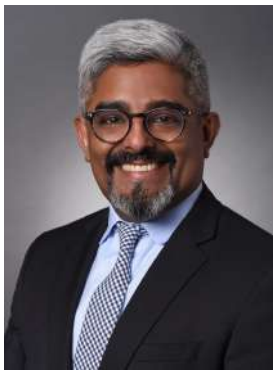
Andrew Tatham

Andrew is a consultant glaucoma surgeon at Princess Alexandra Eye Pavilion Edinburgh and president-elect of the UK and Eire Glaucoma Society (UKEGS). He is the NHS Research Scotland National Clinical lead for Ophthalmology, Honorary Reader and NRS Research Clinician at University of Edinburgh and Visiting Professor at University of Lausanne, Switzerland. He completed glaucoma fellowship training at Moorfields Eye Hospital and Shiley Eye Institute, University of California San Diego. Andrew is a past member of the European Glaucoma Society executive committee and currently co-chairs the EGS scientific committee. He is a past recipient of the ARVO Innovative Research Award, Pfizer Ophthalmic Fellowship, Royal College of Ophthalmologists' Fauld's Trophy and Tenovus Scotland Lady Illingworth Award. In 2023 he was awarded a master's degree in medical statistics and in his spare time is a qualified classifier for the British Paralympic Association.



Arun Narayanswami

Dr Arun Narayanaswamy is a glaucoma specialist trained at Sankara Nethralaya, Chennai, India. He subsequently was faculty at SN Chennai before joining as Senior Staff Physician at Singapore National Eye Centre in 2008. He brings with him 24 years of experience dealing with complex adult glaucoma. His main areas of interest are in clinical glaucoma, angle imaging and Selective Laser Trabeculoplasty. Dr Arun has been an active member of the Glaucoma Society of India and was the organizing secretary of SEAGIG international glaucoma congress -2006 in Chennai. His scientific contributions include multiple publications in various National and International Journals. He has been a Faculty in a large number of Glaucoma related conferences.



Arvind Neelakanthan

Dr. Arvind Neelakantan is a board-certified glaucoma specialist. He currently serves as Physician and CEO at the Glaucoma Center of Texas in Dallas, TX. In addition, he holds the title of: Adjunct Associate Professor of Ophthalmology at the University of Texas Southwestern Medical School in Dallas, USA.

Dr. Neelakantan received his medical degree in 1989 from the University of Bombay, India. He has since then, completed ophthalmology residencies at University of Bombay, India; University of Glasgow, Scotland and at University of Florida, Gainesville, United States. Dr. Neel is extensively trained in glaucoma, having completed clinical glaucoma fellowships at Bascom Palmer Eye Institute, Miami, Florida, Moorfields Eye Hospital, London, England and Sankara Nethralaya, Chennai, India. In addition, he completed a two-year post-doctoral glaucoma research fellowship at the University of Florida in Gainesville studying post glaucoma surgery wound healing.

John Fingert

**John H. Fingert, MD, PhD** is the Hadley-Carver Chair in Glaucoma and Professor of Ophthalmology and Visual Sciences at the University of Iowa's Carver College of Medicine in Iowa City, Iowa. He is the Director of the Glaucoma Clinical Service and Director of the Glaucoma Research Center at the Institute for Vision Research at the University of Iowa. Dr. Fingert completed his MD and PhD degrees at the University of Iowa where he also completed ophthalmology residency, glaucoma fellowship, and molecular ophthalmology fellowship.

Dr. Fingert is a glaucoma specialist, and he investigates the genetic basis of inherited optic nerve diseases including glaucoma and dominant optic atrophy. He has made key discoveries including identification of the first glaucoma-causing gene, myocilin (*MYOC*). Dr. Fingert also discovered one of the first genes known to cause normal tension glaucoma, TANK-binding kinase 1 (*TBK1*). He has also examined the influence of glaucoma risk factor genes on disease with investigations of the participants in the Ocular Hypertension Treatment Study (OHTS).

Syril Dorairaj

Dr. Dorairaj is a Professor of Ophthalmology, Mayo College of Medicine and Science, and Consultant in the Department of Ophthalmology, Mayo Clinic Jacksonville, Florida. Program Director for Glaucoma and Comprehensive Ophthalmology, International Council of Ophthalmology,International Ophthalmology Fellowship Foundation and Glaucoma Fellowship program at Mayo Clinic.

Dr. Dorairaj is a recipient of achievement awards from the American Academy of Ophthalmology and Asia-Pacific Academy of Ophthalmology and has given named orations and keynote lectures at national and international conferences.

Dr. Dorairaj is one of the pioneers of minimally invasive glaucoma surgeries and has done extensive research on understanding the biomechanical aspects of glaucoma especially angle closure. Trained at the New York Eye and Ear infirmary and, Beth Israel Medical Center, New York, Diplomate of the American Board of Ophthalmology, and a Fellow of the American College of Surgeons.

# NATIONAL FACULTY

Aditya Agrawal
Ajeet Kumar Dwivedi
Ajit Hazari
Alokesh Ganguly
Amit Porwal
Anil Kumar Mandal
Ankur Sinha
Arijit Mitra
Arun Kumar Narayanswamy
Arup Chakrabarti
Avik Kumarroy
Barun Kumar Nayak
Baskaran Mani
Bhagabat Nayak
Binita Thakore
Chengchira Sangma
Deven Tuli
Devendra Maheshwari
Devindra Sood
Dewang Angmo
Dilip Lalwani
Dipanjan Pal
Ganesh Venkataraman
Geeta Behera
George Puthuran
Gowri.J. Murthy
Gursatindar Singh
Harsh Kumar
Harsha Rao
Jaya Chandra Das
Jimmy Mittal
Julie Pegu
Karthikeyan Mahalingam
Kavitha Srinivasan
Kirti Singh
Krishnadas Krishnadas
L.S. Jhala
Lipi Chakrabarty
Madhu Bhadauria
Maitreyee Das
Manav Deep Singh
Mandar Govindparanjpe
Maneesh Singh
Manish Shantilal Shah
Manisha Rathi
Manju R Pillai
Mariam N Mansuri
Mayuri Khamar
Medha Prabhudesai
Meenakshi Y Dhar
Mohideen Abdul Kader
Murali Ariga
Neethu Mohan
Paaraj Dave
Pankaj Chudamanbendale
Parag Sharma
Parul Ichhpujani
Parveen Rewri
Prafulla Sarma
Prashant Srivastava
Prateep Vyas
Priti Paritoshkamdar
Rajul S. Parikh
Ramakrishnan Rengappa
Ramanjit Sihota
Ramchandra Reddy
Rangaraj N.R.
Rashmi Krishnamurthy
Raveendra Tammineni
Ravi Chandil
Rayees Ahmadsofi
Reena Manchanda Choudhry
Rengaraj Venkatesh
Rita Rajivdhamankar
Ronnie George
Roopali Nerlikar
Sachin Dharwadkar
Sachin Sanjivdharwadkar
Sathi Devi Av
Sathyan Parthasarathi
Shahinur Tayab
Shailesh Gadaginamath
Shalini Mohan
Shantha Balekudaru
Sharmila Rajendrababu
Shibal Bhartiya
Shikha Gupta
Shweta Tripathi
Siddharth Dikshit
Sirish Nelivigi
Sirisha Senthil
Subashini Kaliaperumal
Sumit Sachdeva
Sumit Choudhury
Suneeta Dubey
Sunil Gupta
Sunil S. Jain
Surajit Chakrabarti
Suresh Kumar Kumargupta
Surinder S Pandav
Sushma Tejwani
Sushmita Kaushik
Swati Upadhyaya
Talvir Sidhu
Taru Dewan
Thomas George
Tirupati Nath
Tutul Chakravartichakravarti
Vanita Pathak Ray
Vidya Chelerkar
Vijaya Lingam
Vinay Nangia
Vineet Sehgal
Viney Gupta
Vinita Gupta
Vinita Ramnani

DAY 1

# INSTRUCTION COURSE

Friday, 27th September 2024

| Time | Hall A | Hall B | Hall C | Hall D | Hall E |
|---|---|---|---|---|---|
| 09:00 am to 10:00 am | IC-1 : Could I do better? VAST | IC-5 : Gonioscopy - Tips & Tricks | IC-9 : Dnyamics of Target IOP | IC-13 : Anterior Segment OCT & UBM in Glaucoma | Free Paper I |
| Chairman | Dr R Venkatesh : Mastering Angle Surgery - Touch, Tear and Thread | Dr Mayuri Khammar : Essentials of Gonioscopy | Dr Ronnie George : Re-assessing Target IOP During Follow-Up - Case Based | Dr Sushmita Kaushik : Introduction to the Course, and Snapshots of Clinical Utility of UBM | FP012<br>Dr. Arnav Panigrahi |
| Co-Instructor | Dr Siddharth Dikshit : Enhancing the Success of Tube Surgery - My Insights | Dr Maneesh Singh : Common Mistakes While Performing Gonioscopy & Overcoming it | Dr Bhagabat Nayak : Estimating Disease Severity for Target IOP | Dr Sushma Tejwani : Snapshots of Clinical Utility of AS - OCT | FP058<br>Dr Meghna Ganesh<br><br>FP076<br>Dr. Sushma Tulava |
| Co-Instructor | Dr Thomas George : Combined Glaucoma & Cataract Surgery : Strategies for Optimal Outcomes | Dr Shweta Tripathi : Intraoperative Gonioscopy - Tips & Tricks for Angle Surgery | Dr Rayees Ahmed : Definition of Target IOP & Factors Used For Estimation | Dr Shikha Gupta : Snapshots of AS Imaging in Children | FP083<br>Dr. Anugya Sharma<br><br>FP086<br>Dr. Deepa Ramamoorthy |
| Co-Instructor | Dr Subashini Kaliperumal : Simple Techniques in Optimising Trabeculectomy | Dr Dewang Angmo : Gonioscopic Presentation in Secondary Glaucoma | Dr Vinita Ramnani : Different Target IOP Estimation Techniques at Baseline | Dr Parul Sony : Fundamentals of UBM | FP111<br>Dr. Devendra Maheshwari |
| Co-Instructor | Dr Sirisha Senthil : Repairing Blebs & Tubes | Dr Parag Sharma : Gonioscopes - What to Choose, Technique of Doing Indirect Gonioscopy | Dr Shahinur Tayab : Target IOP in PACG & Secondary Glaucoma - Is it Different? | Dr Medha Prabhudesai : Fundamentals of AS OCT | |

| 10:05 am to 11:05 am | IC-2 : All About Trabeculectomy | IC-6 : Humphrey Perimetry | IC-10 : Rationale of Management of Glaucoma | IC-14 : Laser Procedures in Glaucoma | Free Paper II |
|---|---|---|---|---|---|
| Chairman | Dr Prafulla Sarma : Introduction & Management of Late Complications | Dr G R Reddy : Interpretation of Visual Fields According to Stage of Glaucoma | Dr Shalini Mohan : Rationale of Off-Label Modalities in Glaucoma Management | Dr Harsh Kumar : Unusual Laser Procedures which all can & should do in Glaucoma cases: Iridoplasty / Bleb Reduction / Iridolenticular Synichiolysis | FP021 Dr. A Vijayalakshmi A<br><br>FP045 Dr. Sharmila R<br><br>FP048 Dr. Priyanka Sudhakar<br><br>FP079 Dr. Dewang Angmo<br><br>FP095 Dr. Anchal Gera<br><br>FP120 Dr. Abhishek HItesh Shah |
| Co-Instructor | Dr Sunil Jain : Surgical Steps & Intra-Operative Challenges | Dr Ankur Sinha : Understanding of Single Field Ananlysis Printout | Dr Sumit Sachadeva : Rationale of Surgical Management | Dr Vinay Nangia : Primary Angle Closure Disease : Biometry & Laser Perioheral Iridotomy | |
| Co-Instructor | Dr Dilip Lalwani : Management of Wound Leak & Shallow AC in Early Post-Operative Period | Dr Tutul Chakrabarti : Understanding Point Pattern Based Analysis of Visual Fields & the Indication of 10-2 Testing | Dr Maitreyee Das : Rationale Use of Topical Therapy | Dr Lipi Chakrabarti : Laser PI - Exact Procedure, Machines Available, Problems faced by Practitioners & Complications | |
| Co-Instructor | Dr Madhu Bhaduria : Rescuing a Failing Filter | Dr Vidya Chelerkar : Indentifying Common Artefacts & Improving the Accuracy of Testing | Dr Parul Icchapujani : Rationale Usage of Diagnostic Modalities in Glaucoma | Dr Surajit Chakrabarti : Diode Cyclophotocoagulation | |
| Co-Instructor | Dr Raveendra T : Indications & Pre-Opeartive Considerations | Dr Geeta Behera : Indentifying Glaucoma Progression on Visual Fields | Dr Sumit Choudhary : Rationale of Laser Therapy in Glaucoma | Dr Reena Choudhary : SLT / ALT - When & How? | |

| 11:10 am to 12:10 pm | IC-3 : All About Tubes | IC-7 : Perimetry Octopus | IC-11 : Glaucoma Suspects / OHT / NTG | IC-15 : Pediatric Glaucoma for Comprehensive Ophthalmologist | Free Paper III |
|---|---|---|---|---|---|
| Chairman | Dr George Puthuran : Preventing & Managing Tube Retraction & Tube Exposure | Dr Devindra Sood : Discussion & Summing it Up | Dr P Sathyan : Introduction. | Dr Anil K Mandal : Surgical Options for Pediatric Glaucoma | FP033<br>Dr. Indu Pavani Velamala<br><br>FP044<br>Dr. Usha Tejaswini S<br><br>FP049<br>Dr. Anand Kumar Pathak<br><br>FP060<br>Dr. Swati Singh<br><br>FP148<br>Dr. Parveen Rewri<br><br>FP117<br>Dr. Manik |
| Co-Instructor | Dr Ganesh Venkatraman : Tubes in Complex Situations - Sulcus / Pars Plana Placement, Post V-R Surgery | Dr Barun Kumar Nayak : Reading a Single Field Octopus Print | Dr Arup Chakrabarti : OHT - Role of CCT, OCT, ERG and VF /whom to treat | Dr Viney Gupta : Evaluation of Pediatric Glaucoma | |
| Co-Instructor | Dr Devendra Maheshwari : Preventing & Managing Tube Blockage & Tube Cornea Touch | Dr N R Rangaraj : Whats' the Difference - Cluster & Polar Analysis and Trends | Dr Sirish Nelivigi : Glaucoma Suspect - Preferred Practice Pattern | Dr Sushmita Kaushik : If Cornea is White - What Next? | |
| Co-Instructor | Dr Amit Porwal : Indications & a Safer Surgery System for Tubes | Dr Murali Ariga : Progression on Octopus Perimetry | Dr Alokesh Ganguly : NTG - Ocular Bio Markers / Role of Systemic Evaluaton | Dr Sirisha Senthil : Management of Refractory Pediatric Glaucoma | |
| Co-Instructor | Dr Avik Kumar Roy : Preventing & Managing Early /Late Hypotony & Hypertensive Phase | Dr Sachin Dharwadkar : Comparing HFA & Octopus 900 Head to Head | Dr Shailesh GM : NTG - Management Protocol | Dr Manju Pillai : Overview of Medical Management of Pediatric Glaucoma | |

| 12:15 pm to 01:15 pm | IC-4 : MIGS in Indian Context | IC-8 : Maximising Utility of OCT in Glaucoma | IC-12 : Managing Complications of Trabeculectomy | IC-16 : India & Angle Closure Diseases | B Shridhar Rao Award Session |
|---|---|---|---|---|---|
| Chairman | Dr Sushma Tejwani : Introduction / Stenting the Angle : Technique & Trouble Shooting | Dr Rita Dhamankar : OCT Interpretation, Don't Get Fooled | Dr Prateep Vyas : Bleb Leak, Over Filtering, OverHanging Belbs, Managing Risks | Dr Baskaran Mani : Monitoring Angle Closure Disease - Evidence & Practice | FP007<br>Dr. Parul Bansal<br><br>FP017<br>Dr. Prasanna Venkatesh Ramesh<br><br>FP029<br>Dr. NITIKA BERI<br><br>FP068<br>Dr. Annamalai Odayappan<br><br>FP099<br>Dr. Madhavi Ramanatha Pillai<br><br>FP125<br>Dr. Rashmi Krishnamurthy |
| Co-Instructor | Dr Vanita Pathak Ray : Combined in flow-Outflow MIGS | Dr Prashant Srivastava : RNFL Diagnosis in Glaucoma | Dr Sirisha Senthil : Saving from Nightmare of Hemorrhagic Choroidals and Malignant Glaucoma | Dr Ajeet Kumar Dwivedi : Tube Implants in Angle Closure Glaucoma - Indications & Safeguards | |
| Co-Instructor | Dr Tej Rane : MIGS Practice in UK : Differences and Similarities | Dr Mandar Paranjpe : Monitor Glaucoma Progression on OCT | Dr Manish Shah : Managing Early & Late Bleb Failure (Short Video of Bleb Massage, Releasable Suture Suterelysis & Bleb Needling) | Dr Chengchira Sangma : Cataract Surgery in Angle Closure Eyes - Surgical Tips Maximising Outcomes | |
| Co-Instructor | Dr Suneeta Dubey : Overview of MIGS in India | Dr G R Reddy : Structure Function Correlation of RGC in Glaucoma | Dr Meenakshi Dhar : Dealing with Bleb Dysesthesia & Bleb Related Infections | Dr Kirti Singh : Trabeculectomy, MIGS or Cataract alone | |
| Co-Instructor | Dr Dipanjan Pal : KDB Goniotomy, BANG & their Extended Indicatons | Dr Talvir Siddhu : OCT Flaws | Dr Gowri Murthy : Intra Operative Complications of Trabeculectomy. How to handle them judiciously | Dr Pankaj Bendale : How is Angle Closure Different? Diagnostic & Imaging Clues | |

# PLENARY SESSION I

Title : Glaucoma Foundation

| |
|---|
| **Chairman** : Dr Vinay Nangia |
| **Co-Chairman** : Dr Alan Robin |
| **Co-Chairman** : Dr Ronnie George |
| **Co-Chairman** : Dr Prafulla Sarma |

**Date** - Friday, 27th September, 2024
**Time** - 02:10 pm to 04:02 pm
**Hall** A + Hall B

| No | Time | Topic | Duration | Speaker |
|---|---|---|---|---|
| 1 | 02:11 pm to 02:21 pm | Systemic Medication and Risk of Glaucoma. | 10 | Dr Andrew Tatham |
| 2 | 02:22 pm to 02:28 pm | History Taking in Glaucoma. | 6 | Dr L S Jhala |
| 3 | 02:29 pm to 02:35 pm | CSF Pressure and Glaucoma. | 6 | Dr Alokesh Ganguly |
| 4 | 02:36 pm to 02:43 pm | Non IOP Related Risk Factors of Glaucoma. | 7 | Dr Meenakshi Dhar |
| 5 | 02:44 pm to 02:51 pm | Ocular Blood Flow Pathophysiology & Clinical Relevance in Glaucoma. | 7 | Dr Geeta Behera |
| 6 | 02:52 pm to 02: 59 pm | Is this field Glaucomatous ? Is this disc Glaucomatous? | 7 | Dr Mayuri Khammar |
| 7 | 03:00 pm to 03:07 pm | Status of Portable Technology for Glaucoma Evaluation. | 7 | Dr Parul Ichhpujani |
| 8 | 03:08 pm to 03:18 pm | Anterior Segment Imaging in Glaucoma. | 10 | Dr Arun Narayanswamy |
| 9 | 03:19 pm to 03:26 pm | UBM – Advantages and Indications. | 7 | Dr Maneesh Singh |
| 10 | 03:27 pm to 03:33 pm | Short Eyes and Glaucoma. | 6 | Dr Sharmila Reddy |
| 11 | 03:34 pm to 03:41 pm | Glaucoma Masquerade and Confounders. | 7 | Dr Roopali Nerlikar |
| 12 | 03:42 pm to 03:49 pm | Ocular Surface Diseases and Glaucoma. | 7 | Dr Tirupati Nath |
| 13 | 03:50 pm to 03:58 pm | Optic Disc in Myopia & Implications for Glaucoma | 8 | Dr Vinay Nangia |
| 14 | 03:59 pm to 04:02 pm | Concluding Remarks | 3 | |

# PLENARY SESSION II

Title : Sneak Peak Into The Future

| |
|---|
| **Chairman** : Dr Ramanjit Sihota |
| **Co-Chairmans** : Dr Andrew Tathum |
| **Co-Chairman** : Dr Deven Tuli |
| **Co-Chairman** : Dr Manish Shah |

**Date** - Friday, 27th September, 2024
**Time** - 04:07 pm to 05:30 pm
**Hall** A + Hall B

| No | Time | Topic | Duration | Speaker |
|---|---|---|---|---|
| 1 | 04:08 pm to 04:20 pm | Current Status of Role of Genetic Study in Glaucoma Practice. | 12 | Dr John Fingert |
| 2 | 04:21 pm to 04:29 pm | AI in Glaucoma. | 8 | Dr Swati Upadhyay |
| 3 | 04:30 pm to 04:38 pm | Molecular Signature Guiding Severity and Progression. | 8 | Dr Sushma Tejwani |
| 4 | 04:39 pm to 04:46 pm | Assessing Progression of Glaucoma. | 7 | Dr Suneeta Dubey |
| 5 | 04:47 pm to 04:54 pm | Role of Lymphatics and their Preservation in Glaucoma Surgery. | 7 | Dr SS Pandav |
| 6 | 04:55 pm to 05:02 pm | Angle Closure Glaucoma : Changing Concepts in Diagnosis and Treatments, | 7 | Dr Syril Dorairaj |
| 7 | 05:03 pm to 05:10 pm | Newer Advances in Perimetry - Virtual /I-pad etc. What is the future? | 7 | Dr Arijit Mitra |
| 8 | 05:11 pm to 05:18 pm | Big Data & Possibility of Personalized Medicine | 7 | Dr Parul Icchapujani |
| 9 | 05:19 pm to 05:26 pm | Newer Aspects of Gonioscopy | 7 | Dr JC Das |
| 10 | 05:27 pm to 05:30 pm | Concluding Remarks | 3 | |


05:30 pm to 06:00 pm


06:00 pm
Hall A

## ADVISORY BOARD MEETING

07:00 pm onwards
Hall C

## FACULTY DINNER

08:00 pm onwards

DAY 2

# PLENARY SESSION III

## Title : Medical Management Fundamentals

**Date** - Saturday, 28th September, 2024
**Time** - 08:10 am to 09:43 am
**Hall** A + Hall B

| |
|---|
| Chairman : Dr J C Das |
| Co-Chairman : Dr Syril Dorairaj |
| Co-Chairman : Dr Gowri Murthy |
| Co-Chairman : Dr Maneesh Singh |

| No | Time | Topic | Duration | Speaker |
|---|---|---|---|---|
| 1 | 08:11 am to 08:18 am | How to Move Forward in Glaucoma Management in India. | 7 | Dr Alan Robin |
| 2 | 08:19 am to 08:26 am | Drug Molecules in the Pipeline and Novel Methods of Drug Delivery. | 7 | Dr Andrew Tatham |
| 3 | 08:27 am to 08:34 am | Choices and Challenges of First Time Treatment of Patient Diagnosed with Glaucoma | 7 | Dr Rita Dhamankar |
| 4 | 08:35 am to 08:42 am | Principles of Medical Management in Glaucoma. | 7 | Dr R Ramakrishnan |
| 5 | 08:43 am to 08:50 am | Take Home Messages from Relevant RCTs in Glaucoma Management | 7 | Dr Baskaran Mani |
| 6 | 08:51 am to 08:58 am | Spectrum of Side Effects of Medical Management | 7 | Dr Sachin Dharwadkar |
| 7 | 08:59 am to 09:06 am | Fixed Dose Combination : Pros & Cons | 7 | Dr Barun Kumar Nayak |
| 8 | 09:07 am to 09:14 pm | Home Glaucoma Monitoring. | 7 | Dr Andrew Tatham |
| 9 | 09:15 am to 09:22 am | Neuroprotection - How far are we from Clinical Application ? | 7 | Dr Vinita Gupta |
| 10 | 09:23 am to 09:30 am | Maximum Medical Therapy in Glaucoma : When & What ? | 7 | Dr Harsh Kumar |
| 11 | 09:31 am to 09:38 am | Why Did Some Patients Progress? | 7 | Dr Ramanjit Sihota |
| 12 | 09:39 am to 09:43 am | Concluding Remarks | 4 | |

# PLENARY SESSION IV

## Title : Take A Detour

| |
|---|
| **Chairman** : Dr R Ramakrishnan |
| **Co-Chairman** : Dr John Fingert |
| **Co-Chairman** : Dr Shweta Tripathy |
| **Co-Chairman** : Dr Manav Deep Singh |

**Date** - Saturday, 28th September, 2024
**Time** - 10:08 am to 11:48 am
**Hall** A + Hall B

| No | Time | Topic | Duration | Speaker |
|---|---|---|---|---|
| 1 | 10:09 am to 10:16 pm | Normal Tension Glaucoma - When & How to treat? | 7 | Dr Kirti Singh |
| 2 | 10:17 am to 10:24 am | NTG : What Genetic Studies Have Taught Us. | 7 | Dr John Fingert |
| 3 | 10:25 am to 10:32 am | Management of Post Refractive Surgery in Glaucoma. How is it different? | 7 | Dr Shikha Gupta |
| 4 | 10:33 am to 10:40 am | Ocular Hypertension & Glaucoma Suspect : How to Tackle ? | 7 | Dr Shailesh GM |
| 5 | 10:41 am to 10:48 am | Effects of Exercise on Glaucoma | 7 | Dr Deven Tuli |
| 6 | 10:49 am to 10:56 am | Patient Adherance & Communication : Is it important ? | 7 | Dr Alan Robin |
| 7 | 10:57 am to 11:04 am | QOL - Considerations in Glaucoma : Is it relevant ? | 7 | Dr S K Gupta |
| 8 | 11:05 am to 11:12 am | What Precautions Should I take, Doc? | 7 | Dr Barun Kumar Nayak |
| 9 | 11:13 am to 11:20 am | Pregnancy and Glaucoma | 7 | Dr Manav Deep Singh |
| 10 | 11:21 am to 11:28 am | SLT : Applicability in Indian Context | 7 | Dr G Venkatraman |
| 11 | 11:29 am to 11:36 am | Various Laser Procedures in Glaucoma | 7 | Dr Arvind Neelkantan |
| 12 | 11:37 am to 11:44 am | Current Status of OCT Angiography in Glaucoma. | 7 | Dr Harsha Rao |
| 13 | 11:45 am to 11:48 am | Concluding Remarks | 3 | |

# PLENARY SESSION V

## Title : Controversies Resolved

| |
|---|
| **Chairman** : Dr Devindra Sood |
| **Co-Chairman** : Dr Sachin Dharwadkar |
| **Co-Chairman** : Dr Mayuri Khammar |
| **Co-Chairman** : Dr Madhu Bhaduria |

**Date** - Saturday, 28th September, 2024
**Time** - 11:53 am to 01:04 pm
**Hall** A + Hall B

| No | Time | Topic | Duration | Speaker |
|---|---|---|---|---|
| 1 | 11:54 am to 12:01 pm | Dresscode for entering the MIGS Arena. | 7 | Dr Sushmita Kaushik |
| 2 | 12:02 pm to 12:06 pm | MIGS in India has a bright future : FOR | 4 | Dr P Sathyan |
| 3 | 12:07 pm to 12:11 pm | MIGS in India has a bright future : AGAINST | 4 | Dr Siddharth Dikshit |
| 4 | 12:12 pm to 12:16 pm | MIGS in India has a bright future : REMARKS | 4 | Dr SS Pandav |
| 5 | 12:17 pm to 12 :21 pm | Trabeculectomy with Mitomycin C : Injectables | 4 | Dr Krishna Das |
| 6 | 12:22 pm to 12:26 pm | Trabeculectomy with Mitomycin C : Surface Application | 4 | Dr Prateep Vyas |
| 7 | 12:27 pm to 12:31 pm | Trabeculectomy with Mitomycin C - REMARKS | 4 | Dr L Vijaya |
| 8 | 12:32 pm to 12:36 pm | Preservative Free : Drug of Choice | 4 | Dr Paaraj Dave |
| 9 | 12:37 pm to 12:41 pm | Preservative Free : It Doesn't Matter | 4 | Dr Manisha Rathi |
| 10 | 12: 42 pm to 12:46 pm | Preservative Free Drugs - REMARKS | 4 | Dr Vineet Sehgal |
| 11 | 12:47 pm to 12:51 pm | Branded Drugs : A Must | 4 | Dr Binita Thakore |
| 12 | 12:52 pm to 12:56 pm | Generic Drugs : No Issues | 4 | Dr Mariam Mansuri |
| 13 | 12:57 pm to 01:01 pm | Branded & Generic Drugs - REMARKS | 4 | Dr Karthikeyan M |
| 14 | 01:02 pm to 01:04 pm | Concluding Remarks | 2 | |

# PLENARY SESSION VI

## Title : Surgical Treatment in Glaucoma

| |
|---|
| **Chairman** : Dr SS Pandav |
| **Co-Chairman** : Dr Prateep Vyas |
| **Co-Chairman** : Dr George Puthuran |
| **Co-Chairman** : Dr R Venkatesh |

**Date** - Saturday, 28th September, 2024
**Time** - 02:05 pm to 03:47 pm
**Hall** A + Hall B

| No | Time | Topic | Duration | Speaker |
|---|---|---|---|---|
| 1 | 02:06 pm to 02:16 pm | Current Approach Towards Tackling Co-Existing Cataract & Glaucoma together ? | 10 | Dr Andrew Tathum |
| 2 | 02:17 pm to 02:23 pm | How to Conduct a Safe Trabeculectomy | 6 | Dr L Vijaya |
| 3 | 02:24 pm to 02:32 pm | Early & Late Complicatons of Trabeculectomy | 8 | Dr Mayuri Khammar |
| 4 | 02:33 pm to 02:39 pm | Early Diagnosis & Management of Bleb Fibrosis | 6 | Dr Syril Dorairaj |
| 5 | 02:40 pm to 02:46 pm | How to Conduct a Safe AGV Surgery? | 6 | Dr Vanita Pathak Ray |
| 6 | 02:47 pm to 02:53 pm | How to Conduct a Safe AADI Surgery? | 6 | Dr George Puthuran |
| 7 | 02:54 pm to 03:00 pm | Managing Complications of Tube Surgery. | 6 | Dr B Shantha |
| 8 | 03:01 pm to 03:07 pm | Cyclophotocoagulation : Options & Indications. | 6 | Dr Maneesh Singh |
| 9 | 03:08 pm to 03:14 pm | KDB Goniotomy : Procedure & Status. | 6 | Dr Swati Upadhyay |
| 10 | 03:15 pm to 03:21 pm | BANG : Procedure & Status. | 6 | Dr R Venkatesh |
| 11 | 03:22 pm to 03:28 pm | I-Stent : Procedure & Status. | 6 | Dr Arvind Neelkantan |
| 12 | 03:29 pm to 03:35 pm | Suture GATT : Procedure & Status. | 6 | Dr Thomas George |
| 13 | 03:36 pm to 03:42 pm | What is the fuss about MIGS ? | 6 | Dr Syril Dorairaj |
| 14 | 03:43 pm to 03:47 pm | Concluding Remarks | 4 | |

# PLENARY SESSION VII

## Title : Secondary / Paediatric  Glaucoma

| |
|---|
| **Chairman** : Dr L Vijaya |
| **Co-Chairman** : Dr Sushmita Kaushik |
| **Co-Chairman** : Dr Viney Gupta |
| **Co-Chairman** : Dr AK Mandal |

**Date** - Saturday, 28th September, 2024
**Time** - 03:52 pm to 05:09 pm
**Hall** A + Hall B

| No | Time | Topic | Duration | Speaker |
|---|---|---|---|---|
| 1 | 03:53 pm to 04:00 pm | Secondary Glaucoma : An Overview | 7 | Dr Gowri Murthy |
| 2 | 04:01 pm to 04:08 pm | Malignant Glaucoma | 7 | Dr Rashmi Krishnamurthy |
| 3 | 04:09 pm to 04:16 pm | Glaucoma with Uveitis | 7 | Dr Madhu Bhaduria |
| 4 | 04:17 pm to 04:24 pm | Pseudoexfoliation Glaucoma | 7 | Dr Priti Kamdar |
| 5 | 04:25 pm to 04:32 pm | An Insight into Steroid Induced Glaucoma | 7 | Dr Manav Deep Singh |
| 6 | 04:33 pm to 04:40 pm | Post VR Surgery Glaucoma | 7 | Dr Neethu Mohan |
| 7 | 04:41 pm to 04:48 pm | Neovascular Glaucoma | 7 | Dr Parveen Rewri |
| 8 | 04:49 pm to 04:56 pm | Paediatric Glaucoma : An Overview | 7 | Dr Viney Gupta |
| 9 | 04:57 pm to 05:04 pm | Changing Trends in Surgery for childhood Glaucoma | 7 | Dr AK Mandal |
| 10 | 05:05 pm to 05:09 pm | Concluding Remarks | 4 | |


05:00 pm to 05:30 pm

**Annual General Meeting**
05:00:00 pm onwards
Hall C

## Evening Interactive Session
07:00  pm onwards

DAY 3

# PLENARY SESSION VIII

## Title : Glaucoma Medley

| |
|---|
| **Chairman** : Dr Krishna Das |
| **Co-Chairman** : Dr B Shantha |
| **Co-Chairman** : Dr Barun Kumar Nayak |
| **Co-Chairman** : Dr Suneeta Dubey |

Date - Sunday, 29th September 2024
Time - 08:30 am to 10:00 am
Hall A

| No | Time | Topic | Duration | Speaker |
|---|---|---|---|---|
| 1 | 08:31 am to 08:38 am | Spectrum of ACD | 7 | Dr Ajeet Kumar Dwivedi |
| 2 | 08:39 am to 08:46 am | Is there a role of genetic testing : Lab to Clinic | 7 | Dr Sirisha Senthil |
| 3 | 08:47 am to 08:54 am | Glaucoma Screening and Telemedicine | 7 | Dr Manju Pillai |
| 4 | 08:55 am to 09:02 am | Trab or Lens Extraction - 1st in Angle Closure | 7 | Dr S Kavitha |
| 5 | 09:03 am to 09:10 am | Is there any role of clear Lens Extraction | 7 | Dr Manish Shah |
| 6 | 09:11 am to 09:18 am | What to do if patient deteriorates inspite of good IOP control | 7 | Dr Ajit Hazari |
| 7 | 09:19 am to 09:26 am | Refractory - Adult & Pediatric Glaucoma | 7 | Dr Sirisha Senthil |
| 8 | 09:27 am to 09:34 am | Preventing and Managing Litigation in Medical Practice - Practical Tips. | 7 | Dr Murali Ariga |
| 9 | 09:35 am to 09:42 am | Ethics in Glaucoma Practice | 7 | Dr Shibal Bhartiya |
| 10 | 09:43 am to 09:50 am | Laser PI : When & How to do it? | 7 | Dr Aditya Agarwal |
| 11 | 09:51 am to 10:00 am | Concluding Remarks | 9 | |

# PLENARY SESSION IX

## Title : Enchanted Insights

| |
|---|
| **Chairman** : Dr Harsh Kumar |
| **Co-Chairman** : Dr Mandar Paranjpe |
| **Co-Chairman** : Dr Ganesh Venkatraman |
| **Co-Chairman** : Dr Harsha Rao |

Date - Sunday, 29th September 2024
Time - 10:30 am to 12:00 noon
Hall A

| No | Time | Topic | Duration | Speaker |
|---|---|---|---|---|
| 1 | 10:31 am to 10:39 am | Common Mistakes in Glaucoma Management | 8 | Dr Harsh Kumar |
| 2 | 10:40 am to 10:47 am | 10 Tips for Safe Trabeculectomy | 7 | Dr Baskaran Mani |
| 3 | 10:48 am to 10:55 am | 10 Tips for Perimetry | 7 | Dr Bhagabat Nayak |
| 4 | 10:56 am to 11:03 am | 10 Tips for Gonioscopy | 7 | Dr Julie Pegu |
| 5 | 11:04 am to 11:11 am | 10 Tips for OCT in Glaucoma | 7 | Dr Madhu Bhaduria |
| 6 | 11:12 am to 11:19 am | 10 Tips for proper Glaucoma Care. | 7 | Dr Ronnie George |
| 7 | 11:20 am to 11:27 am | 10 Tips for Medical Management of Glaucoma | 7 | Dr Sunil Gupta |
| 8 | 11:28 am to 11:35 am | 10 Tips for Glaucoma Implant Surgery | 7 | Dr George Puthuran |
| 9 | 11:36 am to 11:43 am | 10 Tips for Disc Evaluation | 7 | Dr Tirupathi Nath |
| 11 | 11:44 am to 11:51 am | 10 Tips for Safe MIGS | 7 | Dr Mohideen AK |
| 12 | 11:52 am to 11:59 am | Concluding Remarks | 7 | |

# INSTRUCTION COURSE

Sunday, 29th September 2024

| Time | Hall B | Hall C |
|---|---|---|
| 08:30 am to 09:30 am | IC-17 : Secondary Glaucoma | Free Paper Final |
| Chairman | Dr Madhu Bhaduria : Steroid Induced Glaucoma. | |
| Co-Instructor | Dr Julie Pegu : Post Penetrating Keratoplasty Glaucoma. | |
| Co-Instructor | Dr Vinita Gupta : Pigmentary Glaucoma. | |
| Co-Instructor | Dr Neethu Mohan : Glaucoma in Trauma. | |
| Co-Instructor | Dr Pankaj Bendale : Neovascular Glaucoma. | |
| 09:35 am to 10:35 am | IC-18 : Optic Disc & Fundus Evaluation | Rapid Fire (Poster Final) |
| Chairman | Dr Mandar Paranjpe : ONH Exam - Imaging (OCT) | |
| Co-Instructor | Dr Mohideen AK : Glaucoma Mimickers. | |
| Co-Instructor | Dr LS Jhala - ONH Exam - Clinical Markers for Glaucoma Diagnosis & Progression. | |
| Co-Instructor | Dr Jimmy Mittal : ONH exam in Challenging Scenarios. | |
| Co-Instructor | Dr Ravi Chandil : ONH Exam - Imaging (Photography) | |
| 10:40 am to 11:40 am | IC- 19 : Is my Patient Progressing ? | Glaucoma Pitch (Innovations) |
| Chairman | Dr Ajit Hazari : Introduction & Structure Function GPA. | FP015 - Dr. Prasanna Venkatesh Ramesh<br><br>FP175 - Dr. John Davis Akkara<br><br>VP012 - Dr. Kavitha Srinivasan<br><br>VP061 - Dr. Shivam Gupta<br><br>VP070- Dr. John Davis Akkara |
| Co-Instructor | Dr Ajeet Kumar Dwivedi : Perimetry - Monitoring for Progression. | |
| Co-Instructor | Dr Arup Chakrabarti : OCT - Monitoring for Progression. | |
| Co-Instructor | Dr Avik Kumar Roy : Decoding Unexplained Progression. | |
| Co-Instructor | Dr Maitreyee Das : Risk Factors for Progression - IOP, Disc Evaluation, Systemic Factors. | |

# Video Diagnostic Competitive Section

| ID | Speaker | Topic |
|---|---|---|
| VP005 | Dr. Prasanna Venkatesh Ramesh | Deciphering Glaucoma Module Premium Edition - A Pedagogical Video Guide For Early Diagnosis With The Novel BMO-MRW |
| VP022 | Dr. Megha G | One Tap for a Brighter World |
| VP026 | Dr. Prasanna Venkataraman | Decoding interface fluid syndrome and intraocular pressure dynamics in glaucoma: A video guide |
| VP029 | Dr. Jasleen Dhillon | Iris Sails: Bilateral Iridoschisis presenting as Angle closure glaucoma |
| VP035 | Dr. Madhavi Ramanatha Pillai | Overcome the hurdles of intraoperative gonioscopy to master MIGS |
| VP042 | Dr. Devendra Maheshwari | Anterior Segment OCT: A Holster for MIGS surgery |
| VP048 | Dr. Shivam Gupta | Role of rural Vision Centers in the fight against Glaucoma. |

# Video Management Competitive Section

| ID | Speaker | Topic |
|---|---|---|
| VP006 | Dr. Prasanna Venkatesh Ramesh | An Intraoperative Neophyte Gonioscopist's Videographic Atlas With Focal Points For Effective Practice - Ticket To Excellence For MIGS |
| VP014 | Dr. Anil Kumar Mandal | Surgical management of secondary glaucoma due to Retinopathy of Prematurity |
| VP016 | Dr. Mohideen Abdul kader | 7th Glaucoma Surgery:‚Äù A new era in surgical treatment of juvenile glaucoma‚Äù |
| VP030 | Dr. Swati Upadhyaya | TTT - Touch, Tear and Thread the Canal |
| VP039 | Dr. Dewang Angmo | Bleb rescue surgeries ‚Äì a tailor-made approach - license to operate D0030 |
| VP044 | Dr. Devendra Maheshwari | Flip to seal the deal :Management of Leaking Filtering bleb using Scleral Rotational Autograft |
| VP050 | Dr. Shivam Gupta | A stitch in time saves nine: Reversal of Post Trab Hypotony Maculopathy by Transconjunctival Flap Suture |
| VP059 | Dr. George Puthuran | Principles of Tube Repositioning in Anterior Chamber |

## Valedictory Function

12:10 pm to 012:40 pm

Hall A

## 12:30 pm onwards – LUNCH

# PHYSICAL POSTER

| | | | |
|---|---|---|---|
| FP022 | Dr. Sahiti Puttagunta | FP084 | Dr. Syril Kumar Dorairaj |
| FP046 | Dr. Sharmila R | FP087 | Dr. Deepa Ramamoorthy |
| FP057 | Dr. Yamini | FP088 | Dr Meghna Ganesh |
| FP065 | Dr. Prasanna Venkataraman | FP090 | Dr. Usha Tejaswini S |
| FP080 | Dr Divya Kotcharlakota | FP091 | Prof. Sumit Sachdeva |
| FP085 | Dr. Bindu S Ajith | FP096 | Dr Anchal Gera |
| FP097 | Dr. Sagarika Snehi | FP098 | Dr. Margi Suresh Thakkar |
| FP101 | Dr. Faisal T T | FP100 | Dr. Madhavi Ramanatha Pillai |
| FP105 | Dr.Sharmila.S | FP106 | Dr. Madhuri Akella |
| FP110 | Dr Sai Yaswanth Tiruveedhi | FP108 | Dr. Ravi Chandra K |
| FP114 | Dr. Pallavi Ray | FP109 | Dr Isha Vatsal |
| FP116 | Dr. Tamonash Basu | FP113 | Dr. Trupti Patil |
| FP118 | Dr. Venipriya Sigamani | FP115 | Dr. Devendra Maheshwari |
| FP119 | Dr. Vidya Wadke | FP124 | Dr. Shivam Gupta |
| FP150 | Dr. Srishti Agarwal | FP129 | Dr. Nimrita Gyanchand Nagdev |
| FP152 | Dr. Parveen Rewri | FP130 | Dr. Swarnali Sen |
| FP161 | Dr. Sujata Shailendra Navare | FP139 | Dr. Rukhshanda Rukhshanda |
| FP168 | Dr. Dewang Angmo | FP143 | Dr. Parthasarathi Gayan |
| FP178 | Dr. John Davis Akkara | FP144 | Dr Keerthi Gayam |
| FP014 | Dr. Geeta Behera | FP145 | Dr. Samiksha Choudhary |
| FP018 | Dr. Sangeeta Abrol | FP146 | Dr. Stuti Chand |
| FP024 | Dr. Archana S | FP147 | Dr. Shalini |
| FP028 | Dr. Saroj Gupta | FP153 | Dr Sunayana N Murthy |
| FP030 | Dr. Bhawesh Chandra Saha | FP162 | Dr. Siddharth Dikshit |
| FP032 | Prof. Kirti Singh | FP164 | Dr. Anugya Sharma |
| FP034 | Dr. Indu Pavani Velamala | FP169 | Dr. Subashini Kaliaperumal |
| FP042 | Dr. Lekha Mary Abraham | FP176 | Dr. Yashas Goyal |
| FP043 | Dr. Arathi Simha | | |
| FP059 | Dr. Urvish Vashisht | | |
| FP066 | Dr. MANIK . | | |
| FP071 | Dr. Techi Dodum Tara | | |
| FP072 | Dr. Monika Gupta | | |
| FP078 | Dr. Indira Pegu | | |
| FP082 | Dr. Sujani Shroff | | |

# ABSTRACTS

## Free Paper Dr. Sridhar B Rao Award

**Abstract ID** - FP007

***Presenting Author*** - Dr. Parul Bansal

**Title** - Secondary Childhood Glaucoma: Demographics, Management, and Outcomes in Northern India Hospital

**Full Abstract** - As compared to primary childhood glaucomas, there has been a paucity of research on the management of secondary cases which prompts further investigation to develop effective treatment plans for secondary childhood glaucoma. We analyzed files of 115 pediatric patients retrospectively. We recorded clinical findings and diagnosis as per the Childhood Glaucoma Research Network Classification. We evaluated outcomes as complete and qualified success and failure.The primary causes of secondary childhood glaucoma were acquired conditions. Glaucoma after vitreo-retinal surgery was most common followed by glaucoma due to blunt trauma. Axenfeld-Reiger syndrome was most common non-acquired ocular anomaly. 52.56% cases were managed conservatively and the rest surgically. Overall success was achieved in 80.55% patients with 19.45% experiencing failure six months post-surgery. Efficient management of these cases are crucial in enhancing visual prognosis and quality of life of paediatric patients.

**Co-Authors** - Dr Suneeta Dubey, dr Julie Pegu

**Abstract ID** - FP017

***Presenting Author*** - Dr. Prasanna Venkatesh Ramesh

**Title** - The SKIBI (Suture GATT Vs KDB Vs iStent Vs BANG Vs iStent Inject) Analysis - Early Outcomes Of MIGS On Indian POAG Eyes - A Holistic Study Like Never Before

**Full Abstract** - Aims & Methods: This prospective study compared effectiveness and safety of various MIGS techniques - Kahook Dual Blade (KDB), Bent Ab-Interno Needle Goniectomy (BANG), Suture-GATT, iStent, and iStent inject over 6 months, with sample of 113 (28+31+21+20+13 in each group), analysing IOP and anti-glaucoma medication (AGM) reduction usage at 1 week, 1 month, 3 months, and 6 months. Results: At the 6-month postop, all MIGS showed significant IOP reduction; Suture-GATT (6.41 ¬± 2.05 mmHg), KDB (5.88 ¬± 0.64 mmHg), iStent (2.81 ¬± 0.93 mmHg), BANG (5.27 ¬± 0.68 mmHg) & iStent inject (6.14 ¬± 2.22 mmHg). Reduction in AGM usage was also noted; Suture GATT 1.05 ¬± 0.26, KDB 0.54 ¬± 0.15, iStent 1.46 ¬± 0.31, BANG 0.58 ¬± 0.08 & iStent inject 0.64 ¬± 0.32. KDB and iStent inject exhibited least intraop complications. Conclusion: All MIGS techniques effectively lowered IOP with iStent inject and Suture GATT being superior in terms of mmHg, with KDB and iStent inject exhibiting the highest safety profile.

**Co-Authors** - ,

**Abstract ID** - FP029

***Presenting Author*** - Dr. NITIKA BERI

**Title** - Aqueous Angiography Guided BANG in High versus Low Aqueous Humor Outflow Regions in POAG:Pilot RCT

**Full Abstract** - Aim:To study efficacy of BANG in high vs low aqueous humor outflow regions as determined by Aqueous Angiography(AA) in patients with POAG.Method:Pilot RCT included 30 eyes with POAG+cataract(45-80years),randomized into 2 groups[grp(A:BANG performed in high-flow(HF)regions & ,ÄúB,Äù:BANG performed in low-flow(LF) regions)] of 15 each after identification using AA with indocyanine green dye(0.1%). IOP, AGM & complications noted.IOP?15mmHg & ?6mmHg at 6month follow-up with AGM(qualified success).Results:AA revealed HF & LF regions in nasal & temporal quadrant respectively, in all 30 patients.Mean preop IOP[grp A(17.27¬±3.43mmHg);grp B(17.60¬±5.42mmHg)](P=0.842) & mean postop IOP at 6months[grpA(15.6¬±4.98mmHg);grp B(13.13¬±2.29mmHg)](P=0.09).Lower qualified success seen in grp A(40.00%) compared to grp B(86.67%;P=0.021).Survival by Kaplan-Meier higher in grp B(P =0.021).Conclusion:BANG in LF regions(temporal quadrant) show enhanced success compared to those in HF regions(nasal quadrant).

**Co-Authors** - Ashi Gupta, Dr. Dewang Angmo

**Abstract ID** - FP068

***Presenting Author*** - Dr. Annamalai Odayappan

**Title** - Enhancing early glaucoma detection through family screening to reduce glaucoma related blindness

**Full Abstract** - Prevalence of glaucoma in the general population is low for population-based screening to be cost effective. A positive family history is a known risk factor, and so, screening high-risk family members may be efficient. However, reports suggest that the response rate of relatives to family screening programs is very low (7-20%). A major barrier is the poor communication between relatives. We have devised a new software capable of sending automated short message service (SMS) to relatives to educate them and offer free screening. A multicentric study was conducted from January 2020 till date to assess the response rate and the prevalence of glaucoma among the relatives. 66,576 relatives were contacted among whom 25,742 visited the hospital for screening. The response rate was 38.7%. Among them, 6,140 (23.9%) were found to have either glaucoma or were identified as suspects requiring regular review. Diagnosing glaucoma early will reduce the magnitude of blindness in the country.

**Co-Authors** - Sharmila Rajendrababu, Mohideen Abdul Kader

**Abstract ID** - FP099

***Presenting Author*** - Dr. Madhavi Ramanatha Pillai

**Title** - Comparison of surgical outcomes of Phaco-GATT Versus Phaco-Trabeculectomy in Open-angle glaucoma

**Full Abstract** - Aim:To Compare surgical outcomes of phaco-GATT&Phaco-Trabeculectomy in Open angle glaucoma.Methods:Prospective,interventional,comparative study.Patients divided into PhacoGATT(Grp1-64)&PhacoTrab(Grp2-62)&followed up for 6months.Outcome measures included were IOP, AGM, surgical success,complications&interventions.Results:In Grp1,IOP reduced from 19.09¬±4.93mmHg to12.40¬±3.45,12.15¬±3.01,12.92¬±3.42mmHg&Grp 2 19.09¬±5.99mmHg to 13.72¬±6.07,12.25¬±4.73,12.60¬±4.11mmHg at1,3,6months,no difference between groups(p=0.723).AGM reduced from 1.05¬±0.41 to 0.06¬±0.24,0.09¬±0.29 in Grp1&1.09¬±0.42 to 0.29¬±0.46,0.31¬±0.46 in Grp2at 3,6mnths,Grp1 significantly better(p<0.001).Complete success (IOP >6-?18 mmHg&25% reduction without AGM)was75.4% in Grp1&51.9% in Grp2.90% in Grp1 &69% in Grp2 was AGM free at 6 months.In Grp 1,14 pts required suture lysis within first 2 weeks and 20 patients within 2 months.No additional procedures were required in the above timeperiod in group 2.Micro &macrohyphema was seen in 12pts and 3 pts in Grp1,1 required ACwash.2 pts in Grp 2 had hypotony&1 pt underwent conjunctival resuturing.Conclusion: PhacoGATT &Phacotrabeculectomy both achieved similar levels of IOP reduction, with phaco-GATT faring better in terms of AGM reduction and surgical success and also requiring fewer postoperative interventions.

**Co-Authors** - Dr. Devendra Maheshwari, Dr. Nimrita Gyanchand Nagdev

**Abstract ID** - FP125

***Presenting Author*** - Dr. Rashmi Krishnamurthy

**Title** - Early Onset Glaucoma in Phacomatosis Pigmentovascularis & Sturge-Weber Syndrome: a comparative study

**Full Abstract** - Aim: This retrospective study compares outcomes of primary combined trabeculotomy with trabeculectomy (CTT) in children with early onset glaucoma associated with Phacomatosis-Pigmentovascularis (PPV) and Sturge-Weber syndrome (SWS) at a tertiary eye-care center.
Methods: Data from 1996-2020 were analyzed, including 49-eyes (49-children) with SWS and 48-eyes (32-children) with PPV that underwent primary CTT with 1-year follow-up postoperatively. Diagnosis criteria for SWS included facial hemangioma with leptomeningeal disease, and PPV based on concurrent presence of pigmentary nevi and capillary malformation.
Results: Preoperative ocular parameters were similar in both groups. However, PPV group presented at significantly younger age (0.2 vs. 0.57-years, p = 0.01) and had higher prevalence of systemic issues. After median follow-up of 5-years, while intraocular pressure (IOP) at last follow-up was comparable, complete success probability was higher in SWS group (p = 0.03). PPV group required higher number of glaucoma medications (p = 0.01) and repeat glaucoma surgery (p = 0.01). Postoperative complications were slightly higher in PPV group, but not statistically significant (p = 0.31).
Conclusion: Primary CTT yielded better outcomes in SWS compared to PPV. The study also highlights higher prevalence of systemic issues in PPV, providing valuable insights into managing early onset glaucoma associated with these conditions.

**Co-Authors** - Dr. Sirisha Senthil,

# Free Paper

**Abstract ID** - FP012

***Presenting Author*** - Dr. ARNAV PANIGRAHI

**Title** - Phenotypic variability, Glaucoma severity and long term outcomes in Axenfeld Rieger patients with FOXC1 and PITX2 variants.

**Full Abstract** - Background and Objective: We aimed to delineate the glaucoma severity and long term outcomes with therapy of glaucoma in FOXC1 and PITX2 carriers.
Methods: Clinical exome sequencing was carried out in 28 unrelated Axenfeld Rieger malformation (ARM) patients with glaucoma to look for FOXC1 or PITX2 variants. Glaucoma severity was assessed by the age of onset and cup disc ratio at presentation in the better eye. Outcomes of therapy were assessed at 5 years following therapy for stabilization of the disease.
Results: We found pathogenic variants in FOXC1 in 14 probands (50%) and PITX2 variants in 4 probands (14%), of which half each were novel. Age of onset was earlier and glaucomatous optic neuropathy was more severe at presentation among patients with FOXC1 variants. Stabilization of the disease after filtering surgery was similar. Conclusion: Although presentation was earlier and more severe with FOXC1 variants, long term stabilisation was similar in both the groups.

**Co-Authors** - Dr. Shikha Gupta, Prof. VINEY GUPTA

**Abstract ID** - FP033

***Presenting Author*** - Dr. Indu pavani Velamala

**Title** - LTBP2-related congenital megalocornea with zonular weakness and secondary lens-related glaucoma: clinical experience and phenotypic expansion

**Full Abstract** - Aim of study: To uncover novel phenotypic and genotypic features of LTPB2-related congenital megalocornea with zonular weakness and secondary lens-related glaucoma.
Materials and Methods: An 18-child cohort (36 eyes) from 14 consanguineous families underwent comprehensive ocular assessments and genetic analysis using whole exome sequencing.
Results: All children showed megalocornea, iridodonesis and ectopia lentis. Secondary glaucoma was detected in 26 eyes. Genetic analysis uncovered 12 distinct biallelic genetic variants in the LTBP2 gene. Lensectomy was effective in controlling intraocular pressure in 74% of cases, especially when done before two years of age. 47% eyes had concurrent retinal issues with 19% developing retinal detachment following lensectomy or glaucoma procedures.
Conclusion: It is important to distinguish this LTBP2-related ocular phenotype from primary congenital glaucoma. Early clinical diagnosis, targeted genetic testing and lensectomy are crucial.

**Co-Authors** - Sirisha Senthil, Deepika C Parameshwarappa

**Abstract ID** - FP045

***Presenting Author*** - Dr. Sharmila R

**Title** - non penetrating deep sclerectomy in eyes with split fixation

**Full Abstract** - Visual and surgical outcomes of NPDS phacoemulsification in patients with end-stage glaucoma
Materials and methods: A retrospective analysis of 349 eyes of 320 patients who underwent NPDS phaco were included.
Main outcome measures: BCVA, central visual fields, IOP,AGM were compared from baseline to post-operative visits and surgical complications and interventions were noted.
Results:Mean logMAR BCVA improved significantly from baseline of 0.54¬±0.42 to 0.30¬±0.37 & 0.29¬±0.40 at 6($p<0.001$) & 12 months ($p<0.001$) postoperatively. HFA 10-2 revealed no significant post operative change in mean deviation from baseline at 6 & 12 months ($p=0.072$, $p=0.143$). Significant post-operative reduction in mean(SD) IOP & AGM was noted from baseline at 6 & 12 months. Cumulative surgical success was 95% and 93% at 6 & 12 months . Complications were seen only in 17.8%.
Conclusion: NPDS phaco is a safe and viable option in eyes with advanced glaucoma maintaining post operative vision & fields.

**Co-Authors** - vijayalakshmi, mythiri rao

**Abstract ID** - FP048

***Presenting Author*** - Dr. SUPRITHA C N

**Title** - TORIC INTRAOCULAR LENS OUTCOMES IN EYES UNDERGOING COMBINED PHACOEMULSIFICATION WITH TRABECULECTOMY

**Full Abstract** - To evaluate the outcomes of combined phacoemulsification with Toric IOL with standardized trabeculectomy.70 eyes operated by a single surgeon included. All steps of trabeculectomy were standardized including amount of MMC, scleral flap, internal block, and suturing of flap. Outcome measures were post op cylinder at 4 w vs pre op cylinder, spherical equivalent at 4 w, IOP and antiglaucoma medication (AGM) pre op vs post op. Mean postop spherical equivalent was -0.06¬±0.38. Mean logMAR BCVA improved from 0.48¬±0.54 preop to to 0.17¬±0.35 at 3 m (p<0.001). The mean cylinder was 1.62¬±0.65 preop to 0.23¬±0.50 at 6 w (P<0.0001). 94.3% had postop cylinder <1D at 6 w. Mean IOP reduced from 16.04¬±5.56 to 12.54¬±3.12 at 3 m(P<0.001). Mean AGM was 2.47¬±1.05 preop to 0.47¬±0.81 at 3 m(P<0.001). The refractive outcomes are comparable to a meta-analysis of standalone cataract surgery with Toric IOL.Toric IOL implantation combined with a standardised trabeculectomy gives reliable correction of astigmatism.

**Co-Authors** - Dr. Gowri J Murthy, Dr. Priyanka Sudhakar

**Abstract ID** - FP060

***Presenting Author*** - Dr. Swati Singh

**Title** - Changes in intraocular pressure before and after femtolaser pre-treatment during FLACS procedure

**Full Abstract** - AIM: to evaluate changes in IOP before and after femtolaser assisted cataract surgery
Materials and methods: retrospective analysis done in 49 eyes of 45 patients who underwent FLACS surgery. IOP was measured before docking, one minute after docking, and on day 1 postop. Simple regression analysis was done to evaluate the correlation of different factors with post docking IOP. Multiple regression analysis was done for factors with a p value < .05 in simple regression analysis.
Results: Mean IOP was 16.1¬±3.19 at baseline,17.57¬±3.96 predocking, 24.31¬±5.97 post docking, 15.39¬±4.52 on POD1.Significant rise in IOP was seen post docking (6.86 mm, p=<.00001).significant factors in simple linear regression were Baseline IOP (R2 = .16, p= .004), Pre-docking IOP (R2 = .43, p= <.001),Axial length (R2 = .12, p= .014). IOP rise was max in eyes with ACD<2.5 mm (30¬±5.17) and LT?5 mm (28.75¬±5.03). CONCLUSION:eyes with higher baseline iop and biometric risks need antiglaucoma drugs postoperatively.

**Co-Authors** - ,

**Abstract ID** - FP076

***Presenting Author*** - Dr. Sushma Tulava

**Title** - Rare association of Inherited Retinal Dystrophies and Refractory Angle Closure Glaucoma: Management challenges and new learnings.

**Full Abstract** - Purpose: This study explores the unique phenotype, diagnosis & management challenges posed by inherited retinal dystrophies (IRDs) coexisting with refractory angle closure glaucoma (ACG), prone to malignant glaucoma (MG) post-intervention.
Methods:18 patients(35 eyes) with IRDs & ACG were presented. Standard guidelines with ancillary imaging, electrophysiological evaluations & genetic testing were employed for the phenotypical & genotypical diagnosis of IRDs & ACG. Results:
Glaucoma surgery in 16 eyes led to MG. Pars plana vitrectomy and Irido-zonulo-hyaloido-vitrectomy were performed based on lens status.

Conclusion:Bestrophinopathy emerged as the most-common IRD associated with refractoryACG. Conventional glaucoma surgery consistently led to MG. Vitrectomy with postero-anterior communication performed, prevented MG. This highlights the secondary nature of angle closure in IRDs, underscoring the efficacy of addressing the vitreous over traditional glaucoma surgery.

**Co-Authors** - Dr. Sirisha Senthil

**Abstract ID** - FP079

***Presenting Author*** - Dr. Dewang Angmo

**Title** - Evaluating the effect of Dorzolamide vs Netarsudil in Preperimetric and Early Glaucoma- A Randomised Controlled Trial

**Full Abstract** - PURPOSE- To evaluate the effect of Dorzolamide vs Netarsudil in Pre-perimetric/Early glaucoma. METHOD- This is a prospective RCT in which 90 eyes were recruited and randomized into 2 groups - Dorzolamide 2% TDS Group and Netarsudil 0.02% OD Group. The patients were examined at baseline and at 4, 8 and 12 months for IOP, RNFL, mGCL, ONH perfusion pressure (PP), ONH flux index (FI), macular vessel density (mVD) and side effects. RESULTS- Netarsudil group showed 14.19% vs 9.48% decrease in IOP in Dorzolamide group over 1 year (p=0.05). The mean RNFL and mGCL did not show any significant change in both groups. Netarsudil group showed 11.36% increase in mVD and 7.6% increase in peripapillary FI over 1 year (p< 0.001). However, no similar trend seen in Dorzolamide group. Both the groups showed increase in ONH Perfusion (p< 0.001). Conclusion- Netarsudil group showed a statistically significant decrease in IOP and also a significant increase in all OCTA parameters as compared to dorzolamide.

**Co-Authors** - Vanaja Jain, Dr. TANUJ DADA

**Abstract ID** - FP086

***Presenting Author*** - Dr. DEEPA RAMAMOORTHY

**Title** - Comprehensive Analysis of Hypotony and Choroidal detachment(CD) in eyes post trabeculectomy with Mitomycin-C:An Overview

**Full Abstract** - Introduction:Evaluating clinical profile,management approaches and visual outcomes of hypotony and choroidal detachement (CD) in eyes following trabeculectomy with MitomycinC.Methods: Retrospective analysis of data of 1097 patients over a period of 1 year and 4 months with hypotony and CD following trabeculectomy with or without cataract surgery.Results:44 patients with hypotony and CD following trabeculectomy with MMC were identified out of which 22 eyes (50%) were PACG ,14 eyes(31.8%) were POAG, 3 eyes(6.8%) were juvenile glaucoma.Based on HFA,21 eyes (47.7%) had severe glaucoma. 29(65.9%) had thin CCT(< 520¬µm).2 eyes(4.5%) had high axial length(>26mm).19 eyes (43.2%) had CD following hypotony.Mean duration of hypotony and CD from surgery was 7.8 weeks.23 eyes(52.2%) had hypotony and CD in ? 1month and 21 eyes(47.7%) was ?1month.The mean preoperative Intraocular pressure(IOP) and hypotony IOP difference was 17.75¬±11.68 which was statistically significant(p<0.005).Management were as follows,all 44 eyes( 100%) were on topical steroids and cycloplegics, 12 eyes (27.3%) required oral steroids.10 eyes (22.7%) had a positive siedel‚Äôs test with brisk leak out of which 8 eyes( 18.2%) required BCL application.One eye had undergone conjunctival suturing,1 AC reformation with Choroidal drainage,2 required scleral patch graft and 1 eye required AC reformation and PPV.At 6 months followup 13 eyes(30.9%) required anti-glaucoma medications and 31 eyes( 70.5%) had a BCVA of ? 6/12.Conclusion:The preoperative IOP and severity of glaucoma has a role in anticipating postoperative hypotony and CD.Hypotony and CD can affect the success rate of trabeculectomy.Prompt diagnosis and management of these eyes helps in achieving good visual potential and thereby maintaining their quality of life

**Co-Authors** - Dr. Madhuri M.B.,

**Abstract ID** - FP111

***Presenting Author*** - Dr. Devendra Maheshwari

**Title** - Comparative study of outcomes of 5-0 prolene GATT with phacoemulsification in POAG versus PACG

**Full Abstract** - Aim:To compare 5-0 prolene Phaco-GATT in POAG vs PACG.Methods: Prospective, interventional, comparative study. Patients were divided into POAG(Grp1)&PACG(Grp2), underwent Phaco-GATT and followed up for 6 months. Outcome measures included IOP, AGM, surgical success,complications&interventions.Results:70 eyes of 68 patients (Grp1)&71 eyes of 67 patients (Grp2)were enrolled. In Grp1, IOP reduced from 21.40¬±5.98mmHg to12.85¬±3.82,13.22¬±4.11,13.25¬±3.63mmHg&Grp 2 from 22.13¬±6.13mmHg to 12.48¬±6.28,11.95¬±3.28,12.47¬±4.22mmHg at1,3,6 months respectively, with no significant difference between the groups(p=0.523). The median IOP reduction at the end of 6 months was 36.4% in Grp 1 and 46.7% in Grp 2.AGM reduced from 1.37¬±0.87 to 0.07¬±0.31,0.12¬±0.38 in Grp1&from 1.64¬±1.02 to 0.03¬±0.18,0.04¬±0.20 in Grp2at 3,6mnths respectively, with no significant difference between groups(p=0.523). Complete success (IOP >5-?18 mmHg&30% reduction without AGM) was 76.5% in Grp1&90.1% in Grp2. 90% in Grp1 &96% in Grp2 remained medication-free at 6 months. Microhyphema(<1mm) was seen in 10 patients in Grp 1 and 12 patients in Grp 2, which required no intervention. Macrohyphema(>1mm) was seen in 4 patients in Grp1

and 6 pts in Grp 2.1 Patient from each group required AC wash. Conclusion: GATT combined with phacoemulsification is efficacious and safe in both POAG&PACG, with PACG achieving better surgical success.

**Co-Authors** - Dr. Madhavi Ramanatha Pillai, Dr. Ramakrishnan RENGAPPA

**Abstract ID** - FP148

***Presenting Author*** - Dr. Parveen Rewri

**Title** - Cross cultural Adaptation and Psychometric validation of the Hindi version of the 25-item National Eye Institute Visual Functional Questionnaire

**Full Abstract** - Aim: The visual disability is second most prevalent disability, and glaucoma is a leading cause for it in India. There is no valid, culturally adopted tool is available to access percentage disability and quality of life in India for patients of glaucoma. The 25-Item National Eye Institute Visual Functioning Questionnaire (NEI-VFQ 25) is a validated and accepted tool for assessment of vision-related QOL. The study aimed to translate and culturally adopt NEI 25-item visual function questionnaire (VFQ) for glaucoma patients, and validate the translated questionnaire Methods: In this cross-sectional study the NFI-VFQ was translated in Hindi and evaluated by bilingual speakers for quality of language and comprehension. It was tested on 30 Hindi-speaking glaucoma patients with no cognitive, hearing, postural or movement impairment. The translated version was modified based on cultural practices and feedback from initial pilot testing, and tested-retested on 5 patients. The final version was applied on 150 patients of glaucoma, and Cronbach,Äôs alpha coefficient and item,Äitotal score correlations for each subscale was carried out to evaluate internal consistency. The Spearman,Äôs correlation coefficient was calculated by comparing original NFI-VFQ and Hindi version. Results: The Cronbach,Äôs alpha coefficient was>0.9 for all the 25-items when each item was removed. The translated Hindi version of NFI VFQ 25 questionnaire shows high internal consistency (Cronbach,Äôs alpha coefficient >0.9). The Spearman,Äôs correlation coefficient was ? 0.4 in bilingual patients for original NFI-VFQ and translated and adopted Hindi version. Conclusion: The translated Hindi version of NFI VFQ 25 is a valid tool to access vision-related quality of life in glaucoma patients with visual impairment.

**Co-Authors** - ,

**Abstract ID** - FP021

***Presenting Author*** - Dr. A Vijayalakshmi A

**Title** - Incidence, etiology and risk factors for tube explantation in patients undergoing patch-free glaucoma drainage device

**Full Abstract** - Purpose:To report the incidence, etiology and risk factors for tube explantation in patients undergoing patch-free GDD.Methods: Of the total 1303 patients who underwent patch-free GDD (703 non-valved GDD and 600 valved GDD) for refractory glaucoma, we identified 5 cases of post-operative complications following GDD that required tube shunt removal. Results:Incidence of tube explantation in our study was 0.004%.Median time interval for tube or plate explantation from time of GDD surgery was 11.5 (2-16) months.Diagnosis of refractory glaucoma for which GDD was performed were secondary glaucoma following multiple VR surgery(60%), poag(20%) &aphakic glaucoma(20%).Of these, 2(40%) presented with recurrent tube exposure,2(40%) with early endophthalmitis &1(20%) with persistent hypotony.3 patients(60%) had DM with history of multiple VR surgical intervention.Previous history of multiple VR surgery, DM and AADI>AGV-common risk factors for tube/plate exposure.1 pt developed orbital cellulitis.

**Co-Authors** - Dr. Sharmila R,

**Abstract ID** - FP044

***Presenting Author*** - Dr. Usha Tejaswini S

**Title** - Clinical Course following Acute Angle Closure Attack ,Äì Is There Calm After the Storm?

**Full Abstract** - Aim: To retrospectively analyse severity of presentation and course of disease following Acute Angle Closure (AAC)
Methodology: Six years,Äô retrospective data of 41 AAC patients was analyzed to understand the disease course
Results: Female: male ratio was 29:12, 63% had vision of 6/18 or worse, 73% had presenting pressures of ?40mmHg. 48% underwent YAG PI on same day, 76% of the rest in same week. 28 out of 41 patients required surgical intervention, mostly for uncontrolled IOP. 46% underwent Trabeculectomy, 57% had BCVA of 6/18 or

worse which improved to 6/12 in 71% patients with 50% IOP reduction post-surgery. 25% underwent combined surgery; 57% had BCVA of 6/24 or worse which improved to 6/12 in 57% with average IOP reduction of 48%. 21% underwent Phacoemulsification, mean IOP remained same pre and post-surgery.
Conclusion: In spite of timely YAG iridotomy and medical management, most AAC cases need surgery for IOP control. Pale disc was seen in patients with delayed presentation.

**Co-Authors** - Dr. Kavitha Srinivasan, Dr. Rengaraj Venkatesh

**Abstract ID** - FP058

***Presenting Author*** - Dr Meghna Ganesh

**Title** - Comparison of outcomes of GATT and GDD in vitrectomised patients with glaucoma

**Full Abstract** - Purpose:To compare outcomes of GATT over 12month period with GDD in vitrectomised eyes with glaucoma
Methods:Disease severity determined by HPA criteria (MD>-12dB) in this comparative, retrospective case series. Absolute success(CriterionA)-postoperative IOP between 6&18mmHg, with a drop of 30% without need of AGM;(Criterion B)-according to target IOP, upper limit of 15mmHg in eyes with MD between -12&-24dB, &12mmHg/lower for MD<-24dB.
Results:For GATT(n=26)group, mean preoperative IOP & number of AGM were 33.5+10mmHg & 3+1 that reduced to 16+6mmHg & 1+1 at 12months, while in GDD (n=19) group, they were 40+8mmHg & 3+1 that reduced to 18+4mmHg & 1+1. 71%&75% eyes achieved qualified success from GATT and GDD respectively. Absolute success was 61%&52% by criterionA & 26%&47% by criterionB for GATT versus GDD respectively. 10%eyes in the GDD group developed hypotony.
Conclusions:GATT demonstrated a comparable reduction in IOP(p-value0.56) and number of AGM(p-value0.075) to GDD at 12months

**Co-Authors** - Prof. VINEY GUPTA, Dr. Shikha Gupta

**Abstract ID** - FP083

***Presenting Author*** - Dr. Anugya Sharma

**Title** - Outcomes of trabeculectomy with mitomycin C (MMC in juvenile open angle glaucoma(JOAG)

**Full Abstract** - Purpose: To evaluate the outcomes of trabeculectomy with Mitomycin C (MMC) in patients with Juvenile open angle glaucoma (JOAG). Methods: Retrospective analysis of JOAG patients who underwent trabeculectomy with MMC, and visited the institute between January 2019,ÄìOctober 2022, was conducted. Outcomes were complete success [Intraocular pressure (IOP) 5-21mmHg without glaucoma medication], qualified success (IOP 5-21mmHg with AGM) and failure (IOP<5mmHg or >21 with glaucoma medications). Results: The average age at surgery was 28.9+/-10.54 years. At 6 months after surgery(n=54), 87.04%(n=47) eyes showed complete success and 12.09%(n=7) eyes showed qualified success with no failures at 6 months of surgery. At 1 year after surgery(n=33), 78.78%(n=26) eyes showed complete success, 18.18%(n=6) eyes showed qualified success with 3.02%(n=1) eyes showing failure. The average IOP reduced from 29.26 ¬± 11.38mmHg preoperatively to 13.02 ¬± 4.76mmHg at 6 months and 13.7¬±4.1mmHg at 1 year. Significant reduction was seen in number of glaucoma medications required per eye (3.85¬±1 pre operatively to 0.2 ¬± 0.51 per eye). Conclusion: Trabeculectomy with use of MMC has shown promising results in JOAG patients.

**Co-Authors** - Dr. Monica Gandhi, Dr. PRIYASHA GOEL

**Abstract ID** - FP095

***Presenting Author*** - ANCHAL GERA

**Title** - Title: One-year outcomes of Bent Ab-interno Needle Goniectomy (BANG) with Phacoemulsification in Primary Glaucoma

**Full Abstract** - To assess one-year outcomes of Bent Ab-Interno Needle Goniectomy(BANG) combined with phacoemulsification in primary glaucoma.
Prospective, non-comparative study including patients with primary glaucoma(open-angle and angle-closure), medically controlled intraocular pressure(IOP) and cataracts, who underwent phacoemulsification and BANG. The primary outcome was change in antiglaucoma medications(AGM) use one year after surgery. Success was an IOP

between 6-21 mmHg without or with up to two topical AGMs.
Thirty eyes from 30 patients were analyzed. Baseline IOP was 15.3¬±3.6 mmHg, on 2.6¬±1.3 topical AGMs. Topical AGM use decreased to 0.60¬±0.99(p<0.0001) at six months and 0.87¬±1.02 (p<0.0001) at one year. Mean IOP dropped to 13.57¬±2.79(p=0.028) mmHg at six months and 14.43¬±2.92 mmHg(p=0.11) mmHg at one year. 14 eyes each had complete and qualified success, with no serious complications.
Phacoemulsification with BANG is an effective procedure for reducing AGM burden in primary glaucoma.

**Co-Authors** - Dr. MANIK ., Dr. ASHOK KUMAR SINGH

**Abstract ID** - FP117

***Presenting Author*** - Dr. MANIK .

**Title** - Utility of Clinical Exome Sequencing for non-acquired childhood Glaucoma

**Full Abstract** - 231 children underwent targeted exome sequencing (ES), of which 201 had non-acquired glaucoma. 168(80.7%) harbored genetic variants, of which 42 were variants of uncertain significance (VUS). Of the 126 (60.5%) pathogenic variants, 65(51.6%) were in CYP1B1,13 in PAX6, 12 in FOXC1, 7 in LTBP2. Other variants were PITX2, FOXE3, TEK and CREBBP in two patients each. Microspherophakia, Neonatal onset CEU, and Aniridia had the best genotype phenotype concordance (100%-LTBP2, 82%-CYP1B1and 59%-PAX6) respectively. Seven children with acquired glaucoma had underlying variants possibly predisposing them to developing glaucoma. ES was helpful in phenotype characterization in eleven children in whom the actual diagnosis was missed on initial examination. CES is a valuable strategy for identifying genetic variants in childhood glaucoma. 20% of the children in our cohort had no variants on ES. Deep phenotyping and accurate genotyping may help open avenues for gene therapy.

**Co-Authors** - Dr. ASHOK KUMAR SINGH, Dr. Anchal Gera

**Abstract ID** - FP120

***Presenting Author*** - Dr. Abhishek HItesh Shah

**Title** - Long term outcomes of trabeculectomy combined with vitreo-retinal surgery

**Full Abstract** - Study aims to explore the surgical outcomes of trabeculectomy performed in combination with vitreoretinal surgeries like removal of silicon oil(SOR), implantation of SFIOL and vitrectomy in terms of IOP control, complications and risk factors for failure.
Retrospective analysis of data of 71 eyes that underwent trabeculectomy combined with vitrectomy(33) or SFIOL(20) or SOR(18) was done. Follow-up period ranged from 6 months to 10 years (median=1.7 years). Success rates were calculated at the time of final visit along with their risk factors for failure. Kaplan-Meier survival curve was plotted.
At final visit, mean IOP was 15.1 mm Hg vs 27.9 mm Hg pre-op (p<0.001). Mean number of antiglaucoma medications at the time of final visit reduced to 0.88(1.17) from 3.7(0.96) pre-operatively (p<0.001).Survival rates at the end of 5 and 10 years were 83% and 76% respectively. Complete and qualified success rates were 54.9% & 33.8% respectively with 21 mm Hg as cut-off value while they were 38% and 14.1% respectively with 15 mm Hg as cut-off value. Success rate at the final visit was comparable between eyes that underwent vitrectomy, SOR and implantation of SFIOL along with trabeculectomy as well as between eyes with secondary angle closure glaucoma, traumatic secondary glaucoma, open angle glaucoma and neovascular glaucoma. Eyes with retinal detachment and vitreous hemorrhage were found to be at higher risk for failure compared to eyes with posteriorly dislocated lens with an odds ratio of 3.54 (0.76-16.43; p =0.11) and 2.56 (0.61-10.70; p=0.19), but the difference was statistically insignificant.
Study suggests that trabeculectomy combined with vitreoretinal surgery has moderate long term survival rate and can be routinely considered in medically uncontrolled glaucomatous eyes.

**Co-Authors** - Dr. Shantha Balekudaru, Dr. Ronnie George

# Physical Poster

**Abstract ID** - FP014

***Presenting Author*** - Dr. Geeta Behera

**Title** - Comparing IOP, RNFL,visual field,ophthalmic artery flow velocity in hypertensives and normotensives

**Full Abstract** - Purpose: To compare IOP, pRNFL, mGCL-IPL thickness, visual field (VF) indices and ophthalmic artery flow (OAF) velocity among hypertensives and normotensives. Methods: 114 patients with hypertension (HT) on therapy for >1 year and 114 normotensives (NT) underwent BP, IOP, OAF velocity by colour doppler imaging, pRNFL and mGCL-IPL analysis (SD-OCT) and visual fields (HFA). Results: The median HT duration was 4yrs (1-25yrs), average RNFL (HT: 86.4¬±11.9¬µ, NT: 92.0¬±9.4¬µ; P<.001) and average mGCL-IPL thickness (HT: 76.4¬±7.9¬µ, NT: 78.6¬±8.4¬µ; P=0.045) were significantly lower in the HT, borderline/early VF: 19 HT patients. The end-diastolic velocity (HT:8.4¬±3.2cm/s, NT: 9.6¬±2.5cm/s; P=.002) was significantly lower, and PI, RI, and CIMT were significantly higher in the HT. Conclusion: Patients with hypertension have a lower pRNFL and mGCL-IPL compared to normotensives, possibly due to the duration and severity of hypertension, and a reduced diastolic flow may be a probable causative mechanism.

**Co-Authors** - Dr. Subashini Kaliaperumal  No

**Abstract ID** - FP018

***Presenting Author*** - Dr. Sangeeta  Abrol

**Title** - Correlation between Ocular perfusion pressure and color doppler parameters in newly diagnosed POAG patients

**Full Abstract** - Purpose of our study was to determine correlation between ocular perfusion pressure and color doppler parameters in north Indian population. Newly diagnosed POAG cases 40years and beyond of both gender & of all grades from our glaucoma clinic were included, after ruling out any ocular or systemic conditions that might have affected patients,Äô vision. After routine examination, a total of 40 patients were graded as per Anderson,Äôs criteria and disc findings. Diurnal variation is looked for, followed up with color doppler parameters on the next day (RI and PSV of central retinal and ophthalmic artery). Of 40 cases we looked at, 19 were-sever grade, 14 moderate grade, 7- mild grade. Our study had statistically significant correlation between PSV with disc and fields changes. The purpose of our case series was to examine the color doppler's dependability for glaucoma progression rather than merely for early diagnosis. RI and PSV can be prediction markers in disc suspects with risk factors.

**Co-Authors** - Dr. Prakruti CB  No

**Abstract ID** - FP022

***Presenting Author*** - Dr. Sahiti  Puttagunta

**Title** - When it,Äôs not Glaucoma ,Äì De-coding Mysterious Visual Field Defects!!

**Full Abstract** - Aim: To report two-cases of PAC misdiagnosed as glaucoma due to field defects on HVF secondary to chronic central serous chorioretinopathy
Methods: Two-patients with PAC and healthy optic discs, normal IOPs were mis-diagnosed and treated as glaucoma basing on typical glaucomatous HVF defects. Careful clinical examination and investigations helped us in picking up the diagnosis
Results: Fundus examination showed apart from healthy optic discs, yellowish-white precipitates in macular area and RPE atrophy. FAF revealed stippled hyper and hypo-autofluorescence involving macula and inferior retina resembling a gravitational tract pattern of CSCR. FFA and FAF pattern of defects were correlating with visual field defect on HVF. Anti-glaucoma medications were stopped and patients were appropriately treated for CSCR. Conclusion: High degree of suspicion of non-glaucomatous disorders is essential when structure-function correlation between optic nerve and visual field is lacking.

**Co-Authors** - Dr. Gowri Pratinya  Kolipaka Dr.Deepika Parameshwarappa Dr. Sirisha Senthil No

**Abstract ID** - FP024

***Presenting Author*** - Dr. Archana  S

**Title** - Safety and efficacy of combined phacoemulsification and Kahook,Äôs dual blade goniotomy: a case series

**Full Abstract** - Aim: To evaluate the safety and efficacy of combined phacoemulsification with Kahook,Äôs dual blade (KDB) goniotomy in reducing intra ocular pressure (IOP) and number of anti-glaucoma medications (AGM) Design: Prospective interventional study. Method: 30 eyes with cataract and glaucoma with open angle on gonioscopy (with or without indendation) were included and followed for 3 months. IOP was measured at 1 week, 1month and 3 months were recorded along with number of AGMs before and after 3 months following surgery. Results: IOP reduced from a mean of 19.16¬±4.32 mm Hg to 15.68 ¬±2.98mm Hg and AGM reduced from mean of 2.2¬±1.1to 0.5¬±0.8 at the end of 3 months. Grade 1 hyphema was noted in 0.15 % of cases.2 cases had thin fibrinous membrane at end of 1 week.No case needed any repeat surgical intervention. Conclusion: Kahook,Äôs dual blade goniotomy combined with phacoemulsification is a safe and effective option in managing glaucoma patients with open angles and cataract

**Co-Authors** - Sujatha Mohan  Niranjana Anand  Revathi  No

**Abstract ID** - FP028

***Presenting Author*** - Dr. SAROJ GUPTA

**Title** - Anterior Chamber Parameters As Predictors of IOP Reduction After Phacoemulsification in non- glaucomatous eyes with Open Angles

**Full Abstract** - Aim-To evaluate IOP change after phacoemulsification in normal eyes and its correlation with preoperative ocular parameters measured by AS-OCTMethods: In a hospital-based prospective study, patients without glaucoma who had undergone phacoemulsification, anterior chamber parameters were measured preoperatively and compared with parameters 3 months post-operatively. Changes in IOP and its relation to anterior chamber angle, anterior chamber depth, angle opening distance, lens vault, and trabecular iris space area, were evaluated. Results: 64 patients were enrolled. The average IOP reduction was 2.43¬±1.64 mmHg from a preoperative mean of 16.77¬±2.54 mmHg 3 months after phacoemulsification. Mean AOD500 and TISA increased significantly at 3 months postoperatively ($p < 0.001$). Preoperative lens vault and IOP had a strong positive correlation with the change in IOP at 3 months, p-value <0.001. Conclusion:Pre-operative IOP, lens vault, AOD, and TISA were significant predictors of IOP reduction

**Co-Authors** - Dr Deepayan Sarkar No

**Abstract ID** - FP030

***Presenting Author*** - Dr. BHAWESH CHANDRA SAHA

**Title** - Comparison of ganglion cell layer thickness and pattern ERG among Glaucoma suspects and healthy controls.

**Full Abstract** - Purpose: To evaluate the difference in GCL thickness on OCT and wave forms on PERG among glaucoma suspects and healthy controls. Method: An observational cross-sectional study was done with 100 eyes of 50 subjects in either group .GCL thickness was measured on SD OCT at 3mm, 3.45mm, and 6mm, along with PERG wave forms amplitude and implicit time of P50 and N95 ,findings were evaluated for correlation of average GCL thickness and wave forms .Results:The average GCL thickness is significantly less in glaucoma suspects at 3.45mm ($p = 0.045$) and at 6mm ($p<0.001$) circle zone. On PERG, P50 amplitude was significantly low in glaucoma suspects in comparison to controls ($p = 0.007$). There was significantly increased implicit time for both P50 and N95 in glaucoma suspects ($p<0.001$). Conclusions: Thickness analysis of GCL alone can help in the structural assessment of glaucoma suspects .PERG can be used as a valuable tool for the detection of ganglion cell dysfunction, even before cell loss.

**Co-Authors** - Dr. Rashmi KUMARI DR JATDEV NANDA DR AMIT RAJ No

**Abstract ID** - FP032

***Presenting Author*** - Prof. Kirti Singh

**Title** - Steroid induced glaucoma in children of nephrotic syndrome on long term oral steroids

**Full Abstract** - Steroid responsive glaucoma proportion in nephrotic syndrome children on long term corticosteroids. Awareness amongst care givers & treating paediatricians studied by close ended structured questionnaire
Cross sectional hospital based observational study 101 children, mean age 8 years on oral corticosteroids > 12 weeks. Nephrotic syndrome classified as steroid sensitive in 88% & steroid resistant in 12 %. Children on topical steroids, congenital glaucoma excluded. High IOP > 21mmHg (5 readings Icare rebound tonometer) noted in 5.9%. Mean steroid dose at 6.2 ? 5.4 gm, 66 ? 63.7 wks duration. Glaucomatous cupping seen in 4.9%, on mean steroid dose 7.0 ? 5.9 gm, duration 86.8 ? 67.0 weeks. Significant difference in dosage & duration of steroid use in glaucomatous vs normotensive children.
Awareness of steroid induced glaucoma was 100% lacking in caregivers. Only 62% treating pediatricians were aware of glaucoma as a side effect. No ocular monitoring regimen was being advised

**Co-Authors** - Sanat Kumar Mukta Manthan No

**Abstract ID** - FP034

***Presenting Author*** - Dr. Indu pavani Velamala

**Title** - ASPH-related Ectopia lentis

**Full Abstract** - Purpose: This study aimed to uncover the distinct ocular phenotype and genetic basis of a distinctive ocular condition FDLAB Syndrome /Traboulsi syndrome.
Methodology: 6 clinically diagnosed individuals with Traboulsi syndrome underwent genetic analysis using whole exome sequencing.
Results: All 6 subjects have prominent facial features of large beaked nose, malar flattening, retracted chin, antimongoloid slanting of palpebral fissures and superonasal subluxation of crystalline lenses. Three of them had cardiac involvement. 6 eyes of 4 subjects underwent pars plana Lensectomy. 6 eyes had spontaneous filtering blebs. Glaucoma was noted in 6 eyes. 4 eyes underwent scleral patch graft to treat hypotony maculopathy. Genetic testing revealed autosomal recessive homozygous mutations in ASPH gene in most of subjects.
Conclusion: ASPH related ectopia lentis/Traboulsi syndrome is a rare entity that may be misdiagnosed as Marfans syndrome. Cardiac evaluation is necessary to prevent morbidity.
**Co-Authors** - Sirisha Senthil No

**Abstract ID** - FP042

***Presenting Author*** - Dr. Lekha Mary Abraham

**Title** - Does topical antiglaucoma medication affect meibomian gland morphology? A Sirius Tomography Study

**Full Abstract** - To study the effect of long-term use of antiglaucoma medications on meibomian gland morphology using Sirius Tomography.
Patients on Misopt(Group 1) and Travatan¬Æ(Group 2) for more than 1 year were compared to age matched individuals on no topical medications(Group 3). Sample size was calculated as 135; 45 in each group. All patients underwent SIRIUS meibography of the upper and lower lids. Data analysis was done using ANOVA and independent sample t test.
135 eyes underwent final analysis. Meiboscale in 3 groups was compared. 24.5% in group 1 and 44.4 % in group 2 had more than 50% of meibomian area loss in upper lid compared to normals(2.2%, p=0.000). There was no statistically significant difference between group 1 and 2 in area of loss (p=1.000). The results were similar in the lower lids.
Topical AGMs cause significant damage to the meibomian glands. Meibography using Sirius tomography is a useful, noninvasive, noncontact technique to quantitatively assess ocular surface disease.

**Co-Authors** - Dr. Arathi Simha Jenifer Jeevakumari S Kanimozhi M No

**Abstract ID** - FP043

***Presenting Author*** - Dr. Arathi Simha

**Title** - Does anterior scleral thickness have a role in the pathogenesis and management of glaucoma?

**Full Abstract** - To compare the anterior scleral thickness(AST) in POAG, NTG, PACD and normals using AS-OCT. Prospective observational study of 96 patients , 24 patients in each category. AST was measured at three points: AST1- 1.5mm, AST2-2.5mm AST3- 3.5mm from sclera spur using AS-OCT. Comparisons of he means of AST at all three points was done by using ANOVA test. Post HOC tests were used to compare the mean AST between individual groups. There was no statistically significant difference in AST between the groups at any of the three points studied(p=0.665, 0.274,0.184 at AST1, AST2 and AST 3 respectively). AST is unlikely to play a role in either in the pathogenesis of glaucoma or in the bioavailability of antiglauaoma medications , especially those which increase the uveoscleral outflow.

**Co-Authors** - Jenifer Jeevakumari S Yamjala Abhinav Dr. Lekha Mary Abraham No

**Abstract ID** - FP046

***Presenting Author*** - Dr. Sharmila R

**Title** - Micropulse cyclophotocoagulation in pediatric glaucoma-is it a safe bet? ?

**Full Abstract** - To analyze the safety and efficacy of MP-TSCPC in refractory pediatric glaucoma. Materials and methods: 23 eyes who received MPTPSC were analysed . Success outcomes was reported at 1, 3 and 6 months follow up. Results: Mean BCVA and number of AGM showed no significant change compared to baseline. Significant reduction in IOP was noted at each follow up visit compared to baseline (p = 0.000014). Two (8.6%) eyes required additional intervention within one month follow up, another six eyes (26%) between 1-3 months, and 3 eyes (13%) between 3-6 months of MP-TSCPC. Total success was highest 56.5% at 1 month and least 34.7% at 6 months follow up. No complications were noted. Conclusion: MP-TSCPC was found to be a safe and effective procedure in the pediatric population. However, there is a gradual reduction in success after 3 months suggesting the temporary nature of the laser therapy and thus individualized to patients with high risk for incisional surgery or requiring urgent IOP control.

**Co-Authors** - vijayalakshmi Rajarajeshwari siddharth kumar No

**Abstract ID** - FP057

***Presenting Author*** - Dr. Yamini

**Title** - Soemmering ring induced secondary angle closure in aphakia: Ultrasound biomicroscopy to the rescue

**Full Abstract** - A 23-year-old aphakic male presented with defective vision OU. He had undergone OU congenital cataract surgery at 6 months of age. His visual acuity was 6/24 OD and 5/60 OS. Our examination showed nystagmus, microcornea, shallow anterior chamber OU and a patent surgical iridectomy(SI) OD. OU intraocular pressure(IOP) was 28 mm Hg. Gonioscopy showed synechial angle closure OU. There was no fundus view due to miotic pupil. Ultrasound biomicroscopy(UBM) showed synechial angle closure and a homogeneous hyperechoic retroiridal mass, suggestive of soemmering's ring OU. Laser peripheral iridotomy was attempted but unsuccessful. Anti-glaucoma medications were started in OU and IOP stabilized to high teens. Definitive surgical management would require removal of the soemmering ring. Our report highlights the use of UBM in diagnosing unusual angle closures. Soemmering‚Äôs ring should always be kept in the differential diagnosis in aphakic eyes with prior history of congenital cataract surgery

**Co-Authors** - Dr. Neethu Mohan No

**Abstract ID** - FP059

***Presenting Author*** - Dr. Urvish Vashisht

**Title** - Unilateral acute iris pigment dispersion glaucoma after photorefractive keratectomy

**Full Abstract** - Bilateral acute dispersion of iris (BADI) and bilateral acute iris transillumination (BAIT) occurring after intraocular surgeries are known entities, we report a case of refractory glaucoma due to unilateral acute iris dispersion presenting after bilateral refractive surgery. A 26 years old male presented to us with diminution of vision, pain and redness in LE for last 9 days. The patient had undergone bilateral photorefractive keratectomy (PRK) 26 days back. There was history of using moxifloxacin-dexamethasone fixed dose combination in the left eye. The IOP in LE was 40 mm Hg and the anterior chamber was full of pigments. The angles were open in both the eyes with very heavy pigmentation in the left eye. The IOP remained high even on maximum medical antiglaucoma therapy for 6 weeks and came down only after MIGS surgery. The IOP remained in normal limits 5 months after the procedure. Acute iris dispersion after laser vision correction has not been described previously.

**Co-Authors** - Manmohan Gupta No

**Abstract ID** - FP065

***Presenting Author*** - Dr. Prasanna Venkataraman

**Title** - Nanophthalmic uveal effusion with secondary angle closure in the young: A case series

**Full Abstract** - Nanophthalmos (NO) is characterized by axial length(AL) < 20.5 mm and retinochoroidal scleral thickness(RCS) > 1.7 mm with no associated ocular anomalies.NO eyes are prone to develop uveal effusion.We report 3 varied presentations of NO with uveal effusion and secondary angle closure (SAC), diagnosed by ultrasound biomicroscopy (UBM).Case 1,38-year-old female, was referred for management of acute angle closure crisis OU and was started on G. pilocarpine elsewhere.Case 2,39-year-old female, was referred for OU trabeculectomy in view of advanced angle closure glaucoma.Case 3,37-year-old female with OU serous retinal detachment was referred for laser iridotomy for occludable angles.NO was diagnosed in all 3 with biometry and B-Scan.Angle closure in young patients should prompt meticulous evaluation.We aim to highlight the importance of UBM in picking up suprachoroidal effusion related SAC in NO eyes and different clinical course each patient underwent to control the intraocular pressure.

**Co-Authors** - Dr. DEEPA RAMAMOORTHY No

**Abstract ID** - FP066

***Presenting Author*** - Dr. MANIK .

**Title** - Characterization of Peters Anomaly with Glaucoma: Clinical and UBM Perspectives

**Full Abstract** - To analyze the clinical profile, UBM features, and glaucoma surgery outcomes one year following surgery for Peter's anomaly with glaucoma. Retrospective cohort study of Peter,Äôs anomaly presenting in five years. 33 eyes of 21 patients were included (32 Peter,Äôs type 1, 1 Peters type 2). UBM was classified into four types: A(15 eyes)- Descemet,Äôs membrane (DM) defect; B(12 eyes)- A+Stromal defect; C(5 eyes)- B+iridocorneal adhesions; D(1 eye)- B+corneolenticular adhesions. Baseline IOP was 22.56+11.27 on 0.85+0.49 AGMs, which improved to 18.74+7.74 on 1.17+1.15 AGMs ($p<0.02$). Baseline CCT (adjacent to a defect on UBM) was 1029.3+347.2, improved to 780+247.7 ($p<0.02$). Glaucoma outcome at one year: Good- 7 eyes, Fair- 17 eyes, Poor- 9 eyes. Optical Iridectomy was done in 15 eyes. Eyes after OI had a better LogMAR visual acuity (1.36+0.43) than eyes without OI (1.45+0.22). This study provides new insights into clinical and UBM characteristics of Peter's anomaly.

**Co-Authors** - Dr. Sushmita Kaushik Dr. Anchal Gera Dr. Sonal yadav No

**Abstract ID** - FP071

***Presenting Author*** - Dr. Techi Dodum Tara

**Title** - A quest for wipe-out phenomenon with Phaco-Trab and Trab-SICS in patient with split fixations.

**Full Abstract** - Aim of the study. To look for a wipe out phenomenon with Phaco-Trab (grp A) and Trab-SICS (grp B) with split fixations (SF). Materials & methods; Retrospective, non-randomized & interventional study. Patients included were SF, Trab+SICS or Trab+phaco & F/u of ? 6m. SF (Sensitivity of 0 dB in any of the 4 closest point in 1 deg circle in 10-2 HVF PP with SITA standard in any quadrant). RESULTS:79 patients in grp A & 7 patients in grp B was considered for study. In both the group POAG & PACG were more prevalent. No decline in BCVA ?3 lines at 3rd month and 6th month. Pre-op mean IOP in group A was 19.59mmHg & group B was 26.33mmHg which was reduced to 12.63mmHg($p<0.001$) &14 mmHg($p=0.043$) at 2 years respectively. The cumulative probability of success in Group A, at 3 year was 97.4%. And for Group B was 83.3% at 2 years. 4 patients had CD in grp A. Conclusions: Both procedures have good IOP control and visual preservations in advanced glaucoma with SF if intra-op complications are avoided.

**Co-Authors** - Dr. Devendra Maheshwari Dr. Ramakrishnan RENGAPPA Dr. Shivam Gupta No

**Abstract ID** - FP072

***Presenting Author*** - Dr. MONIKA GUPTA

**Title** - Minimally Invasive Approach for Malignant Glaucoma in Pseudophakic Eyes : An Easy Technique for General Ophthalmologists

**Full Abstract** - Malignant glaucoma due to aqueous misdirection is one of the most challenging diagnostic and therapeutic situations. Traditionally, management of malignant glaucoma involves parsplana vitrectomy to rupture the anterior hyaloid face and relieve the aqueous misdirection. We present a series of three cases of malignant glaucoma that occurred post trabeculectomy in pseudophakic eyes and were conservatively managed using Nd:YAG laser anterior hyaloidotomy with immediate deepening of the anterior chamber and long term control of intraocular pressure. This laser treatment is less difficult and definitive approach as compared to surgical intervention which involves cost, inconvenience and risk of complications. This technique is so simple that it can be performed by a general ophthalmologist as an OPD procedure

**Co-Authors** - No

**Abstract ID** - FP078

***Presenting Author*** - Dr. INDIRA PEGU

**Title** - Upcycled Smartphones for Screening Posterior Segment Disease in the Community ,ÄúBridging the Gaps ,Äú

**Full Abstract** - Aim of study: To validate the fundus imaging using upcycled smartphones in post cataract surgery (PCS) patients in outreach camps. Material & Methods: Cross sectional study.1 month PCS patients in camps were dilated, fundus image of the operated eye was obtained by two technicians using Eyelike device (Fundus camera using Upcycled Samsung phones by LabSD, Korea); were analyzed by an ophthalmologist at base hospital and categorized into Retinal(R), Glaucomatous(G), Neurophthalmological(N) pathologies. Device validation done with post operative day 1(POD1) records. Results: Out of 811 images,758 (93.46%) were gradable. 52(6.41%) had fundus pathology with 17R,29G,6N , of which 29(3.57%) were pre diagnosed on POD1 with 10R, 13G, 6N pathologies. Conclusion: This study expresses the potential of upcycled smartphones as powerful tool for screening posterior segment disease in the community

**Co-Authors** - Dr. Kavitha Srinivasan Dr. Rengaraj Venkatesh No

**Abstract ID** - FP080

***Presenting Author*** - Divya Kotcharlakota

**Title** - A Case of Descemet,Äôs membrane detachment after Nd: YAG laser peripheral iridotomy

**Full Abstract** - Aim of the study: Descemet,Äôs membrane detachment (DMD) following laser peripheral iridotomy (LPI) is a rare complication with shallow anterior chamber as a potential risk factor. Possible mechanisms include direct endothelial injury, heat dissipation from iris/aqueous.

Material and Methods: We report a 54-year-old man who underwent LPI in both eyes with energy of 20.8mJ (four single pulses) in each eye and developed bilateral focal DMD at 1 week (Fig 1, A & C). AS-OCT revealed DMD adjacent to LPI site in both eyes (Fig 1, B & D).

Results: Eventually, focal DMDs resolved spontaneously in 2 weeks.

Conclusions: The possibility of DMD after LPI must be anticipated and must be extremely careful while doing laser in eyes with very shallow anterior chamber and a close follow-up is needed if DMD develops

**Co-Authors** - No

**Abstract ID** - FP082

***Presenting Author*** - Dr. Sujani Shroff

**Title** - Optical coherence tomography angiography parameters and progressive RNFL loss in open-angle glaucoma

**Full Abstract** - The aim was to prospectively evaluate the association between optical coherence tomography angiography (OCTA) measurements and progressive RNFL loss in eyes with mild-moderate open-angle glaucoma (OAG). 59 glaucoma eyes were longitudinally evaluated for a minimum of 2 years with at least 3 OCT scans. Peripapillary and parafoveal vessel densities (VDs) were determined quadrant-wise from the baseline OCTA. Effect of demographic, clinical, and OCTA parameters on RNFL slope in 111 quadrants was analysed using linear mixed models. Results showed that average baseline hemifield mean deviation and quadrant RNFL thickness was -3.5 ¬± 2.5dB and 97 ¬±18¬µ respectively. Mean follow-up duration was 5.0 ¬±1.8 years. RNFL slope was -1.67 ¬±0.2 ¬µm/year. Baseline vessel density was not associated with RNFL slope. Pseudoexfoliation was associated with a faster RNFL decline (co-efficient -0.72, SE=0.38, p=0.05). Hence, baseline OCTA parameters do not have any association with RNFL slope in mild-moderate OAG.

**Co-Authors** - Dr. Zia Pradhan Dr. Harsha Rao Dr. Sathi Devi AV No

**Abstract ID** - FP084

***Presenting Author*** - Dr. Syril Kumar Dorairaj

**Title** - Three-year Safety and Efficacy Results of a Supraciliary Glaucoma Drainage Device (STAR-GLOBAL)

**Full Abstract** - Describe the 3-year safety and efficacy of MINIject¬Æ (iSTAR Medical, Belgium) implanted ab interno into the supraciliary space in open-angle glaucoma patients.

The device was implanted in a standalone procedure in 3 prospective trials (STAR-I,II,III). The trials were completed in 66 patients in 11 sites in Europe, Asia and Central America. Patients were invited to enrol in STAR-GLOBAL to continue follow-up until 5 years.

Mean baseline diurnal intraocular pressure (IOP) was 23.6¬±3.4 mmHg using a mean of 2.2¬±1.1 IOP-lowering medications (n=48). At 2 and 3-year follow-up, IOP was 13.5¬±3.8mmHg (-10.2mmHg, -42.2%) and 15.1¬±4.1mmHg (-8.5mmHg, -35.6%) (p<0.0001) on 1.1¬±1.3 and 1.4¬±1.5 medications, respectively. At 3 years, 42% of patients were medication-free. Adverse events since study enrolment were: 1 case of endothelial cell density loss and 1 cataract progression.

Meaningful IOP-lowering and a sustained reduction of hypotensive medications was achieved up to 3-year follow-up.

**Co-Authors** - Kasu Prasad Reddy Anita Kamarthy No

**Abstract ID** - FP085

***Presenting Author*** - Dr. Bindu S Ajith

**Title** - Navigating positive pressures in combined surgeries for Angle Closure Glaucoma ‚Äì a case series

**Full Abstract** - 1. 55year old male presented with acute angle closure glaucoma secondary to subluxated immature cataract, with vision 1/60 and intra ocular pressure (IOP) 56mmhg. As his IOP was not controlled with maximum anti glaucoma medication (AGM) and YAG peripheral iridotomy (PI), he underwent phacoemulsification with intraocular lens(IOL) implantation and trabeculectomy with mitomycin C (MMC). Posterior pressure was manged first with vitreous tap. His post op period was un event full with vision of 6/18 and IOP 21mmhg.
2. a 57year old male presented with acute angle closure glaucoma with vision hm+ and IOP 48mmhg. Since his IOP was not controlled with PI and maximum AGM he underwent phacoemulsification with IOL and trabeculectomy with MMC. Posterior pressure was managed with vitreous tap. Postoperative vision was 6/12 with IOP 19mmhg.
3. 77year old male with NVG with IOP 34mmhg with maximum medication, underwent phacoemulsification with IOL and trabeculectomy with MMC. Intraoperative rise in IOP, anterior chamber shallowing and aqueous misdirection was managed with parsplana vitreous tap.
Parsplana vitreous aspiration is a safe procedure for intraoperative ac shallow and its complications during combined trabeculectomy ad phacoemulsification. 30-gauge fluid aspiration can be considered as an alternative to 27G vitrectomy in resource constraint setup.

**Co-Authors** - Dr. Nimitha Nageeb Dr. REVATHY KV No

**Abstract ID** - FP087

***Presenting Author*** - Dr. DEEPA RAMAMOORTHY

**Title** - Toxic in and out: Mitomycin-C double whammy

**Full Abstract** - The success of trabeculectomy is affected by subconjunctival fibrosis.Antifibrotic agents enhance the success but may cause collateral damage if handled inappropriately.We describe a series of 3 patients with varied epithelial and endothelial toxicity following an uneventful bleb needling with mitomycin-C(MMC).Case 1,60-year-old male had diffuse corneal haze with descemet membrane folds 1 week after bleb needling and improved with conservative management.Case 2,80-year-old male presented with epithelial defect, fibrin membrane and corneal edema, 3 days after bleb needling.There was no visual recovery in this patient.Case 3,70-year-old had persistent corneal edema 1 week after bleb needling.He lost perception of light 2 months later.There was no prior known corneal pathology in any of the patients.We report this series to remind ourselves that MMC is a toxic drug and needs extreme caution during intraoperative handling, both during primary surgery and subsequent needling procedures.

**Co-Authors** - Dr. Chetna K No

**Abstract ID** - FP088

***Presenting Author*** - Dr Meghna Ganesh

**Title** - Comparison of outcomes of trabeculectomy v/s phacoemulsification with or without angle surgery in nanophthalmos with glaucoma

**Full Abstract** - Purpose- to evaluate the relative efficacy and safety of trabeculectomy vs phacoemulsification +/- angle surgery nanophthalmos with glaucoma. Methods- Nanophthalmos patients with glaucoma were enrolled in this ambispective study. 41 eyes enrolled 18 eyes underwent trabeculectomy and 23 eyes underwent phacoemulsification +/- angle surgery. Results- In trabeculectomy group, mean postoperatively IOP was 26.11 ¬± 11.04 mmHg, and in the phacoemulsification ¬± angle surgery group was 15.14 ¬± 7.8 mmHg. Eyes that underwent trabeculectomy were 1.571 times more likely to use medications postoperatively compared to the phacoemulsification group. Visual acuity outcome was better in the phacoemulsification group 0.83¬±0.684 v/s 1.14¬±0.742 in the trabeculectomy group. 44.44% and 15% complications occurred in the trabeculectomy and the phacoemulsification ¬± angle surgery group. 77.77% of eyes in the trabeculectomy group required re-surgery v/s 17.39%

phacoemulsification group. Conclusion- Phacoemulsification with IOL implantation is an effective and safe option over conventional filtering surgery for the management of glaucoma in nanophthalmos.

**Co-Authors** - Dr Tanya Kumari Dr. Shikha Gupta Prof. VINEY GUPTA No

**Abstract ID** - FP090

***Presenting Author*** - Dr. Usha Tejaswini S

**Title** - Cross-Sectional Study Assessing Clinical Profile and Systemic Association in Normal Tension Glaucoma

**Full Abstract** - We aimed to assess ocular profile and systemic co-morbidities in normal tension glaucoma (NTG).
Newly detected NTG patients,Äô systemic associations and ocular findings were assessed. Hematologic work-up, echocardiography (ECHO) and carotid doppler were also performed. 82 eyes of 41 patients were analysed. The M:F ratio was 18:23. The mean age was 59.2+/- 10.5 years. 12 (29.3%) patients presented with advanced field defect (MD<-12 dB) in at least one eye and 3 (7.3%) had bilateral advanced field defects. BMI > 25 kg/m2 was noted in 14 (34.1%) of them. Snoring was reported by 8 (19.5%) people. 34 (82.9%) patients had at least one of the following ,Äi diabetes (17%), hypertension (29%), FBS>126mg% (15% were newly diagnosed), SBP>140mmHg (12% were newly diagnosed), haemoglobin<10g% (7%), total cholesterol>200mg% (24%), abnormal ECG (32%), ECHO (49%) or carotid artery doppler (27%).
Underlying systemic associations in widely prevalent in NTG which needs to be addressed to heal the patient.

**Co-Authors** - Dr. Kavitha Srinivasan Dr. Annamalai Odayappan Dr. Rengaraj Venkatesh No

**Abstract ID** - FP091

***Presenting Author*** - Prof. Sumit Sachdeva

**Title** - COMPARISON OF THE EFFECT OF TOPICAL BIMATOPROST AND TRAVOPROST ON THE OCULAR SURFACE OF PRIMARY OPEN ANGLE GLAUCOMA PATIENTS

**Full Abstract** - Our study is a prospective randomized comparative study carried out on patients over 18 years of age over the period of one year in our institute. It was conducted with the primary objective of elucidating the impact of Bimatoprost and Travoprost on individuals diagnosed with glaucoma to ascertain and compare their respective tolerability on the ocular surface and secondarily to compare their respective efficacies in the context of glaucoma management. A total of newly diagnosed 40 patients presenting to Glaucoma Clinic were selected and randomly divided in two groups where first group was on topical Bimatoprost and second on topical Travoprost respectively where both drugs were given as monotherapy in preservative free formulations. Initially baseline reading of parameters under study were taken followed by the patient,Äôs visit at 4 weeks, 8 weeks and 12 weeks. Eligible patients underwent -Visual Acuity testing followed by IOP measurement using GAT, Schirmer I test Tear break up Time, conjunctival fluorescein staining, Impression cytology on every follow-up visit. Our study concluded that both Bimatoprost and Travoprost causes equal disruption of normal tear film. Both the drugs Travoprost and Bimatoprost are equally effective in decreasing the mean IOP. There was decrease in Schirmer,Äôs test and TBUT values in both the groups from the baseline and the difference became statistically highly significant at 12 weeks. The change in conjunctival staining and impression cytology became significant at 12 weeks for both Travoprost and Bimatoprost group. We can conclude from our study that both the drugs (Bimatoprost (0.01% w/v) and Travoprost (0.004% w/v)) have similar effects on conjunctival staining and impression cytology over a period of time.

**Co-Authors** - Prof Manisha Rathi Dr Priyanka Saini Dr Kanupriya Vij No

**Abstract ID** - FP096

***Presenting Author*** - ANCHAL GERA

**Title** - Exploring the Impact of Retinopathy of Prematurity on Intraocular Pressure in Preterm Infants

**Full Abstract** - To study the Intraocular Pressure (IOP) in preterm infants with and without Retinopathy of Prematurity (ROP) and the impact of non-surgical treatment on IOP. Prospective, observational study of 107 preterm (< 34 weeks gestational age) and low birth weight(<2kg) infants sub-classified into 3 groups. Group 1: No ROP, Group 2: ROP not requiring treatment, Group 3: ROP requiring laser. Group 1 comprised 40 infants (37.38%), Group 2: 25 infants (23.36%) and Group 3 had 42 infants (39.25%). The respective mean IOP at baseline, one-month, and three months for Group 1 was 15.0+2.43 mmHg, 14.29+2.25 mmHg (p=0.01) and 14.24+1.94 mmHg; for Group 2 was 14.95+2.89 mmHg, 14.61+3.15 mmHg, and 13.55+2.10 mmHg, and for Group 3 was 13.46+2.54 mmHg, 15.40+2.76 mmHg(p<0.001) and 14.31+1.87 mmHg. The IOP rose transiently after laser treatment. IOP in preterm infants declines with maturity. The IOP elevation after laser treatment must be anticipated and treated in time.

**Co-Authors** - POONAM VERMA DEEKSHA KATOCH Dr. Sushmita Kaushik No

**Abstract ID** - FP097

***Presenting Author*** - Dr. Sagarika Snehi

**Title** - The Face Tells a Story: Hemifacial Hypertrophy and Ocular Challenges in Sturge-Weber Syndrome

**Full Abstract** - Aim: To present a case of Sturge-Weber Syndrome (SWS) in a 6-year-old female, focusing on the clinical features, diagnostic evaluation, and multidisciplinary management of ocular and facial manifestations.

Materials & Methods: A 6-year-old female presented with decreased vision in her right eye for six months and skin lesions on the right side of her face since birth. Clinical examination revealed a port-wine stain, hemifacial hypertrophy, increased intraocular pressure (IOP), buphthalmos, glaucomatous optic neuropathy and choroidal hemangioma in the right eye. Comprehensive ophthalmic evaluation and imaging studies, including MRI of the brain, were performed. A multidisciplinary team, includingdermatology, ophthalmology, and neurology, was involved in the management.

Results: MRI revealed pial vessel angiomatosis and asymmetric enlargement of the right choroid plexus. Initial medical management with topical beta-blockers, carbonic anhydrase inhibitors, alpha agonists, and prostaglandin analogues reduced IOP. Due to trabecular meshwork dysgenesis and elevated episcleral venous pressure, minimally invasive goniotomy was planned with perioperative propranolol coverage and intraoperative use of a viscoelastic agent. Conclusion: This case underscores the importance of thorough evaluation and a multidisciplinary approach in managing Sturge-Weber Syndrome. Early identification and intervention are crucial to prevent complications such as glaucoma and vision loss. The use of targeted medical therapy and minimally invasive surgical techniques can effectively manage ocular manifestations while minimizing the risk of complications. Regular follow-up and comprehensive care involving multiple specialties are essential for optimal outcomes in patients with SWS.

**Co-Authors** - Kanishk Singh Rajesh Pattebahadur Puja Hingorani Bang No

**Abstract ID** - FP098

***Presenting Author*** - Dr. Margi Suresh Thakkar

**Title** - Outcomes of Suprachoroidal hemorrhage in pediatric patients post glaucoma surgeries

**Full Abstract** - Aim of study
To study incidence & outcomes of Suprachoroidal hemorrhage(SCH) in pediatric glaucoma surgeries.

Material & Methods
Children(<18 yrs) with SCH post glaucoma surgery over 10 years (January 2015 - April 2024) with at least 1 month follow up(f/u) were analysed. Failure was defined as anatomical failure(A/F) - phthisis/no light perception or Intraocular pressure failure(IOPF)- IOP <6 or >18mmHg with/without glaucoma drugs at last follow up.

Results
Of 747 eyes, 24 eyes(3.21%) developed SCH(2-intraoperatively ,22-delayed). 9 underwent Ahmed glaucoma valve implant(AGV) & 15 underwent Trabeculectomy¬±mmc¬±external trabeculotomy.
Female 14(58.3%) preponderance was seen with mean age - 6.5¬±3.8years, axial length - 26.8mm(2.5) and mean f/u of 1.16¬±1.4 years. 18 were phakic, 3 - aphakic and 3 - pseudophakic. 3 eyes(12.5%) required choroidal drainage and rest(87.5%) were managed conservatively. Mean time for resolution of SCH was 33.8(11.4) days, for clot lysis was 4.9(2.5)days. Anatomical failure was seen in 29%(4-Retinal Detachment, 3-phthisis) & IOPF in 58.3%. No statistically significant differences ($p<0.05$) was noted for anatomical or IOP failure.

Conclusion
SCH is a serious complication of pediatric glaucoma surgery, majority of which can resolve conservatively.

**Co-Authors** - Dr. Parivadhini Annadurai Dr. Ronnie George No

**Abstract ID** - FP100

***Presenting Author*** - Dr. Madhavi Ramanatha Pillai

**Title** - Comparison of BANG Versus Espaillat goniotomy with phacoemulsification in open angle glaucoma

**Full Abstract** - Aim:To compare outcomes of Phaco-BANG&Espaillat goniotomy(EJCS) in Open angle glaucoma.Methods: Prospective,interventional, and Comparative study.Patients were divided into GrpA(Phaco-BANG)&GrpB(Phaco-EJCS) and followed up for 6 months.Outcomes included IOP,AGM, BCVA &Surgical success, complications,interventionsResults:46eyes were divided into Grp A&B. In GrpA, IOP reduced from15.65¬±4.10mmHg to13.78¬±3.88,12.83¬±2.69,12.65¬±3.05mmHg&GrpBfrom16.13¬±5.22mmHg to 12.87¬±2.22,13.22¬±3.16,12.78¬±3.45mmHg at1,3,6 months respectively,without significant difference between the groups (p=0.893).AGM reduced from0.30¬±0.47 to1.04¬±1.07,0.17¬±0.39 in GrpA&0.13¬±0.34 to 0.61¬±0.66,0 in GrpB at 3 months,6 months respectively, with significant reduction in GrpB when compared to GrpA(p=0.038).Complete success (IOP >5-?18 mmHg/25% decrease without AGM)was 81% in GrpA & 85.7% in GrpB, with no significant difference between groups (p=0.656).Microhyphema(<1mm) was seen in 4 & 1 patients in GrpA& B, none required AC wash. Conclusion: Phaco-BANG & Phaco -Espaillat juxtacanalicular goniotomy both have comparable outcomes in terms of IOP lowering, safety profile and surgical success.

**Co-Authors** - Dr. Devendra Maheshwari Dr. Shivam Gupta Dr. Ramakrishnan RENGAPPA No

**Abstract ID** - FP101

***Presenting Author*** - Dr. FAISAL T T

**Title** - Efficacy of Netarsudil eye drop in primary angle-closure disease: A randomized comparative study:

**Full Abstract** - Purpose: To evaluate efficacy of Netarsudil 0.02% OD in comparison to Latanoprost 0.005% HS in Post-Peripheral laser iridotomy (PPLI) primary angle-closure disease (PACD) patients with inadequately controlled IOP

Method: 45 eyes of 45 PAC/mild-moderate PACG with PPLI open angles up to at least 180¬∞ and having persistent high IOP were randomized to either topical Netarsudil 0.02% (n=23) OD or Latanoprost 0.005% (n=22) HS. IOP and VA and side effects were assessed at weeks 2, 6 and 3 months

Results: Both groups were age and sex matched. The baseline IOP was comparable (24.72?3.37 mmHg Vs 23.30?2.50 mmHg, p=0.294). The IOP was significantly reduced in all follow-up visits in both the groups and the percentage reduction was also comparable among the groups (p>0.05). The conjunctival hyperemia was seen in 36.5% of eyes in netarsudil group at final follow up. None of the patients had cornea verticillata.

Conclusion: Efficacy of Netarsudil 0.02% was comparable to Latanoprost 0.005% in mild-moderate PACDs with at least 1800 of open angles

Clinical implications: Netarsudil 0.02% OD can be explored as a primary hypotensive agent in PPLI PAC or mild- moderate PACG patients with inadequately controlled IOP. Asymptomatic conjunctival hyperemia was the major side effects.

**Co-Authors** - Dr. Srishti Raj Dr. Sushmita Kaushik Dr. Surinder S Pandav No

**Abstract ID** - FP105

***Presenting Author*** - Dr.Sharmila.S

**Title** - GRANULOMATOUS ANTERIOR UVEITIS DUE TO MIGRATED FRAGMENT OF OLOGEN IMPLANT FOLLOWING TRABECULECTOMY

**Full Abstract** - Aim of study
The¬†ologen¬†implant used in trabeculectomy is claimed to be safe and completely biodegradable within few weeks. Herein we report the first case of granulomatous anterior uveitis due to intracameral migration of ologen fragment following trabeculectomy.

Materials and methods
A 60-year-old female presented with pain, redness, and gradual loss of vision in the right eye since 2 years. She underwent trabeculectomy with¬†ologen¬†implant for PACG 8 years ago. At presentation, the visual acuity was¬†perception¬†of light. A small white fragment in the anterior chamber¬†with keratic precipitates and¬†a¬†localised¬†cystic conjunctival bleb was noted. Histopathological examination of fragment after removal showed fibrocollagenous tissue, confirming the diagnosis of ologen fragment mediated uveitis.

Results
Postoperatively there was complete resolution of uveitis, however, the vision was only PL.

Conclusion
We conclude that inadvertent intracameral migration of¬†ologen could possibly lead to inflammation and would have contributed to bleb failure.

**Co-Authors** - Dr. Madhuri Akella Dr.Vijaya Sahu No

**Abstract ID** - FP106

***Presenting Author*** - Dr. Madhuri Akella

**Title** - GRANULOMATOUS ANTERIOR UVEITIS DUE TO MIGRATED FRAGMENT OF OLOGEN IMPLANT FOLLOWING TRABECULECTOMY

**Full Abstract** - The¬†ologen¬†implant used in trabeculectomy is claimed to be safe and completely biodegradable within few weeks. Herein we report the first case of granulomatous anterior uveitis due to intracameral migration of ologen fragment following trabeculectomy. A 60-year-old female presented with pain, redness, and gradual loss of vision in the right eye since 2 years. She underwent trabeculectomy with¬†ologen¬†implant for PACG 8 years ago. At presentation, the visual acuity was¬†perception¬†of light. A small white fragment in the anterior chamber¬†with keratic precipitates and¬†a¬†localised¬†cystic conjunctival bleb was noted. Histopathological examination of fragment after removal showed fibrocollagenous tissue, confirming the diagnosis of ologen fragment mediated uveitis. Postoperatively there was complete resolution of uveitis, however, the vision was only PL.
We conclude that inadvertent intracameral migration of¬†ologen could possibly lead to inflammation and would have contributed to bleb failure

**Co-Authors** - Dr.Sharmila.S Dr.Vijaya Sahu No

**Abstract ID** - FP108

***Presenting Author*** - Dr. Ravi Chandra K

**Title** - Long term Effect of Phaco on Intraocular Pressure in Glaucoma Patients - A Retrospective analysis

**Full Abstract** - Aim of study:To examine effects of phaco on long term intraocular pressure(IOP)in patients with medically treated primary open-angle glaucoma(POAG),pseudoexfoliation glaucoma(PXG),or primary angle closure glaucoma (PACG)without prior or concurrent glaucoma surgery

Material&Methods:A minimum follow up of 1 year was followed.Patients were evaluated before surgery and at 7 days,1 month,3 months, 6 months and 1 year after surgery for IOP and the number of medications

Results:154 eyes of 85 patients were included.Patients were using a mean of 1.5-1.9 medications before surgery.One year after surgery,change of IOP was a mean -1.15¬±3 mmHg(p= 0.01),-2.14¬±3mmHg(p =0.005) and -4.2¬±3 mmHg(p<0.001) in patients of POAG, PXG and PACG respectively and a change in the number of medications by a mean of -0.1¬±0.43 ,-0.5 ¬± 0.48 and -1.1¬±0.52 respectively

Conclusions:Phacoemulsification results in small, moderate, and marked reductions of IOP and medications for patients with POAG, PXG, and PACG respectively

**Co-Authors** - Dr. Ravi Chandra K Dr James S.K. Adams No

**Abstract ID** - FP109

***Presenting Author*** - Dr ISHA VATSAL

**Title** - FOLLOW UP AFTER TRABECULECTOMY IN COMMUNITY PATIENTS IN A TERTIARY CARE CENTRE

**Full Abstract** - Aim: To analyse the pattern of follow ups in community patients with glaucoma following trabeculectomy or combined phacotrabeculectomy. Study Design: Retrospective study

Methods: During this study, 22 eyes underwent trabeculectomy or phacotrabeculectomy. The data on the type of glaucoma, intraocular pressure before and after trabeculectomy and duration of follow up were collected. Of 22 patients, 14 patients had Primary open angle glaucoma (POAG), 6 had Primary angle closure glaucoma (PACG) and 2 had Pseudoexfoliation glaucoma.

Results: Pre-operative average IOP was 32.18mmHg and post operative average intraocular pressure was 15mmHg at 1 month. Post operatively, out of 22 patients, 18 patients followed up on 1 week, 15 patients followed up on 4 weeks and 6 patients followed up at 3 months. Only 2 patients followed up after 1 year.

Conclusion: The inability to follow up after trabeculectomy in community patients is a common challenge. However, control in intraocular pressure is good after trabeculectomy and it can be preferred in patients living in remote areas even if they can come for a 1 month follow up after the surgery.

**Co-Authors** - Dr. Monika Agarwal Kanchan Sharma No

**Abstract ID** - FP110

***Presenting Author*** - SAI YASWANTH TIRUVEEDHI

**Title** - Angle closure glaucoma with cornea plana

**Full Abstract** - Aim: IOP measurement can be biased in cornea plana and can miss Angle-closure glaucoma diagnosis and management

Methods: Cornea plana, a rare anomaly of anterior segment dysgenesis, has two hereditary forms, with the gene for both mapped on the long arm of chromosome 12. The autosomal-dominant form has a near-normal visual acuity, and a clear cornea, with corneal power of about 38-42D. The recessive form, on the other hand, is more severe, with the corneal power being strongly reduced to about 25,Äì35D. Glaucoma due to angle closure is a more common association owing to the shallow anterior chamber. IOP measurement in these patients can be biased due to varied corneal morphology. However, with proper evaluation, these challenging cases can be well managed.

Results: 20 years male C/O DOV in the left eye since childhood, started AGM,ÄôS in LE but stopped since 3months and came for further evaluation. On examination BCVA, IOP in RE&LE was 20/30, PL PR In acc&11,28mmHg respectively. Slit-lamp examination,specular &corneal topography revealed the presence of a flat cornea in both eyes.AC depth 1.07mm,WTW 10.4mm.B scan done to evaluate cupping and restarted AGM,ÄôS in left eye. On right eye fundus examination,0.3CDR was noted. However, the need for regular follow-ups is explained.

Conclusion: Despite the ocular comorbidities, these patients do well with proper visual rehabilitation in addition to early diagnosis and management.

**Co-Authors** - No

**Abstract ID** - FP113

***Presenting Author*** - Dr. Trupti Patil

**Title** - Optic disc notch ,Äì morphological, structural and OCT angiography analysis

**Full Abstract** - Aim: To evaluate optic disc notch morphology and RNFL defect with disc photograph, retinal nerve fibre analysis (RNFL) and OCT angiography

Methods- 49 eyes (43 patients) with primary glaucoma and Optic disc notch(defined as focal rim thinning less than four clock hours) or RNFL defects (Wedge-shaped defect reaching the optic disc margin on red free photograph ) were included. Optic disc parameters were analyzed using image J. Optic disc image, RNFL thickness analysis map and optic disc OCT angiography image were processed into 8-bit format image with uniform resolution and magnification. The width of a notch and RNFL defect on the three images were compared.

Results- The mean age of the patients was 58.5(¬± 10-2) years, 65.9 % were male. Among 49 eyes, 44 eyes (89.80%) had an inferior notch. The mean extent of the notch was 26.6 (¬±6.5) degrees. The mean notch width based on red-free disc photo, RNFL thickness map and Disc OCT angio was (0.5, 0.6 and 0.7 mm p =0.001). The mean RNFL width 3.45mm away from the disc margin was 1.7,1.6 and 2.5 mm p =0.001)

Conclusion- The notch and RNFL defects were significantly wider on the OCT angiography image. This could indicate earlier vascular change.

**Co-Authors** - Dr. Ronnie George No

**Abstract ID** - FP114

***Presenting Author*** - Dr. Pallavi Ray

**Title** - ,ÄúWhen you have nowhere to go,Äîcreate a New Way,Äù,Äîa novel case of Infero-nasal Trabeculectomy

**Full Abstract** - Conventional Trabeculectomy necessitates the presence of normal scleral and conjunctival anatomy. A 40-year-old male with advanced juvenile open angle glaucoma presented with medically uncontrolled intraocular pressure (IOP) in his only seeing right eye. There was gross scleral thinning in all quadrants except the infero-nasal area,Äîcontraindicating either Trabeculectomy or drainage implant surgery. Additionally, abnormal pigmentation of the trabecular meshwork also precludes any angle-based minimally invasive glaucoma surgeries. The inferonasal scleral bed was the only viable place left for the Trabeculectomy. Postoperatively, the visual acuity and IOP improved at the one month follow up. Bleb was looking good as well. Inferonasal trabeculectomy,Äîthough technically difficult and not commonly described in the literature,Äîcan be the only viable surgical option for managing glaucoma in challenging cases ,particularly when traditional trabeculectomy cannot be performed in superior quadrant.

**Co-Authors** - Dr. Bhoomi Thakkar Dr. RUKHSHANDA RUKHSHANDA Dr. Avik Roy No

**Abstract ID** - FP115

***Presenting Author*** - Dr. Devendra Maheshwari

**Title** - Outcomes of injection Mitomycin C augmented Ahmed Glaucoma Valve Implantation

**Full Abstract** - Aim: To evaluate the effect of postoperative Injection Mitomycin C as adjunct to AGV implantation.
Methods: It was a prospective interventional study. 58 eyes of 55 patients with refractory glaucoma underwent AGV implantation and were followed up for 6 months. Postoperatively Injection of MMC 0.1ml of 0.4ug/ml over the plate was given after AGV Implantation (Group A, n:30) at 1 week & 1 month. Group B (n:27) underwent AGV implantation without injection. In Group A (p<0.001) mean IOP reduced from36.8(12.3) to18.9(7.7),17.9(6.6)and15.7 (3.8) & Group B (p <0.001) from34.0(12.2) to19.5(8.5),17.4(5.7) and 17.1 (6.2) at1,3 & 6months respectively. In Group A (p<0.001) mean no. of AGMs significantly reduced from 3.1 (0.9) to1.3(1.1),1.3(0.8),1.1(0.7) & group B (p =0.083) from 2.9(0.9) to1.0 (0.8), 1.4(0.9),1.5(0.8) by 6months. Mean BCVA changed from1.0(0.6) to 0.9(0.8) in Group A (p=0.489) & from0.6(0.5) to 0.7(0.6) in Group B (p = 0.193) by 6 months. Complete & Qualified success (IOP ?6& ?21or >20%IOP reduction from baseline) were 57.1%,88.5% in Group A & 33.3%, and 75.4% in Group B respectively. In Group A, there was1 tube repositioning and, 1vitreous hemorrhage. In Group B, one patient needed AC reformation. Conclusion: Postoperative injection MMC mitigates the hypertensive phase of AGV implantation and reduces AGM usage

**Co-Authors** - Dr. Nimrita Gyanchand Nagdev Dr. Madhavi Ramanatha Pillai Dr. Shivam Gupta No

**Abstract ID** - FP116

***Presenting Author*** - Dr. TAMONASH BASU

**Title** - MONSTER BEHIND THE VEIL : AN ENIGMA OF MASQUERADE

**Full abstract** - The aim of this case report is to demonstrate an unusual presentation of retinoblastoma mimicking as secondary glaucoma.

A 4 month old male child was referred for management of full chamber hyphema with microcystic edema in the right eye . The parents gave a vague history of trauma in the right eye followed by full chamber hyphema, which was managed by topical antiglaucoma medications first, and then, external trabeculectomy elsewhere, but, it re-bled. The ultrasonography b-scan didn't reveal any intraocular mass and ubm revealed full chamber hyphema with thickening of the superior iris without any retro-iris mass lesion. As for detailed history, a whitish spot on the iris was noticed by the parents before the bleeding occurred.

On consultation with oculoplasty colleagues, a differential diagnosis of diffuse anterior retinoblastoma or juvenile xanthogranuloma was made. The child underwent enucleation of the right eye and the biopsy report confirmed the diagnosis of

anterior diffuse retinoblastoma. This case report is a proof that any unknown source of bleed should be carefully evaluated, especially in children.

**Co-Authors** - Dr. Maneesh Singh No

**Abstract ID** - FP118

***Presenting Author*** - Dr. Venipriya Sigamani

**Title** - BILATERAL NEVUS FLAMMEUS WITH PACHYDERMOPERIOSTOSIS

**Full Abstract** - Nevus flammeus or port-wine stain (PWS) is a non-neoplastic congenital dermal capillary hamartomatous malformation presenting as a pink or red patch on a newborn's skin. It is a congenital skin condition that can affect any part of the body and persists throughout life. It affects 0.3,Äì1% of the population. Glaucoma incidence is 50 - 60%.
Pachydermoperiostosis (PDP) also known as Touraine,ÄìSolente,ÄìGole syndrome, the primary form of hypertrophic osteoarthropathy (HOA) is a rare genetic disorder that is characterized by clubbing of fingers or toes, pachyderma usually involving the face and scalp and swelling of periarticular tissue, and subperiosteal new bone formation (periostitis).Additional manifestations include hyperhidrosis, acne, arthropathy, and acro?osteolysis of long bones.
We report a rare case of bilateral Portwine stain with LE - glaucoma and Pachydermoperiostosis.
A 23 year old male came with c/o le defective vision. No H/o seizures. O/E, both side face - port wine stain, thickening of skin in the face, lid - ptosis, clubbing , peripheral thicknening of hand and feet. BE - conjunctival and episcleral hemangioma, IOP - RE - 18 mmHg, LE- 32mmHg. CDR RE - 0.2, LE- 0.8CDR. CT - BRAIN - normal. Gonio BE open angles ,LE- Blood in schlemm,Äôs canal. Pt was started on Latanoprost, Dorzox, timolol, Ripasudil . pt is in follw up.

**Co-Authors** - No

**Abstract ID** - FP119

***Presenting Author*** - Dr. VIDYA WADKE

**Title** - Compression sutures in management of nasal dysmorphic blebs.

**Full Abstract** - To report the management of nasal dysmorphic blebs with nasal compression sutures in two patients.

Case 1 was a 65 year male, with advanced POAG. Three months post phacotrabeculectomy with mitomycin C he presented with large conjunctival bleb and dellen nasally. Two nasal transconjunctival flap sutures and two nasal compression sutures were placed. BCVA3/60; IOP 12mmHg with 2 IOP lowering agents with flattening of the nasal bleb. Case 2 was a 68 year male with primary angle closure glaucoma 6 months post phacotrabeculectomy with mitomycin C. He presented with discomfort in the eye. BCVA 6/12 with a nasal conjunctival cyst and dellen managed by nasal compression sutures. BCVA6/9; IOP12mmHg with, resolution of the nasal bleb.

Nasal blebs may cause discomfort, dellen and corneal infiltrates. Early management is warranted.

Nasal dysmorphic blebs can be surgically managed with compression sutures with good results.

**Co-Authors** - DR AMRITA DEY No

**Abstract ID** - FP124

***Presenting Author*** - Dr. Shivam Gupta

**Title** - Title : Evaluation of Microvascular changes&optic nerve head perfusion following Trabeculectomy using OCT-A

**Full Abstract** - Aim:To determine the effect of Trabeculectomy on peripapillary vessel density&ONH perfusion using Optical Coherence Tomography Angiography Methods: Prospective, interventional study.67 patients with POAG(n=25)&PACG(n=42),who underwent trabeculectomy were included.OCT-A scans were performed using AngioPlex,Ñ¢ CIRRUS,Ñ¢ HD-OCT 1 week before&1,3,6 months postop. Changes in Peripapillary vessel density(pVD) ,Perfusion index, Flux index,RNFL,GCL-IPL were analyzed. Correlation with IOP&factors associated with changes in Pvd was evaluatedResults:pVD in all quadrants showed significant improvement,superior(p= 0.016,p=<0.001) inferior(p< 0.001,p<0.001),nasal(p < 0.001,p < 0.001), temporal(p=0.009, p<0.009) in both groups after trabeculectomy.There was a significant increase in PI(p=0.022, p=0.004)in both groups & FI in POAG(p<0.001). There was no significant correlation between IOP and change in pVD.Conclusion: OCT-A demonstrated a significant improvement in microvascular parameters after trabeculectomy in both POAG& PACG.

**Co-Authors** - Dr. Devendra Maheshwari Dr. Madhavi Ramanatha Pillai Dr. Nimrita Gyanchand Nagdev No

**Abstract ID** - FP129

***Presenting Author*** - Dr. Nimrita Gyanchand Nagdev

**Title** - Evaluation of clinical and surgical management for choroidal detachment in Phacotrabeculectomy Versus Phaco-Glaucoma drainage device

**Full Abstract** - Aim:To evaluate clinical and surgical management for choroidal detachment in Phacotrabeculectomy Versus Phaco-Glaucoma drainage device

Methods: 28 eyes of patients with post-operative choroidal detachments(10 GDD(Grp1) & 18 phacotrabeculectomy(Grp 2) surgery) were included. IOP , BCVA , number of anti-glaucoma medications were compared. Time of onset of choroidal detachment and resolution was noted in both groups. All Patients were treated initially with conservative management by oral and topical steroids , cycloplegics. Results: In patients, who developed CD, Mean ( SD) IOP preoperatively was 36.90 in Grp1 and 19.78 in Grp2. The time of onset of choroidal detachment was median ( IQR ) 53(45-150) days and 38(15-90) days from date of surgery in Grp1 and Grp 2(p=0.469). Resolution of choroidal detachment was noted by median ( IQR ) 52(15-60) and 75 days(25-120) in Grp 1 and Grp 2 respectively(p=0.5). At the time of resolution of CD, IOP was 13.30 mmHg(Grp1) and 12.06 mmHg(Grp2), the number of AGM was 3.4 ( Grp 1) and 2.6 (Grp2 ),Mean BCVA was 1.33 (Grp1) and 0.63 (Grp2). In Grp 1, only 1 patient required AC Reformation with Tube religation procedure and rest were managed conservatively. In Grp2, 3 patients required Choroidal drainage.

Conclusion: Choroidal effusions that occur after glaucoma filtration surgery resolve mostly by conservative management.There was no difference in the long-term outcomes in terms of visual acuity,IOP and AGM in both phaco-GDD and phaco trabeculectomy following resolution of choroidal detachment.

**Co-Authors** - Dr. Devendra Maheshwari Dr. Madhavi Ramanatha Pillai Dr. Shivam Gupta No

**Abstract ID** - FP130

***Presenting Author*** - Dr. Swarnali Sen

**Title** - Incidence of late onset ocular hypertension and glaucoma after surgery for retinal detachment

**Full Abstract** - Aim of the study-To report incidence of glaucoma and ocular hypertension(OHT) after surgery for retinal detachment(RD)

Materials and methods-Retrospective study of electronic medical records was done. Adult patients who had RD surgery with no pre-existing glaucoma and minimum follow-up of 6 months were included

Results -105 patients were included;mean age of 50.6¬±.1years. 18.9% underwent scleral buckling(SB) and 81.6% pars plana vitrectomy(PPV).Gas used in 38% and silicon oil in 61.9% patients with PPV.Overall incidence of glaucoma and OHT was 46.93%. Incidence of glaucoma and OHT was 10.2% and 36.73% respectively. No significant difference seen in incidence of glaucoma and OHT in those with SB(22.2%) compared to PPV(52.5%)but incidence was significantly higher with oil (76.6%)than gas(34%).52% were phakic,no significant difference in incidence of glaucoma and OHT between phakic(50%) and pseudophakic eyes(44%)

Conclusion-Overall incidence of OHT and glaucoma was high after RD surgery but incidence of glaucoma was relatively lower. Use of silicon oil showed higher incidence of OHT and glaucoma

**Co-Authors** - Dr. Ramanjit Sihota Dr. Samiksha Choudhary Dr. Jasleen Dhillon No

**Abstract ID** - FP139

***Presenting Author*** - Dr. RUKHSHANDA RUKHSHANDA

**Title** - ,ÄúUmbilical Cord Allograft,Äù,Äîa novel way to decrease Hypertensive Phase in Ahmed Glaucoma Valve

**Full Abstract** - Aim of the study: To evaluate the efficacy of AmnioplastTM (Umbilical Cord Allograft ) in decreasing the incidence and height of hypertensive phase (HTP) in Ahmed glaucoma valve (AGV) surgery.

Material and Methods: This was a retrospective electronic medical record-based study where data of AGV surgery were compared between those with (,ÄúCase,Äù=57 eyes) and without (,Äúcontrol,Äù=35 eyes) AmnioplastTM intraoperatively placed over the valve area, respectively. Duration of the study was June ,Äô20 to Dec ,Äô21 (Control) and Jan ,Äô22 to June ,Äô23 (Case).

Results: Both the incidence and height of HTP was lower in Cases than Controls (31.6% vs 42.8% and 14% vs 28.5%; respectively). The cases showed statistically significant lowering of intraocular pressure (IOP) at 1 month follow up and decreased number of antiglaucoma medication (AGM) use at 3 weeks, 3 months and 6 months follow up period.

Conclusion: AGV augmented with AmnioplastTM has a lower incidence of HTP and AGM requirement.

**Co-Authors** - Dr. Avik Roy Dr. Bhoomi Thakkar Dr. Pallavi Ray No

**Abstract ID** - FP143

***Presenting Author*** - Dr. Parthasarathi Gayan

**Title** - Role of trabeculectomy with releasable suture in current scenario: a retrospective study

**Full Abstract** - Aim: To find relevance of trabeculectomy with releasable sutures over conventional trabeculectomy with laser suture lysis (LSL) with 4-mirror goniolens for titration of post-trabeculectomy IOP.
Materials & Method: The study was done at a tertiary institute in North-east India from 2018 to 2020. 40 cases underwent conventional trabeculectomy (Grp.A) and 40 cases had trabeculectomy with releasable suture (Grp.B). 3 cases were lost to follow-up. Exclusion criteria were 2¬ glaucoma, neovascular glaucoma, combined surgery. At 2 weeks post-op, 14 cases of Group A underwent LSL and in 12 cases of Group B suture release was done.
Result & Conclusion: The case records were evaluated on post-titration IOP and incidence of complications. Average IOP reduction post-titration per suture was 3 + .83 mmHg (Grp A) and 3.03 + 0.5 mmHg (Grp B) (p-value > 0.05). Complications occurred in 8 out of 14 cases in Group A and 3 out of 12 in Group B (p = 0.09).
This study indicates clinical relevance of trabeculectomy with releasable sutures over LSL with a 4-mirror goniolens.

**Co-Authors** - Dr. Shibashis Deb Dr.Shubhra Das No

**Abstract ID** - FP144

***Presenting Author*** - Keerthi Gayam

**Title** - Knowledge, Attitude, Practices About Glaucoma in Patients Of Glaucoma At A Tertiary Eye Care Center

**Full Abstract** - Aim: To know the level of knowledge, attitude towards glaucoma and practices followed about glaucoma in already diagnosed glaucoma patients on treatment.

Methodology: Cross sectional questionnaire based KAP study, in 93 patients aged between 40-80years attending glaucoma clinic in a tertiary eye care hospital having >/=3 visits.

Results: Mean age 60 years. Male to female ratio 2:1. Knowledge score were excellent in 7%, good in 29% and poor in 63%. Males, literates, patients with good economic status & family history had good knowledge scores. 65% patients showed positive attitude score, neutral in 24%, and negative in 10%. None of the factors showed significance in attitude scores. Practice scores were excellent in 69%, good in 28% and poor in 2%. Males, upper economic status showed good practice scores. Only 29% patients has brought their family members for screening. 71% patients were instilling eye drops on time.

Conclusion: There is still need to educate patients with glaucoma about the disease, regular therapy, follow up and early diagnosis as patients can be the main source of awareness in the community.

**Co-Authors** - Shaik Sameena Sreenath.K Ashok Vardhan No

**Abstract ID** - FP145

***Presenting Author*** - Dr. Samiksha Choudhary

**Title** - ANTI VEGF IMPROVES THE OUCOME OF EARLY TRABECULECTOMY IN NEOVASCULAR GLAUCOMA

**Full Abstract** - AIM: To evaluate the outcome of Early Trabeculectomy with MMC after Intravitreal Anti VEGF in the neovascular glaucoma with active NVI

METHOD: Retrospective analysis of EMR records was done. Neovascular glaucoma patients with uncontrolled IOP on maximal medical therapy who underwent Trabeculectomy with MMC (0.4 mg/ml) were included in the study. In 30 patients with active NVI, preop intravitreal Anti VEGF was given. Surgical outcomes in terms of IOP and BCVA at the final follow-up were assessed.

RESULTS: The etiology of NVG was PDR in 27 patients, CRVO in 2, CRAO in 1. Mean age was 63 ¬±9 years with 13 males and 4 females. The mean pre op IOP was 36.5¬±8.5 mm Hg. Trab with MMC was done within a mean of 11¬±8 days after intravitreal anti VEGF. After a mean follow-up period of 11.8¬±9.5 months, the BCVA improved (+1 line of pre op BCVA) in 59% and was stable in 24%. Drop of BCVA was observed in 3 patients caused due to vitreous haemorrhage ,CME and optic atrophy respectively. Complete success was obtained in 61 % and Qualified success in 39% with a mean post op AGM of 0.5¬±0.9. Mean post op IOP was 13 ¬± 2.6 mmHg.

CONCLUSION: BCVA was improved or maintained in majority of patients and IOP dropped less than 20 mm Hg in all the patients. Thus, Pre operative intravitreal Anti VEGF improves the surgical and visual outcome of early trabeculectomy in Neovascular Glaucoma.

**Co-Authors** - ramanjit sihota swarnali sen Dr. Jasleen Dhillon No

**Abstract ID** - FP146

***Presenting Author*** - Dr. Stuti Chand

**Title** - Accommodation induced ocular biometry changes in healthy vs. glaucoma patients: A comparative study

**Full Abstract** - Aim of Study: To assess accommodation induced changes in the Anterior Segment and ocular biometry parameters in healthy controls, primary open angle suspects & angle closure suspects (PACS) and primary glaucoma patients (POAG and PACG) and to correlate these changes with changes in IOP.
Materials & Methods: In this cross sectional observational study of 36 patients aged 18-49 years, central corneal thickness (CCT), anterior chamber depth (ACD), angle to angle distance (ATA), iridocorneal angles (ICA), angle opening distance (AOD), lens vault (LV), trabecular-iris space area (TISA) were measured on Anterior Segment SD-OCT, lens thickness (LT), axial length(AL) on USG A-scan and Intraocular pressure (IOP) with Goldman Applanation Tonometer before and after inducing accommodation using -3D and -6D lenses.
Results & Conclusion: 80% of PACG were females while 87.50% of POAG were males. The distribution of Hypermetropia, Emmetropia and Myopia was found to be similar across different groups. PACG patients had lower ICA pre accommodation compared to both healthy controls and POAG and decreased further on accommodation (statistically significant, p=0.025). LT increased post accommodation. AL increased with accommodation in all groups except POAG. Significant differences were observed in temporal AOD750 (p=0.013) and TISA at 500 mm¬≤ amongst PACS and PACG (p=0.006 and p=0.03 respectively). No other significant differences were found in other parameters between various groups. Change in IOP post accommodation was statistically not significant. Our study hence serves as a pilot study comparing accommodation induced changes in healthy eyes with POAG suspects PACS, PACG and POAG patients to understand role of sustained stress of near work on glaucoma patients.

**Co-Authors** - Dr. Vinita GUPTA No

**Abstract ID** - FP147

***Presenting Author*** - Dr. Shalini

**Title** - Treatment outcomes of Slow coagulation Trans-scleral cyclophotocoagulation for Refractory Glaucoma

**Full Abstract** - Aim: To Evaluate the outcome and safety of slow coagulation transscleral photocoagulation (TSCPC) in patients with uncontrolled glaucoma.
Materials & methods-Retrospective study of 58 eyes who underwent TSCPC using slow coagulation settings
Results- Mean age was 53.86 years, 62.1% were males. The indications for the laser included Neovascular glaucoma(34.5%), advanced Primary open/angle closure glaucoma(19%), glaucoma secondary to VR surgery(23.8%)or penetrating keratoplasty(23.8%).Statistically significant reduction in IOP from 40.19 to 15.33 mmHg was noted at 6 months. Surgical success was achieved in 87 % at 6 months. At 6 months 82.5% patients had IOP<21 mmHg. The mean antiglaucoma medications reduced from 3.72 to 2.35(p<.001). No drop in VA seen in any patient. Some of the few post-procedural complications included sub-conjunctival hemorrhage, hyphema, scleritis which resolved with treatment. Hypotony was recorded in 1 patient and repeat laser was advised in 5 patients. Conclusion- Encouraging safety and efficacy were demonstrated by a noteworthy decrease in IOP & AGM, with insignificant serious complications.

**Co-Authors** - Dr. MEENA MENON No

**Abstract ID** - FP150

***Presenting Author*** - Dr. SRISHTI AGARWAL

**Title** - Bilateral over-filtering trabeculectomy bleb with hypotony-induced maculopathy in a JOAG patient and its management

**Full Abstract** - To present classical clinical characteristics of bilateral post-trabeculectomy hypotony and its successful management.
The patient was a 35-year-old man who presented with bilateral painless and sudden loss of vision following trabeculectomy, performed elsewhere 1 month ago. At presentation, IOP was exceedingly low 3 mm Hg in both eyes with diffuse bleb of medium height with mild vascularity, a shallow anterior chamber with peripheral irido-corneal touch, and a negative Seidels test. Fundus examination revealed hypotony maculopathy with extensive blood vessel tortuosity, chorioretinal folds, and bilateral optic nerve head edema. Both trabeculectomy blebs had numerous microcystic spaces in the subconjunctival space and fluid under the scleral flap on the anterior segment optical coherence tomography.
A clinical diagnosis of hypotony-induced maculopathy with bilateral overfiltering bleb was made. Conservative therapy with topical and systemic steroids, as well as cycloplegic, did not produce any improvement. Transconjunctival trabeculectomy bleb compression sutures were placed in right eye following which the IOP remained low with a persistent shallow AC, so we went ahead with external bleb revision. On exposing the trabeculectomy site, a thin scleral flap was noted with a central buttonhole which was covered with a donor scleral patch graft. The right eye IOP got normalised with reformed AC. The left eye underwent external bleb revision with placement of releasable suture at the site of loose scleral flap.
At 1-month postop, the anterior chamber was formed with low-lying diffuse bleb, retinal folds are resolved with an IOP of 10 mmHg in both eyes.
Prompt diagnosis and timely management is crucial to prevent permanent vision loss due to fixed chorio-retinal folds.

**Co-Authors** - Dr. Srishti Raj Dr. Surinder S Pandav Dr. FAISAL T T No

**Abstract ID** - FP152

***Presenting Author*** - Dr. Parveen Rewri

**Title** - Changes in Lactate Concentration in Aqueous Humour in Glaucoma Patients

**Full Abstract** - Aim: Glucose is main source of energy for intraocular tissues and lactate is main product of glucose metabolism via glycolysis. The lactate concentration in aqueous humour of humans is nearly 4.5 times that of plasma. The systemic lactate level has been correlated with IOP-independent mechanism of retinal ganglionic cell (RGC) injury. How does impaired aqueous humour drainage in glaucoma affects aqueous humour lactate level is not known? This study was aimed to find aqueous humour lactate concentration in glaucoma patients and its relationship with level of IOP. Methods: The prospective study included age- and gender-matched patients of senile cataract undergoing cataract surgery (served as control) or phacotrabeculectomy. About 100,Äì150 ?l of aqueous was withdrawn through an ab-externo limbal paracentesis and stored at -80 ¬∞C till assay was carried out. The quantitative estimation of lactate acid level was done by enzymatic colorimetric method (spectrophotometry at ?=340 nm) using commercially available assay kits by auto-analyser assay procedure. Results: The mean ¬±SD pH of aqueous from cataract patients was 7.24¬±0.06 and significantly lower than that of phacotrabeculectomy group 7.32¬±0.13 (p 0.009). The mean ¬±SD lactate level in aqueous was 4.65¬±1.3mmlo/l and 5.56¬±1.3 mmol/l, respectively for cataract and phacotrabeculectomy patients, and the difference was statistically significant (p 0.03). Conclusion: In this study we observed higher lactate concentration in aqueous humour of glaucoma patients compared to age, gender and cataract grade matched senile cataract controls.

**Co-Authors** - Naveen Kumar Anjali Chaudhary No

**Abstract ID** - FP153

***Presenting Author*** - SUNAYANA N MURTHY

**Title** - effectiveness of SLT in the treatment of open angle glaucoma

**Full Abstract** - to know the efficacy of Selective laser trabeculoplasty in lowering IOP and reducing the number of antiglaucoma medications
one or both eyes of patients having open angle glaucomas or ocular hypertension who fit into the inclusion criteria were selected and SLT was done. The were followed up 1 hour, 1 week , 1 month , 3 months where IOP and any associated complications were noted. It was seen that majority of the patients were put back on AGMs or even stepped up in moderate glaucoma or patients already on 2 or more AGMs while treatment na√Øve cases and patients on 1 AGMs were maintained drops free in the 3 month follow up period. IOP spike was a common complication seen between 1 week to 3 weeks.
SLT is effective in treatment na√Øve and mild glaucoma cases

**Co-Authors** - Dr. Suneeta Dubey No

**Abstract ID** - FP161

***Presenting Author*** - Dr. Sujata Shailendra Navare

**Title** - Phase 3 study on brinzolamide + timolol vs dorzolamide + timolol in Indian patients with glaucoma

**Full Abstract** - Aim of study: To compare efficacy and safety of brinzolamide + timolol (BTFC) vs dorzolamide + timolol (DTFC) in Indian patients with primary open-angle glaucoma (POAG) or ocular hypertension (OHT)
Materials & methods: This randomized, phase 3, open-label, multicentric, 12-week study was conducted (N=221; BTFC=111, DTFC=110) at 9 sites in India. Primary efficacy endpoints were comparing change in 0 and 2-h intraocular pressure (IOP) within group from baseline and between treatment groups. Safety analysis was based on reported adverse events (AEs).
Results: BTFC demonstrated comparable and non-inferior IOP-lowering efficacy to DTFC (6.55 to 8.36 mm Hg & 5.37 to 7.55 mm Hg respectively). Fewer subjects in BTFC group experienced ocular AEs compared with DTFC (9.9% vs. 26.4%), especially ocular hyperemia (2.7% vs. 22.7%).
Conclusion: BTFC affords an ocular comfort advantage with a clinically meaningful reduction in IOP that was noninferior to DTFC in Indian patients with POAG and OHT.

**Co-Authors** - Dr. Prachi Jain Dr. Chaitanya Bhargave No

**Abstract ID** - FP162

***Presenting Author*** - Dr. Siddharth Dikshit

**Title** - Profound Visual Loss after Trabeculectomy in Advanced Glaucoma Much Commoner than Wipe-out: Incidence and Predictor for Failure to recover

**Full Abstract** - Aim: To determine the incidence of immediate profound visual loss in patients with split-fixation after trabeculectomy,their causes, rate of improvement over time and identify possible risk factors for prolonged visual loss

Methods: Records of all eyes (Age >16 years) with glaucoma that underwent trabeculectomy, with or without simultaneous

cataract surgery, with or without use of antimetabolites were reviewed. Only patients with a reliable 10-2 visual fields within 1 year before surgery with fixation threat ( at least 1 paracentral point 0 dB on HVF 10-2). Profound visual loss was defined as either vision of <20/200 on 1st post-op day with at least 4 lines reduction from baseline or loss of PL. Glaucoma type, surgery types, medications, pre-op IOP, post-op complications, no. of affected paracentral points and hypotony were evaluated as risk factors for poor visual recovery. Recovery was defined as vision improving to within 1 line of preoperative vision.

Results: 1037 eyes with split fixation were analysed out of which 190 eyes had profound visual loss on post-operative day one as defined above. 78 eyes did not recover by 1 month post-op. Mean deviations (MD) were classified into 3 cluster groups at MD of -13.58 to -23.31 (cluster 1), -23.96 to -30.19 (cluster 2) & -30.34 to -36.10 (cluster 3). Cluster-1 eyes recovered their vision at 1 month post-op, cluster-2 took 6 months. Cluster-3, never showed statistically significant vision recovery up to 24 months. No other factors proved to be predictive of failure to recover.

Conclusion: In advanced glaucoma the incidence of significant loss is much higher than wipeout. Recovery was dependent on baseline mean deviation alone and patients need to be warned appropriately.

**Co-Authors** - Md Hasnat Ali MD SALMAN SARKAR No

**Abstract ID** - FP164

***Presenting Author*** - Dr. Anugya Sharma

**Title** - Low IOP, what can it be?

**Full Abstract** - We report a unique case of a 55 year old male patient who presented with sudden onset pain, watering, redness and dimunition of vision in right eye (RE) - since 6 days. Visual acuity was 1/60 in right eye(RE),6/6 in left eye (LE). He had diffuse Descemets folds, stromal corneal edema, circumciliary congestion, fixed mid dilated pupil in RE. The IOP was found to be 5 mmHG in RE with poor ocular tone digitally. On gonioscopy, he was found to have closed angles in RE and occludable angles in LE. A provisional diagnosis of RE acute angle closure with ciliary body shut down was made, and he underwent YAG peripheral iridotomy in both eyes. Following this he was started on Prednisolone acetate 1%, Timolol 0.5% in both eyes. On follow up visits, RE had atrophic iris patches, loss of pupillary ruff and glaukomflecken. These characteristic features further confirmed our diagnosis of RE acute angle closure with ciliary body shutdown. The patient's IOP was controlled IOP on 4 glaucoma medications in the right eye. A high index of suspicion should therefore be present clinically if a patient presented with sudden onset dimunition of vision with redness and pain, even if the presenting IOP is low.

**Co-Authors** - Dr. Suneeta Dubey Dr. Prerna Garg No

**Abstract ID** - FP168

***Presenting Author*** - Dr. Dewang Angmo

**Title** - Needle assisted circumferential Goniotomy (NAG) in Primary Congenital Glaucoma

**Full Abstract** - Purpose
To assess the safety and efficacy of Needle assisted circumferential goniotomy in the management of primary congenital glaucoma (PCG).
Methods
Forty-three children were enrolled in this study after the establishment of PCG diagnosis. Circumferential angle surgery (360 degrees) were done on each eye without disturbing the superior conjunctiva to preserve it for future filtering glaucoma surgeries. The pre-operative and post-operative intraocular pressure (IOP) and number of medications were recorded at 3, 6 and 12 months. Success was defined as intraocular pressure (IOP) ?18 mmHg with or without 2 topical medications at the last follow up.
Results
The average age of patients was 11.81¬±8.73 mths. The mean axial length was 22.84¬±1.39 mm, mean corneal diameter was 13.23¬±0.91 mm, mean CCT was 513.88¬±33.04 um, mean cup:disc ratio (CDR) was 0.64¬±0.15 mm. The mean preoperative IOP was 25.10¬±1.42 mmHg, which reduced postoperatively at 3mths to 12.24¬±4.25mmHg, 6mths to 12.91¬±4.6 and at 12 mths to 13.05¬±4.17mmHg. All of the mean IOP readings during post-operative follow-up were significantly lower as compared to pre-operative IOP ($p < 0.0001$).
The mean antiglaucoma medications preoperatively was 2.79¬±0.96 which reduced to 0.88¬±0.94, $p<0.001$. Qualified Success was noted in 95.3% eyes and complete success was noted in 60.5% eyes. There were no significant intraoperative or post operative complications.
Conclusions
Circumferential Goniotomy appears to be a safe and effective surgery sparing the superior conjunctiva completely for future surgeries if needed. Being minimally invasive, it obviates the need for conjunctival or scleral dissection and antifibrotic agents.

**Co-Authors** - Dr. TANUJ DADA ANUJA PATIL EKTA SHAW No

**Abstract ID** - FP169

***Presenting Author*** - Dr. Subashini Kaliaperumal

**Title** - Comparison of Subconjunctival Injection with Sponge Application of Mitomycin C in Two-site Phacotrabeculectomy ‚Äì Interim results of a Randomized Controlled Trial

**Full Abstract** - Aim of study:
We compared and evaluated the safety and efficacy of subconjunctival injection of MMC against conventional sponge application in patients undergoing phaco trabeculectomy. We also studied the bleb morphology using ASOCT between the two groups.
Methods:
Parameters like BCVA, IOP, and number of glaucoma medications, were compared between two groups on day 7, day 30, day 90 and day 180 after phacotrabeculectomy. Bleb morphology was studied clinically by Moorfields Bleb grading System and using ASOCT. Complications in the groups were noted.
Results:
We studied 47 eyes, with 24 in the sponge group and 23 in the injection group, over a minimum follow-up of 3 months. MMC injection had a reduction of IOP by 43.8% at 1 month from a baseline of 23.69¬±6.4 mmHg, compared to a 40.5% reduction from 23.87¬±6.9 mmHg in the sponge group (p value=0.27). Both groups had similar postoperative visual recovery. The injection group experienced fewer complications, such as choroidal detachment, hypotony, shallow AC, and inflammatory membranes than the sponge group. Both groups required similar additional interventions, including 5FU (29.1% in sponge vs. 30.4% in injection) and suture lysis (16% in sponge vs. 17.3% in injection) at 1 month. Clinically, bleb morphology was more favourable in the MMC injection group. ASOCT showed higher multiform wall reflectivity in the injection group (65.22% vs. 58.33% in the sponge group), indicating a higher chance of successful, functioning filtering blebs.
Conclusion:
Injection MMC is a viable delivery method with superior IOP lowering and lesser post-operative complications, while post-op interventions were similar to MMC sponge.

**Co-Authors** - Dr Pooja Kamble Dr. Geeta Behera Dr Priyanka R No

**Abstract ID** - FP176

***Presenting Author*** - Dr. Yashas Goyal

**Title** - Comparison of Sequential PI versus Traditional PI for Uveitic Pupillary Block

**Full Abstract** - Aim: We performed a retrospective analysis of patients who needed a laser peripheral iridotomy (LPI) for uveitic pupillary block under two arms- a traditional versus a sequential PI to assess the efficiency in terms of repeat interventions.
Method: Consecutive patients with uveitic pupillary block who need a LPI were included. The type of laser used differentiated them into two groups- Group 1: Traditional YAG Laser PI and Sequential PI. Patients underwent a green laser photocoagulation with drumhead technique, followed by a YAG laser photodisruption. Baseline factors: Activity level, IOP, number of medications, previous LPI, type of uveitis were noted. On follow-up, the final IOP, number of medications, need for repeat PI, surgical PI, trabeculectomy were noted.
Results: Group 1 had 88 eyes and Group 2 29 eyes. The baseline factors were similar apart from H/O previous LPI 7 (7.96%) in Group 1 vs 9 (31.03%) in Group 2. Significant number of patients had active uveitis- 80 (90.91%) in Group1 versus 25 (86.21%) in Group 2. The pre-op and post-op IOP and medications were similar in both groups. So was need for repeat LPI [Group 1: 22 (25.0%); Group 2: 7 (24.14%)] and trabeculectomy [Group 1: 9 (10.23%); Group: 3 (10.35%)]. Fewer eyes needed surgical PI in the sequential PI- Group 1: 9 (10.23%) versus Group 2: 1 (3.45%).

Conclusion: Significant number of patients with uveitic pupillary block need repeat interventions, especially in presence of active uveitis. Sequential PI may provide some reduction in need for surgical PI.

**Co-Authors** - Dr. Siddharth Dikshit No

**Abstract ID** - FP178

***Presenting Author*** - Dr. John Davis Akkara

**Title** - Rare Rabeprazole-Itopride induced angle closure - a case report & literature review

**Full Abstract** - To report a unique case of rabeprazole-itopride induced myopia and angle closure documented with AS-OCT of angle and ciliary effusion

A follow-up patient with previous normal evaluation, presented with subacute onset of diminution of vision and headache. History elicited included rabeprazole-itopride started prior to onset of symptoms. Examination showed shallow AC and raised IOP, both of which were normal on previous visits. Myopic shift was also noted. AS-OCT was done to document the narrow angles. A modified AS-OCT examination with deep penetrance allowed imaging of ciliary body area which showed effusion. Drug Induced Angle Closure was suspected. Patient was started on topical steroids, cycloplegics and AGMs. IOP reduced and AGMs were stopped. Ciliary effusion reduced on repeat AS-OCT and angles re-opened. Multiple follow-ups were done with AS-OCT of ciliary body area showing reducing effusion and finally normal ciliary body. Patient was asymptomatic on follow-up and myopic refractive error disappeared.Drug induced angle closure is reported for several drugs, most commonly topiramate. Rabeprazole and Itopride were listed in a large Korean Big Data analysis as potential cause but no case reports could be found to the best of our knowledge. Drug Induced Angle Closure is an Adverse Drug Reaction that should be monitored when using these drugs.

**Co-Authors** - No

# Innovations in Glaucoma

**Abstract ID** - FP015

***Presenting Author*** - Dr. Prasanna Venkatesh Ramesh

**Title** - Peeking With Eyes Of An AI - Protracting The Geometry Of Irido-Corneal Angle With AI Utilizing Human Intelligence / A Novel Cost-Effective Offline Angle Protractor Like Never Before,Ä¶!

**Full Abstract** - An AI protractor tailored specifically for the intricate analysis of the iridocorneal angle was innovated by us for Anterion (high-resolution swept-source OCT) images. This technology swiftly and precisely annotates angles with human-in-the-loop machine learning, meticulously measuring their degrees, and autonomously categorising them into wide open, narrow, and closed angles. Trained on a meticulously curated dataset comprising 1500 images, partitioned into 1370 for training and 130 for testing, this AI protractor exhibited a progressive increase in accuracy over time. In three distinct tests, the AI demonstrated exceptional sensitivity and specificity, showcasing its robust performance; Test 1 - Sensitivity 82.61% & Specificity 92.59%; Test 2 - Sensitivity 88.24% & Specificity 94.44%; and Test 3 - Sensitivity 95.24% & Specificity 95.83%. This AI model also overcomes the black box dilemma thereby enhancing diagnostic precision with constant training via the feedback mechanism.

**Co-Authors** - ,

**Abstract ID** - VP012

***Presenting Author*** - Dr. Kavitha Srinivasan

**Title** - ACUTONE- ACOUSTIC TONOMETER

**Full Abstract** - Goldmann applanation tonometry (GAT) is the gold standard method to assess IOP. But it is a contact procedure, needs topical anesthesia and fluorescein dye in order to measure the IOP. Though there are many new tonometers, GAT still remains the best. Hence we are in need of a non-contact applanation tonometer without the need for dye and which is as accurate as GAT. Possibility of using sound waves to measure IOP was explored. Sound waves were generated with tone generator app and collected using decibel X app and hardware. 3 eyeball models with varying pressures were created. The internal pressures of these models were measured with an iCare tonometer. Sound waves were passed through these models and collected. While using sound waves changes in internal pressure correlated well with corresponding alterations in the reflection coefficient of the sound waves, proving the possibility of using sound waves to measure IOP. This idea can be explored further to build a tonometer

**Co-Authors** - Arjeet Anand, Sandal Kotawala

**Abstract ID** - VP061

***Presenting Author*** - Dr. Shivam Gupta

**Title** - SLGonioHolder : Slit Lamp Gonio Holder

**Full Abstract** - Background: A perfect Gonioscopy is the backbone of correct Glaucoma diagnosis. Problems faced during this our :1) Lack of stability 2) Inability to perform long duration examination,3) bad posture and back pain while using.

Solution: Authors have developed a unique SLGonioHolder which helps to attach 4 mirror Gonio lens to slit lamp head rest area.
We made a working model of gonio holder and mounted it on Slit Lamp which has 2 parts.
1)A railroad over the slit lamp to easily slide gonio lens from Right to Left eye and vice versa
2)Gonio Holder.
When not in use the holder can be flipped and raised up. When needed it can be brought down and the uniquely designed gonio holder goes forward and delicately rest on cornea of the patient.
Conclusion: Our device will help to make Gonioscopy painless for ophthalmologist. It not only helps as teaching aid for young ophthalmologist but can also be used for documentation with slit lamp photography.

**Co-Authors** - Dr. Devendra Maheshwari, Dr. Ramakrishnan RENGAPPA

**Abstract ID** - VP070

***Presenting Author*** - Dr. John Davis Akkara

**Title** - Experiencing Glaucomatous Visual Field loss with glasses, Apps, Virtual Reality and More

**Full Abstract** - This innovative video takes viewers on a journey to understand the devastating effects of glaucoma, a leading cause of blindness. We'll transcend traditional medical explanations by directly experiencing the vision loss associated with glaucoma through various methods:

Simulative Glasses: Specially designed glasses will mimic the blurred peripheral vision loss characteristic of early-stage glaucoma.
Interactive Apps: Smartphone apps will be utilized to create engaging simulations. Users will navigate virtual environments while experiencing blind spots and tunnel vision, replicating the progressive nature of vision loss.
Immersive Virtual Reality (VR): Cutting-edge VR technology will transport viewers into a hyper-realistic world affected by glaucoma. Users will experience the disorientation and difficulty navigating complex environments, emphasizing the impact on daily life.
Beyond these simulations, the video will delve into the science behind glaucoma and explore current treatment options. Expert interviews will provide valuable insights into the disease and offer a message of hope for patients and caregivers.

This impactful video aims to achieve several key objectives:

Raise Awareness: By directly experiencing vision loss, viewers will gain a deeper understanding of glaucoma's debilitating effects.
Empathy Building: Simulating the limitations faced by patients can foster empathy and encourage early detection through regular eye examinations.
Education and Advocacy: The video will educate viewers on the signs and symptoms of glaucoma, empowering them to advocate for their own eye health and the well-being of loved ones.
By demystifying the visual theft caused by glaucoma, we can empower individuals and communities to take control of their eye health.

**Co-Authors** - ,

**Abstract ID** - FP175

***Presenting Author*** - Dr. John Davis Akkara

**Title** - Affordable Virtual Reality demo of glaucoma surgical instruments, implants & eye models

**Full Abstract** - This project presents a novel, low-cost virtual reality (VR) platform for training ophthalmologists in glaucoma surgery. We propose a VR demonstration using affordable(hardware cost under Rs 5000) VR headsets and controllers to create an interactive learning environment. The core innovation lies in development of 3D models for: Glaucoma surgical instruments: These models will accurately represent the size, shape, and functionality of real-life instruments, allowing users to practice instrument handling and manipulation techniques in a safe, virtual space. Implants: 3D models of various glaucoma implant types - GDD and MIGS.
Eye models: 3D eye models are created, replicating the anatomical structures relevant to glaucoma surgery. Users can navigate these models in VR, providing a realistic understanding of the surgical field.
This low-cost approach removes barriers associated with traditional surgical simulators, which are often expensive and limited in accessibility. Our VR platform offers several advantages:Increased Accessibility: Affordable VR headsets & controllers make the platform widely available to ophthalmologists worldwide, promoting broader surgical skill development.Enhanced Learning: The interactive nature of VR allows users to practice surgical steps in a risk-free environment, improving hand-eye coordination and decision-making.Standardized Training: The platform can be used to deliver standardized training protocols, ensuring all users receive consistent foundational knowledge before progressing to real-world surgery.This has potential to revolutionize glaucoma surgery education. We are releasing these VR models to downloaded free on NIH 3D website so that all can use it. They can be used in VR, Powerpoint, animation, videos and 3D printing.

**Co-Authors** - ,

# Diagnostic Video

**Abstract ID** - VP005

***Presenting Author*** - Dr. Prasanna Venkatesh Ramesh

**Title** - Deciphering Glaucoma Module Premium Edition - A Pedagogical Video Guide For Early Diagnosis With The Novel BMO-MRW

**Full Abstract** - The minimum distance between Bruch,Äôs Membrane Opening (BMO) and Internal Limiting Membrane (ILM) in the Optic Nerve Head (ONH) is defined as Bruch,Äôs Membrane Opening,ÄìMinimum Rim Width (BMO-MRW). Whereas, distance between BMO and ILM in horizontal plane is Bruch,Äôs Membrane Opening-Horizontal Rim Width (BMO-HRW). In this film, OCT is decoded from a neophyte user,Äôs point of view, as to why BMO-MRW is more important than traditional BMO-HRW for early glaucoma diagnosis.

The concepts are depicted in a novel dynamic (Clinical vs OCT vs Histology) screenplay, detailing the below focal points with animations:-
1. True ONH Margin
2. BMO
3. BMO-MRW
4. Comparison Between BMO-MRW & BMO-HRW
5. Different Zones (Alpha, Beta, and Gamma) For PPA & Conus Temporalis
6. Anatomic Positioning System

These GPS parameters enable precise alignment to individual,Äôs Fovea-To-BMO-Center (FoBMOC) axis for detecting minute changes as small as 1 micron in BMO-MRW thus serving as a new world in glaucoma diagnosis.

**Co-Authors** - ,

**Abstract ID** - VP022

***Presenting Author*** - Dr. MEGHA G

**Title** - One Tap for a Brighter World

**Full Abstract** - Despite our best efforts, we come across glaucoma patients in our daily practice who have gone blind. Our responsibility as doctors should not stop at providing treatment to the disease but also emotional and accessibility support. Visual accessibility means various technologies that can help the blind lead a better life.
Smartphones have become an integral part of everyone,Äôs life. But do we even know how the blind are using smart phones, about the various apps that can help them and how artificial intelligence is set to revolutionise this field? Our video aims to throw light on these aspects. These can help patients not only in their daily activities like identifying currency, grocery shopping, reading books but also to achieve greater heights in life.
Knowledge about these accessibility features and apps can help us educate our blind patients live better. With smart phones being handy and used by everyone these days, helping our patients lead a brighter life is just ,ÄúOne tap away,Äù!

**Co-Authors** - Maheswari Peethala, Dr. Annamalai Odayappan

**Abstract ID** – VP026

***Presenting Author*** - Dr. Prasanna Venkataraman

**Title** - Decoding interface fluid syndrome and intraocular pressure dynamics in glaucoma: A video guide

**Full Abstract** - Laser refractive surgeries have transformed the management of refractive errors. LASIK flap-related complications need utmost care and, if unattended, can lead to sight-threatening complications. Interface fluid syndrome (IFS) is one such serious complication that is often misdiagnosed and overtreated with topical steroids. The current tools for intraocular pressure measurement in eyes that have undergone laser vision correction are far from accurate. Given this caveat in a relatively younger age group of patients in whom these procedures are performed, it becomes imperative to accurately understand the pathophysiology of postoperative complications and manage them appropriately. Timely intervention with anti-glaucoma medications and cessation of steroids is critical to prevent glaucoma progression. This video will offer a step-by-guide to understanding IFS and its implications in the diagnosis and management of glaucoma with illustrated examples and highlight the relevant literature.

**Co-Authors** - Dr. Anahita Shroff

**Abstract ID** - VP029

***Presenting Author*** - Dr. Jasleen Dhillon

**Title** - Iris Sails: Bilateral Iridoschisis presenting as Angle closure glaucoma

**Full Abstract** - Iridoschisis is a rare clinical entity and associated with glaucoma in 2/3rd of patients. A 50 year old female came with blurred vision in LE since a month. The visual acuity was 6/9 and 6/96 in the right and left eye respectively. Applanation IOP 18mmHg and 52 mmHg in the RE and LE respectively. Slit lamp: shallow anterior chambers and 6 clock hour of sectoral iridoschisis in both eyes with stromal fibrils free floating in the anterior chamber. The CD ratio was 0.4 in right eye and 0.9 in left eye. Gonioscopy revealed forward bowing of peripheral iris with appositional closure and corneal endothelial loss documented on specular. Visual fields were normal in the right eye and had advanced field loss in the left eye. Medication and peripheral iridotomy for both eyes reduced IOP to 14mmHg and 11mmHg in the RE and LE and visual acuity improved to 6/9 in LE. Peripheral iridectomy plays key role in management and a high index of suspicion should be kept to detect glaucoma in iridoschisis.

**Co-Authors** - Dr. Ramanjit Sihota, Dr. Swarnali Sen

**Abstract ID** - VP035

***Presenting Author*** - Dr. Madhavi Ramanatha Pillai

**Title** - Overcome the hurdles of intraoperative gonioscopy to master MIGS

**Full Abstract** - As the quest for a safe& effective surgery for glaucoma continues,MIGS has added another armor for the battle against glaucoma.The hurdles during the learning stage are numerous; ranging from learning to work at a limited angle space to simultaneous intra & extraocular manipulation.Stepping stone to any MIGS procedure is to master the skill of intraoperative gonioscopy. It can be quite disheartening when a surgeon constantly loses the view while trying to perform the angle procedures This video bouquet highlights nuances of intraoperative gonioscopy,,Äùhints & hacks,Äù for a perfect view, and troubleshooting for beginners in a detailed manner.It showcases how to achieve a perfect ‚ÄúEnface‚Äùview by making minute changes in table adjustment to surgeon seating to lens docking.Different varieties of goniolenses and their suitability for a procedure are demonstrated in detail.

**Co-Authors** - Dr. Devendra Maheshwari, Dr. Nimrita Gyanchand Nagdev

**Abstract ID** - VP042

***Presenting Author*** - Dr. Devendra Maheshwari

**Title** - Anterior Segment OCT: A Holster for MIGS surgery

**Full Abstract** - Background
Numerous MIGS procedures are coming up adding to the armamentarium of our fight against Glaucoma These procedures are versatile and they are being increasingly tried out in varying spectrum of glaucoma. Identification and evaluation of aqueous outflow pathways before and after MIGS have potential for improving patient selection and postoperative outcomes.
Highlights: This video depicts a step by step guide on how to accurately take AS OCT Scans by different machines.It also describes how to outline various Anterior segment anatomical structures like scleral spur with special emphasis on changes in Schlemm‚Äôs canal. Video describes how to quantify the changes in the dimensions of Schlemm‚Äôs canal, angle parameters and thus predict the success of procedure.Authors share pre and postoperative changes in AS OCT scans in various MIGS procedures like GATT, Microhook trabeculotomy,BANG,iStent,KDB and iVenT.
Conclusion: AS OCT can be an excellent tool not only in decoding the mystery of functioning of various MIGS but also in achieving better results and guide further postop management.

**Co-Authors** - Dr. Shivam Gupta, Dr. Madhavi Ramanatha Pillai

**Abstract ID** - VP048

***Presenting Author*** - Dr. Shivam Gupta

**Title** - Role of rural Vision Centers in the fight against Glaucoma.

**Full Abstract** - Background: Why do people still go blind due to Glaucoma? This question aches the heart of all ophthalmologists. Even in the 21st century trained ophthalmologists are not accessible in rural India thus patient usually turns up to an ophthalmologist with really advanced Glaucoma. Rural Vision centers have proven to be a boon in early screening and diagnosis of Glaucoma.
Synopsis : This video highlights the basic model and infrastructure of a rural vision center. Well-trained allied ophthalmic personnel are the essential pillars for well functioning vision center. Additional tools like well-equipped satellite telemedicine, quality IOP measuring instruments, and Fundus cameras have added to our fight. Additionally, regular visits of a trained ophthalmologist to the vision center helps in monitoring and assessing the proper care of glaucoma patients. This video elaborates on pointers to establish and equip rural vision centers in the fight against glaucoma.
Conclusion: With the help of Rural vision centers the silent thief of vision cannot hide in any corner of India

**Co-Authors** - Dr. Devendra Maheshwari, Dr. Madhavi Ramanatha Pillai

# Management Video

**Abstract ID** - VP006

***Presenting Author*** - Dr. Prasanna Venkatesh Ramesh

**Title** - An Intraoperative Neophyte Gonioscopist's Videographic Atlas With Focal Points For Effective Practice - Ticket To Excellence For MIGS

**Full Abstract** - The proficiency in intraoperative gonioscopy stands as a cornerstone for successful execution of Minimally Invasive Glaucoma Surgery (MIGS) procedures. This step-by-step pedagogical video meticulously breaks down intraoperative gonioscopy with tips & tricks for tackling challenging scenarios.
Objectives:-
1. Highlights various direct gonioscopes, including recent advancements like iPrism S and Sx, Katena handheld, and Volk Surgical Gonio Lens with their novel cleat ring.

2. Shows a comprehensive algorithm spanning pre-operative, intra-operative, and post-operative phases.

3. Guides precise microscope and head tilting techniques, employing smartphone apps for optimal visualization.

4. Addresses common challenges encountered during direct gonioscopy such as corneal striae, reflections, Schlemm‚Äôs canal collapse, and blood reflux.

5. Emphasizes simulated training with a patent-protected, innovative, cost-effective, and portable 4D holographic simulator for enhanced skills development.

**Co-Authors** - ,

**Abstract ID** - VP014

***Presenting Author*** - Dr. Anil Kumar Mandal

**Title** - Surgical management of secondary glaucoma due to Retinopathy of Prematurity

**Full Abstract** - Glaucoma is a serious complication in ROP eyes following a vitreo-retinal surgery. A premature baby underwent LIO in left eye and parsplana vitrectomy along with fluid gas exchange in the right eye for stage IV-B ROP. Gestational age was 31 weeks and birth weight was 1600 grams. The child developed buphthalmos due to secondary glaucoma in the right eye 2 months following vitreo-retinal surgery. The present video highlights the surgical technique of combined trabeculotomy and trabeculectomy (CTT) on the right eye. Two months postoperatively, the IOP was under control and the corneal oedema cleared completely. Contact lens fitting was done on the right eye (-10 D sphere) during examination under anaesthesia. The left eye was emmetropic. CTT was safe and successful in this premature baby with secondary glaucoma following vitreo-retinal surgery. Parental counseling involved discussion related to complexity of the problem and continuity of care along with need for life-long follow-up.

**Co-Authors** - ,

**Abstract ID** - VP016

***Presenting Author*** - Dr. Mohideen Abdul kader

**Title** - 7th Glaucoma Surgery:‚Äù A new era in surgical treatment of juvenile glaucoma‚Äù

**Full Abstract** - Juvenile open angle glaucoma is a subset of POAG which is rare & is estimated to affect 1 in 50000 individuals. It is characterized by more severe elevations in intraocular pressure (IOP) & rapidly progressive visual field loss when compared with adult POAG. JOAG is often refractory to medical treatment alone, requiring surgical interventions. Trabeculectomies have been successful in obtaining IOP control however , some suggests that tube shunt surgeries may be preferable to trabeculectomy in JOAG patients, due to propensity for fibrosis in younger patients and the risks associated with antimetabolites used to reduce fibrosis. In this video , we present a JOAG case refractory to six glaucoma surgeries & finally showed an IOP lowering effect with GATT (Gonioscopy assisted transluminal trabeculotomy)- MIGS (minimally invasive glaucoma surgery) suggesting that the JOAG disease process may be more localized to the trabecular meshwork making GATT an effective procedure.

**Co-Authors** - Dr Geethu Kurian (MO),

**Abstract ID** - VP030

***Presenting Author*** - Dr. Swati Upadhyaya

**Title** - TTT - Touch, Tear and Thread the Canal

**Full Abstract** - Minimally invasive glaucoma surgeries are not a thing of the future anymore in India. With more and more glaucoma surgeons venturing into the world of exploring ab-interno approaches to lower intraocular pressure, a thorough knowledge of anatomy and surgical technique is of vital importance. Ab interno Schlemm's Canal Surgery is a preferred approach for mild to moderate open-angle glaucomas. There is a very small margin of error while working on the trabecular meshwork. This video showcases insights and techniques for achieving a successful canal entry in a systematic manner. Journey begins with a delicate touch of trabecular meshwork, followed by tearing off the meshwork to gain access to canal. Lastly, it demonstrates art of threading the canal using a suture.

**Co-Authors** - Dr. Rengaraj Venkatesh, Indira Pegu

**Abstract ID** - VP039

***Presenting Author*** - Dr. Dewang Angmo

**Title** - Bleb rescue surgeries ‚Äì a tailor-made approach - license to operate D0030

**Full Abstract** - Purpose : To describe our modifications of the various bleb rescue surgeries in different scenarios post glaucoma filtering surgery and glaucoma drainage device insertion
Method : Data of all patients undergoing various bleb rescue surgeries post glaucoma filtering surgery and glaucoma drainage device insertion were collected including demographic details, IOP, no of glaucoma medications, bleb clinical photos, bleb ASOCT at baseline and on follow-ups. The various bleb rescue surgeries done were loct guided bleb needling, conservative management with oral doxycycline, bleb repair/ bleb sparing epithelial exchange (BSEX) for leaking/sweating blebs, modified maumenee technique in dysfunctional filtering blebs, pedicle conjunctival graft for bleb repair, conjunctival autograft for tube exposure, modified BSEX - two layered closure in paediatric bleb leak, tenons patch graft for dysfunctional blebs with scleral fistula, leaking trab blebs post abandoned cataract surgery Result : This is a video bouquet demonstrating our technique of bleb rescue operations with the various modifications incorporated in different clinical scenarios ‚Äì a tailor made approach showcasing clinical picture, case description, surgical technique, postoperative clinical picture and ASOCT showing the bleb function. The surgical outcomes of various bleb rescue procedures had good anatomical outcomes ‚Äì aesthetic appearance and functional outcomes in terms of IOP control. The bleb rescue operations are a modifications of traditional surgeries documented in literature as they are associated with increase in IOP/ bleb failure postoperatively.
Conclusion : Our technique of bleb rescue surgeries have shown good anatomical as well as functional outcomes.

**Co-Authors** - Dr. TANUJ DADA, ANUJA PATIL

**Abstract ID** - VP044

***Presenting Author*** - Dr. Devendra Maheshwari

**Title** - Flip to seal the deal :Management of Leaking Filtering bleb using Scleral Rotational Autograft

**Full Abstract** - The outcomes of glaucoma filtering surgery have been significantly enhanced with the use of antifibrotic agents. Bleb leak is a serious complication of trabeculectomy and can lead to sight threatening complications like hypotony maculopathy and even endophthalmitis. Bleb leak can be managed both conservatively and surgically. Various surgical methods for management of leaking filtering bleb have been described, common ones being conjunctival advancement, suture closure, and free conjunctival grafts. In case of non-closure of the leaking bleb with sutures or full-thickness scleral melt or fistula, only a patch graft can help maintain ocular integrity.A donor scleral patch graft can cause an increased risk of flap necrosis and exogenous infection. Also, it is difficult to procure a donor graft in hospitals that do not have an access to eye bank. Thus, using an autograft eliminates these problems and it is cost-effective and cosmetically better. We present a series of cases with post trabeculectomy bleb leak which was managed using a scleral rotational autograft.
Video Highlight .
In this video authors depicts a novel technique in which patients own sclera is dissected and Flipped/Rotated (partial thickness scleral rotational autograft) and secured over the leaking scleral defect.
Conclusion:
Scleral rotational autograft is a viable technique for managing bleb leak with ocular hypotony post-filtering surgery, which not only restores visual acuity but also ensures good cosmetic appearance.

**Co-Authors** - Dr. Shivam Gupta, Dr. Nimrita Gyanchand Nagdev

**Abstract ID** - VP050

***Presenting Author*** - Dr. Shivam Gupta

**Title** - A stitch in time saves nine: Reversal of Post Trab Hypotony Maculopathy by Transconjunctival Flap Suture

**Full Abstract** - Background :
Hypotony secondary to overfiltration is a recognized complication following trabeculectomy. Persistent hypotony requires intervention. Many techniques have been developed to treat overfiltration with hypotony maculopathy following filtering procedures.Most often,a vitreoretinal intervention is required for persisting choroidal detachment.This can be avoided by a simple surgical step of transconjunctival flap suturing.
Video Synopsis:
This Video shows Case based discussion of Hypotony Maculopathy post trabeculectomy, which was managed by transconjunctival flap suturing .Post procedure, there was a complete reversal of hypotony Maculopathy without any need of further ViteroRetinal intervention.
Video Highlight :
Video-Assisted Skill Transfer of Technique of Transconjunctival Suturing:
Conclusion :
Transconjunctival suturing of the scleral flap is a simple,effective,minimal invasive technique to prevent visual loss from hypotony maculopathy for an overfiltering bleb following trabeculectomy

**Co-Authors** - Dr. Devendra Maheshwari, Dr. Nimrita Gyanchand Nagdev

**Abstract ID** - VP059

***Presenting Author*** - Dr. George PUTHURAN

**Title** - Principles of Tube Repositioning in Anterior Chamber

**Full Abstract** - Tube related complications namely tube exposure, tube cornea touch and tube retraction are situations where tubes of glaucoma drainage devices (GDD) need to be repositioned to a different site in the anterior chamber (AC). Availability of adequate length of the tube for safe tube repositioning is a major challenge. Tube lengthening with the commercially available tube extender is a less preferable option as it involves placing a relatively bulky additional silicone plate anterior to the episcleral plate of the GDD. This video demonstrates a safe surgery system for tube implantation where not only do we maximise the chances of having an optimal 2 mm length of the tube in the AC but we also ensure a sufficient length of the tube is available in case the tube has to be repositioned at a later stage. The video will also discuss and demonstrate some vital principles that need to be followed in safe repositioning of tubes of aqueous drainage implants.

**Co-Authors**:

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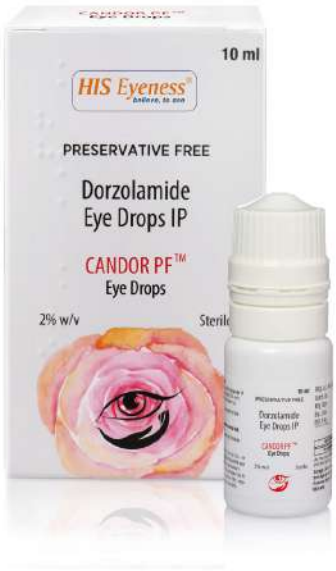


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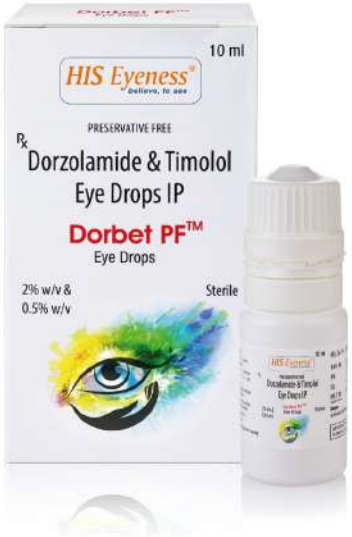


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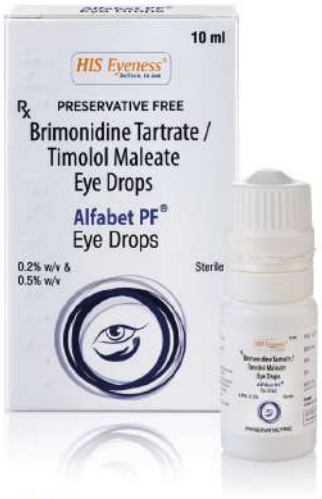


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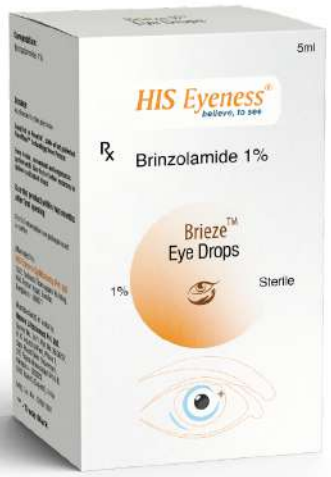


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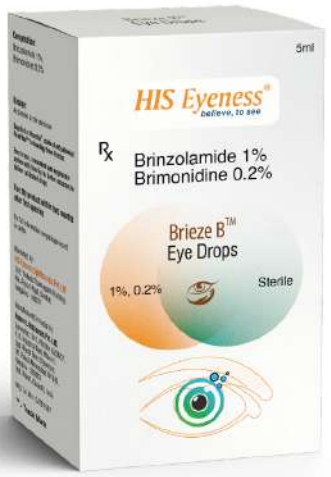


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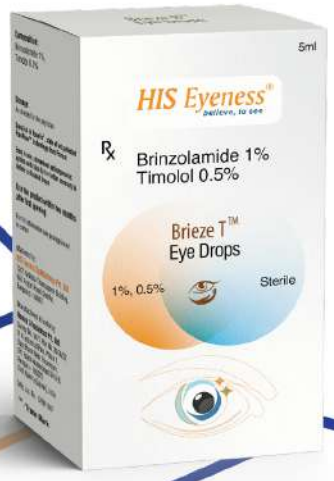


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