Final Program

July 9-11, 2014

Bangkok Convention Centre
at Central World
Thailand

AOS
THE FIRST CONGRESS

ASEAN OPHTHALMOLOGY SOCIETY

Ten Countries, One Society, One Vision

Hosted by

The Royal College of Ophthalmologists of Thailand

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AOS
THE FIRST CONGRESS
ASEAN OPHTHALMOLOGY SOCIETY
February 19-21, 2014 / **Bangkok, Thailand**

1st AOS Congress Newsletter

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Center for Statistics in Medicine, UK


Prof. Anders Heijl
Lund University, Sweden


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University of Erlangen Numberg, Germany


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Wills Eye Hospital, USA


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University of Coimbra, Protugal


Prof. Jonathan Trobe
University of Michigan, USA


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Dr. Johan Hutauruk
Jakarta Eye Center, Indonesia


Dr. Pannet Pangputhipong
Metta Eye Center, Thailand


Dr. Ruben Lim Bon Siong
St. Luke's International Eye Institute, Philippines

July 10, 2014: 10.30-12.00

SYM 4-L7: Sir Harold Ridley, Who cures Aphakia — **Lotus 7**

Chairman: Puwat Charukamnoetkanok

Sir Harold Ridley, who cures Aphakia- ***Pornchai Simaroj (Thailand)***

FP4 — **Lotus 12**

Free Paper Public Health

Chairman: Watanee Jenchitr
Co-chairman: Farida Sirlan

Judge: Apirak Chaiwiratana

FP4-01: High prevalence of myopia among first year-medical students of Faculty of Medicine Universitas Gadjah Mada, Yogyakarta, Indonesia – ***Agung Nugroho (Indonesia)***

FP4-02: Diabetic retinopathy screening in Brunei Darussalam- ***Nadir Ali (Brunei Darussalam)***

FP4-03: Visual acuity improvement and cost saving of vitrectomy between local anesthesia and general anesthesia- ***Gilbert WS Simanjuntak (Indonesia)***

FP4-05: Validation study to prevalence of blind resulted from NHBR 2013- ***Farida Sirlan (Indonesia)***

FP4-06: A retrospective review on the causes of blindness and visual impairment among children who were enrolled in a school for the blind in Manila Philippines from 1999 to 2012- ***Carlos Chua (Philippines)***

FP4-07: Prevalence of glaucoma and diabetic retinopathy in the elderly Javanese Indonesian population: The Yogyakarta eye study- ***Suhardjo Ranu (Indonesia)***

12.00-10.30: Coffee Break and E-Poster Presentation — Convention B

July 11, 2014: 08.30-10.00

SYM 8-L5: Oculoplastic — **Lotus 5-6**

Instruction Course II : Diagnosis and Management of Lacrimal Diseases

Chairman: Sunisa Sintuwong
Co-chairman: Thanyapat Benjhawaleemas

How to diagnose the tearing patient and office procedures for tearing patients- ***Kyung In Woo (Korea)***

Pearls for endoscopic lacrimal surgery- ***Bobby S Korn (US)***

The Jet door flap- ***Nattawut Wanumkarng(Thailand)***

The failed DCR: What next - ***Don O Kikkawa (US)***

FP6 — **Lotus 12**

Retina Free Paper

Chairman: Sherman Valero
Co-chairman: Young Shao Onn
Judge: Mansing Ratanasukon

FP6-01: Foveal sensitivity after half-dosage Visudyne with photodynamic therapy in Central Serous Chorioretinopathy (CSCR)- ***Prapapan Pitujaturont (Thailand)***

FP6-02:Membrane peeling and shorter waiting time increase succesfull rate of retinal detachment surgery- ***Gilbert w s Simanjuntak (Indonesia)***

FP6-03:Incidence of Post-intravitreal Anti-VEGF endopthalmitis at Thammasat University Hospital- ***Duangmontree Rojdamrongratana (Thailand)***

FP6-05: Diffuse unilateral subacute neuroretinitis in central region of Thailand- ***Atiporn Surawongsin (Thailand)***

FP6-06: Deep range imaging optical coherence tomography (DRI-OCT): A Novel imaging technique for polypoidal choroidal vasculopathy- ***Daniel shu wei Ting (Singapore)***

SYM 8-L7: ASEAN Eye Hospital Association — **Lotus7**

Information Technology : Electronic Medical Records and Mobile Eye Apps Changing Delivery of Eye Care World-wide

Chairman: Sirithorn Rutnin
Co-chairman: -

Implementation of EMR in Jakarta Eye Center: Paperless records, steps for faster service- ***Johan Hutaurak (Indonesia)***

EMR implementations in eye hospitals in the USA: Successes & challenges- ***Robert Betz (USA)***

Mobile apps and automation: Enhancements for fast and seamless patient care- ***Jean-Pierre Dumas (Thailand)***

Mobile Apps improving patient care and collaborative with eye care providers- ***Charity Wai (Singapore)***

FP7 — **Lotus 12**

Pediatric Ophthalmology Free Paper

Chairman: Supaporn Tengtrisorn
Co-chairman: Parnchat Pukrushpan
Judge: Pantipa Wongwai

FP7-01: Marfan syndrome management- ***Maretha Amrayni (Indonesia)***

FP7-02: Risk factors in developing retinopathy of prematurity in newborns in a private tertiary institution in the Philippines- ***Carlos Chua (Philippines)***

FP7-03: Using of ocular biometric values from donor's ey es to create a new formula for horizontal strabismic correction- ***Sumet Supalaseth (Thailand)***

10.00-10.30: Coffee Break and E-Poster Presentation — Convention B

FP4-03

Visual acuity improvement and cost saving of vitrectomy between local anesthesia and general anesthesia

Gilbert W S Simanjuntak

[1]Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia
[2]Department of Ophthalmology, Cikini CCI Hospital, Jakarta, Indonesia

Presenting author e-mail: retinaid@yahoo.com
Contact E-mail: retinaid@yahoo.com

Abstract:

Objective: To report cost-effectiveness analysis of vitrectomy between local and general anesthesia for rhegmatogenous retinal detachment.

Methods: Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria. Effectiveness was visual acuity improvement in two or more logMAR scale after vitrectomy, and units cost data were given by both hospitals.

Results: The amount of Rp. 23.959.000,- was needed to achieve effectiveness 32% in general anesthesia. The amount of Rp. 15.950.200,- was needed to achieve effectiveness 80% in local anesthesia. These data interpretation and extrapolation should be done cautiously. There is cost-minimization 50,12% when doing vitrectomy under local versus general anesthesia.

Conclusions: Vitrectomy for rhegmatogenous retinal detachment can be done under local anesthesia with higher effectiveness and lower cost.

Keywords: *Local anesthesia, retinal detachment, cost-effective analysis*

FP4-05

Validation study to prevalence of blind resulted from NHBR 2013

Farida Sirlan[1] , Lulu Fattah[2] , Nylvia Sardi[2] , Yeni Dwi Lestari[3]

[1]Vice President, Indonesia Ophthalmologist Association, Indonesia
[2]Research and Development Section, IOA, Indonesia
[3]Community Program Section, IOA, Indonesia

Presenting author e-mail: sirlanfarida@gmail.com
Contact E-mail: sirlanfarida@gmail.com

Abstract:

Objective:

- to know validity of the data of Blind n VI from NBHR 2013
- to find the correction factor of the data of Blind and VI from NBHR 2013

Method: The data of blind and visual impairment (n: 150) reported by NHBR will be reconfirmed by IOA enumerators in 3 provinces selected and will use stata 12 for data analyzing.

Results: will be presented later

Conclusion: will be presented later

Keywords: *Prevalence of blind, validity, NHBR 2013*

FP6-01

Foveal sensitivity after half-dosage Visudyne with Photodynamic therapy in Central Serous Chorioretinopathy (CSCR)

Pracacan Pitujaturont , Thuss Sanguansak , Tanapat Ratanapakorn , Suthasinee Srinawat , Chavakij Bhoomibunchoo , Yosanan Yospaiboon

Ophthalmology, Khonkaen university, Thailand

Presenting author e-mail: yueoph06@gmail.com
Contact E-mail: yueoph06@gmail.com

Abstract:

Objective: To study foveal sensitivity in patient who got half-dosage visudyne with full fluence photodynamic therapy (HD-PDT)

Methods: 24 patients, were diagnosed CSCR and treated with HD-PDT were enrolled in this study. Both oculars were examined including best corrected visual acuity (BCVA) in LogMAR, macular thickness (µm), macular volume (mm3) and IS/OS junction, computerized tomography visual field in program 10-2 with foveal threshold (dB) and mean retinal sensitivity (dB) both eccentric and quadrant area. The data of study eye was compared with the data of another as control. Spot size of LASER (µm), duration (week) before treatment and after treatment was recored. STATA was statistic analysis.

Results: 17-patient was male and mean age was 46-year-old (36-68). BCVA bfore and after HD-PDT was 0.26±0.3 LogMAR and 0.075±0.15 LogMAR, respectively ($p<0.05$). Mean spot size of LASER was 2,216 µm (1,086-4,398 µm), mean duration time before treatment was 32 weeks (15-96 weeks) and after treatment was 130 weeks (48-216 weeks). Foveal threshold was 28.75±6.52 dB in study eye and 32.33±3.35 dB in control eye, ($p<0.05$). The 5-patient was loss IS/OS junction and the 2-patient was subretinal fluid persistent.

Conclusion: HD-PDT can promote clinically statistical significant improving visual acuity but it can be affect the foveal and retinal sensitivity. Monitoring in foveal sensitivity and visual acuity may be necessary in long-term follow-up.

Keywords: *CSCR, Photodynamic therapy, foveal sensitivity*

FP6-02

Membrane peeling and shorter waiting time increase succesfull rate of retinal detachment surgery

Gilbert W S Simanjuntak[1,2]

[1]Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia
[2]Department of Ophthalmology, Cikini CCI Hospital, Jakarta, Indonesia

Contact E-mail: retinaid@yahoo.com

Abstract:

Objective: To report vitrectomy result of retinal detachment.

Methods:*Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria.* Effectiveness was visual acuity improvement in two or more logMAR scale after vitrectomy. Surgical procedure was recorded, and analized.

Result*: Effectiveness was 80% under local anesthesia, and 32% under general anesthesia. These data interpretation and* extrapolation should be done cautiously. Multivariate analysis of effectiveness and cost showed that variables of detachment duration if less than 4 weeks (RR 1.85) and of local anesthesia (RR 2.58) were contributing for better surgical outcome. Shorter waiting time (time needed for surgery after diagnosed), and more membrane peeling done in local anesthesia group were different variabels (p 0.00) between two groups significantly.

Conclusions: Membrane peeling and shorter waiting time increase successful rate of vitrectomy for retinal detachment.

Keywords: *Successful rate, health service, membrane peeling*

Last Name	Session
Pukrushpan, P	SYM9-L1
Pw, L	O-01-01, PO-03-02
Quah, B	SYM1-L1,SYM10-L1
Ranu, S	FP4-07
Reinprayoon, U	SYM7-PL
Rojanapongpun, P	SYM3-PL, SYM5-L7
Rojanaporn, D	SYM7-L1
Rojanaporn, D	FP1-09
Rojdamrongratana, D	FP6-03
Ruamviboonsuk, P	SYM3-L1
Rutnin, S	SYM9-L7
Sai, D	PO-03-03, PO-08-02
Sakiyaluk, D	SYM5-L7
Sansanayudh, W	SYM10-L7
Santhirathelagan, C	SYM7-PL
Saonanon, P	FP1-04
Saovaprut, C	SYM3-PL, SYM5-L3
Sarmiento - clemente, R	FP1-05
Satjapakasit, O	PO-06-04
Shidik, S	FP2-03
Sidhu, N	PO-01-04
Silva, P	SYM3-L1
Simanjuntak, G	FP4-03, FP6-02
Simaroj, P	SYM4-L7, SYM5-L5
Singha, P	SYM9-L1
Sirlan, F	FP4-05
Sittivarakul, W	SYM2-L7, FP8-08
Solanki, P	PO-09-02
Sothornwit, N	SYM1-L3
Sovani, I	SYM4-L3, SYM5-L3

Last Name	Session
Srivannaboon, S	SYM4-PL
Srivatsa, P	SYM4-PL
Sugiarti, E	FP5-04
Supakontanasan, W	SYM9-L3
Supalaseth, S	FP7-03
Surawongsin, A	FP6-05
Suwan, Y	FP3-06
Suwan-apichon, O	SYM5-PL
Tan, D	SYM5-PL, SYM7-PL
Tananuwat, N	SYM5-PL
Tantisevi, V	SYM2-L3
Teo, K	FP2-04
Thanathanee, O	FP3-09
Thiamthat, W	SYM10-L1
Ting, D	FP6-06
Tsai, A	FP8-09
Tulvatana, W	SYM3-L5
Tuyet, T	SYM9-L3
Uranchimeg, D	SYM7-L7
Uy, H	SYM4-L3
Valero, S	SYM4-L3, SYM5-L3
Van anh, C	PO-08-08
Vatanavicharn, S	FP1-02
Vierlia, W	PO-01-02
Viet hung, B	PO-08-03
Wai, C	SYM8-L7
Wangtiraumnuay, N	SYM10-L1
Wanichwecharungruang, B	SYM9-L3
Wanumkarng, N	SYM6-L5, SYM8-L5, SYM10-12
Wiriyasatiankun, P	FP3-02

ASEAN OPHTHALMOLOGY SOCIETY
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Dear Gilbert W S Simanjuntak,

Thank you very much for your kind submission. The recommendation on your abstract submission is as below for your kind information. If your status is accepted, you are requested to register by 20th December 2013, 24.00 hrs at GMT+7 to include your abstract in final program book.

Your initial submission:
Submission number: ABS0040
Abstract presentation type : Either Oral or PosterPresentation
Abstract topic area : Public Health Ophthalmology
Abstract title: Visual Acuity Improvement and Cost Saving of Vitrectomy Between Local Anesthesia and General Anesthesia

Your abstract was accepted as oral presentation.
Your recommended topic area is Public Health Ophthalmology

We thank you very much for your kind participation and we remain available for any query.

Best Regards,

Paisan Ruamviboonsuk MD.
Chairperson of 1st AOS 2014 Organizing Committee

Congress Secretariat: conference@aos2014bangkok.org
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Visual Acuity Improvement and Cost Saving of Vitrectomy Between Local Anesthesia and General Anesthesia

Gilbert W S Simanjuntak

[1]Department of Ophthalmology, Christian University of Indonesia, Jakarta, Indonesia
[2]Department of Ophthalmology, Cikini CCI Hospital, Jakarta, Indonesia

Presenting author e-mail: retinaid@yahoo.com
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Abstract:

Objective: To report cost-effectiveness analysis of vitrectomy between local and general anesthesia for rhegmatogenous retinal detachment.

Methods: Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria. Effectiveness was visual acuity improvement in two or more logMAR scale after vitrectomy, and units cost data were given by both hospitals.

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Conclusions: Vitrectomy for rhegmatogenous retinal detachment can be done under local anesthesia with higher effectiveness and lower cost.

Keywords: *Local anesthesia, retinal detachment, cost-effective analysis*

CERTIFICATE OF APPRECIATION

This is to certify that

Gillbert W. S. Simanjuntak

has been awarded

the BEST PAPER in session of

RETINA

THE 1st CONGRESS OF ASEAN OPHTHALMOLOGY SOCIETY 2014

'Ten Countries, One Society, One Vision'

July 9-11, 2014

Centara Grand & Bangkok Convention Centre at CentralWorld, Bangkok, Thailand

Paisan Ruamviboonsuk, MD

Chairman, Organizing Committee

Jutalai Tanterdtham, MD

Scientific Committee Chair

CERTIFICATE OF ORAL PRESENTATION

This is to certify that

Gillbert W. S. Simanjuntak

has attended in session of PUBLIC HEALTH

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This is to certify that

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has attended in session of RETINA

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Visual Acuity Improvement and Cost Saving of Vitrectomy Between Local Anesthesia and General Anesthesia

Gilbert W S Simanjuntak

Department of Ophthalmology, Christian University of Indonesia, Jakarta

Cikini CCI Hospital, Jakarta, Indonesia

Presenting author e-mail: retinaid@yahoo.com

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Conclusions: Vitrectomy for rhegmatogenous retinal detachment can be done under local anesthesia with higher effectiveness and lower cost.

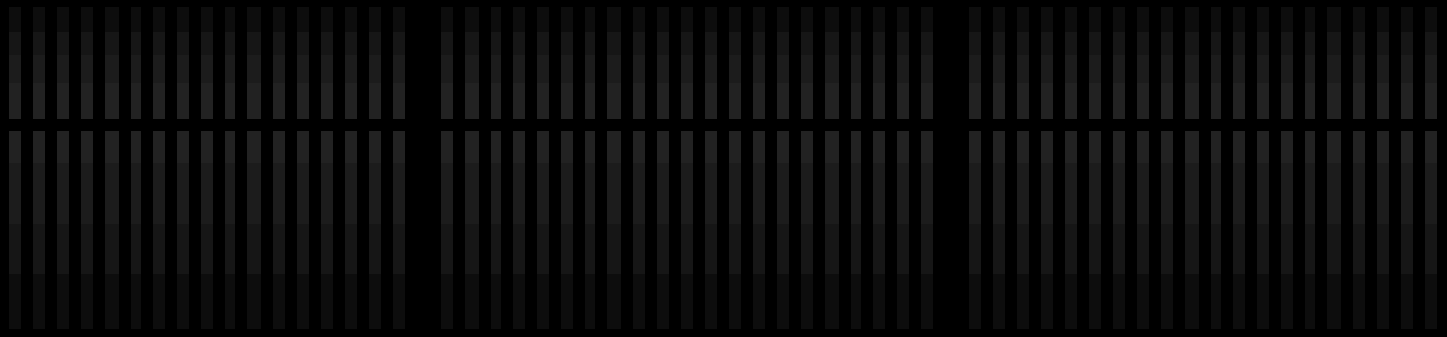
Keywords : local anesthesia, retinal detachment, cost-effective analysis

Visual Acuity Improvement and Cost Saving of Vitrectomy Between Local Anesthesia and General Anesthesia

Gilbert WS Simanjuntak

Dept. of Ophthalmology Medical Faculty UKI
Cikini Eye Institute/Cikini CCI Hospital
Jakarta, Indonesia

no financial interest in items discussed



Introduction

- Paradigm shift from general anesthesia to local anesthesia, even topical
  - Safer, lower cost and comfortable
  - Since 1980s
  - Cochrane systematic review (226 randomised clinical trial) involving 1284 cataract : similar result. [Fedorowicz Z, 2006]
- Local anesthesia is not a standard for vitrectomy
- Cost effectiveness analysis never conducted on local versus general anesthesia for vitrectomy

Objective

- ✓ To report vitrectomy result and cost saving of retinal detachment from two different anesthesia procedure

Methods

- ✓Retrospective cohort study in two hospitals with 100 subjects that fulfill inclusion and exclusion criteria.
- ✓Improvement was visual acuity increased two or more logMAR scale after vitrectomy.
- ✓Surgical procedure was recorded, and analyzed.
- ✓Cost effectiveness analysis, units cost data were given by both hospitals

Pre operative equality:

- Initial VA
- Funduscopic finding including
- Tear size
- Duration of detachment
- Media clarity

- Surgical procedure : complete procedure (BB + PPV ± MP ± HF + EL + Tamponade) LA/GA

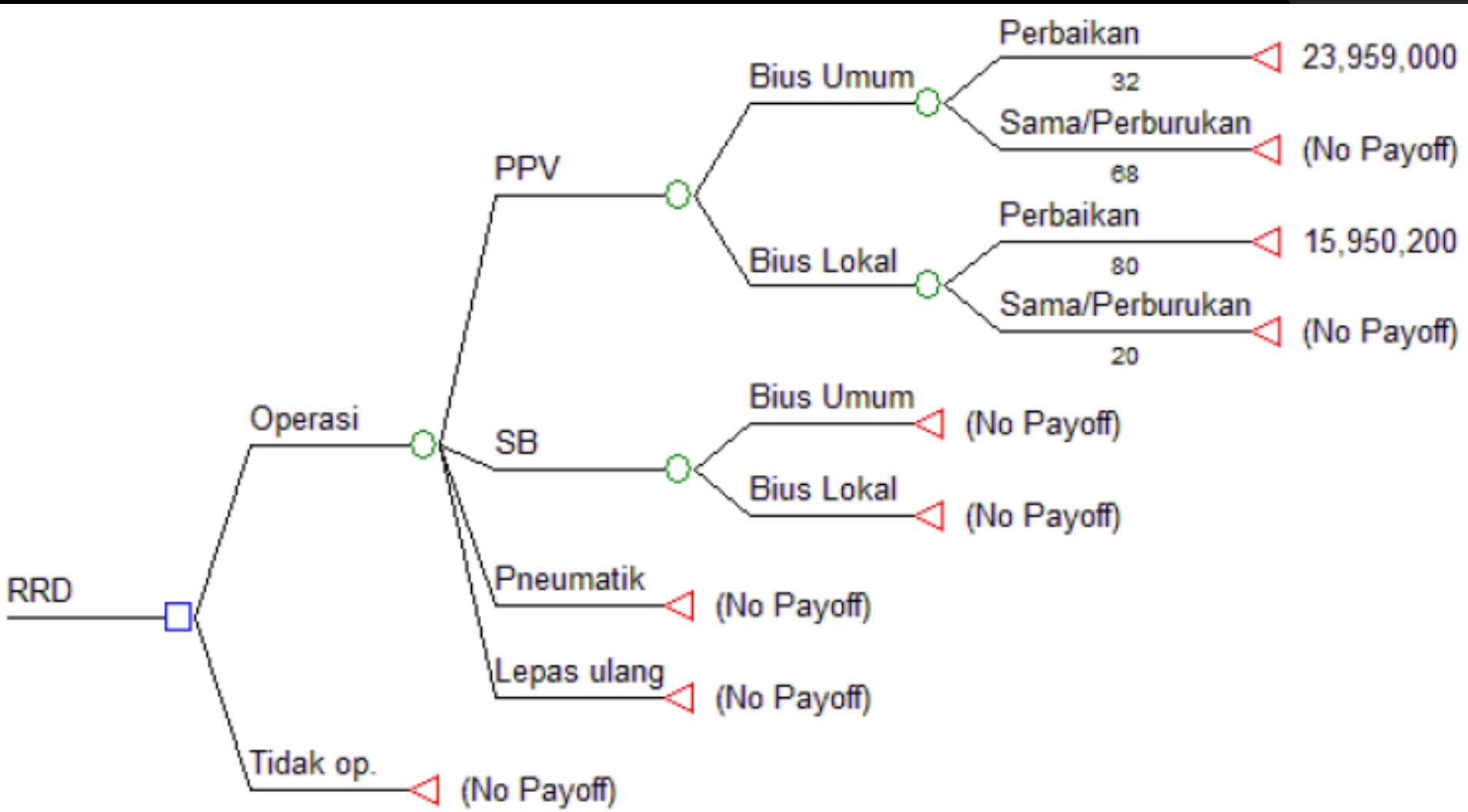
Result (equality preoperative)

Characteristic		Group 1	Group 2	*p*
Demography:				
-Age (year)		46,42 ± 16,25	50,28 ± 13,36	0,20
-Education	High	35 (70 %)	42 (84 %)	0,15
	Medium-Low	15 (30 %)	8 (16 %)	
-Gender	Male	27 (54 %)	27 (54 %)	0,58
	Female	23 (46 %)	23 (46 %)	
Ophthalmology :				
-Detachment (day)		110,80 ± 24,13	85,08 ± 17,52	0,43
-Initial BCVA		2,10 ± 0.622	1,97 ± 0,92	0,42
General condition:				
-Hemoglobin		15,11 ± 0,94	15,51 ± 1,17	0,17
-Leukocyte		7,48 ± 0,89	7,68 ± 0,78	0,71
-Thrombocyte		240,40 ± 25,15	247,88 ± 30,20	0,28
-Blood sugar		89,82 ± 9,80	88,62 ± 9,70	0,77
-Prothrombine time		12,72 ± 0,76	12,40 ± 0,57	0,06

Variable		Result				Total	*p*	RR	95% CI
		Improvement		Not improve					
		N	%	N	%				
Main									
Anesthesia	Local	40	80	10	20	50	0,00	2,50	1,63 – 3,80
	General	16	32	34	68	50			
Others									
Age	<50 years	20	41,7	28	58,3	48	0,00	0,60	0,41 – 0,88
	≥50 years	36	69,2	16	30,8	52			
Hospita-lization	I and VIP	12	66,7	6	33,3	18	0,31	1,24	0,85 – 1,82
	II and III	44	53,7	38	46,3	82			
PVR/MP (done)	Yes	13	72,2	5	27,8	18	0,13	1,38	0,97 – 1,96
	No	43	52,4	39	47,6	82			
Education	≥ High	44	57,1	33	42,9	77	0,67	1,10	0,71 – 1,70
	≤ Medium	12	52,2	11	47,8	23			
Detachment duration	< 4 weeks	14	77,8	4	22,2	18	0,04	1,51	1,10 – 2,10
	≥ 4 weeks	42	52,4	40	48,8	82			
Gender	Male	32	59,3	22	40,7	54	0,48	1,14	0,80 – 1,62
	Female	24	52,2	22	47,8	46			
	Total	56	56	44	44	100			

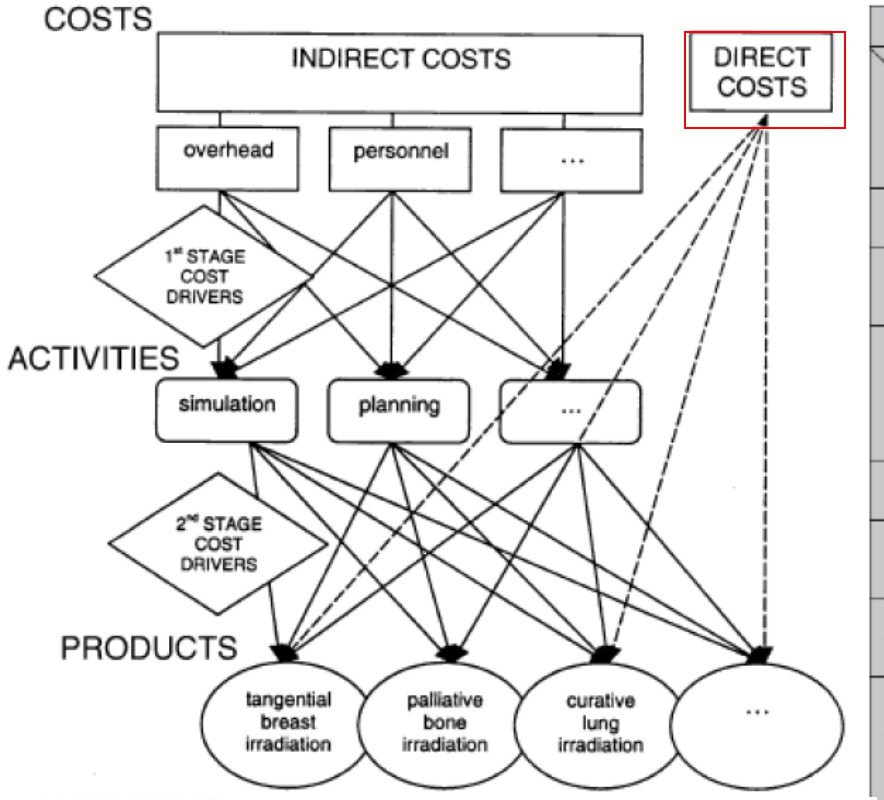
		General Anesth (Rp)	Local Anesth (Rp)	Difference* Rp.	Difference* %
	Improvement	32 %	80 %	-	48
Unit cost	Preoperative cost	754.000	895.200	+ 141.200	15,77
	Operative cost	19.650.000	13.000.000	- 6.650.000	-51,15
	Anesthesia cost	2.800.000	1.400.000	- 1.400.000	-50
	Postoperative cost	755.000	655.000	- 100.000	-15,26
	Total	23.959.000	15.950.200	- 8.008.800	-50,21

Decision Tree



Discussion

- Big difference (%) between anesthesia procedure
- Local anesthesia (intervention), RR 2.58 (95%CI 2.04 – 13.35) for chance of improvement after surgery
  - Paradigm shift, lower cost and safer. Meta-analysis study. [Fedorowicz Z,2006]
  - Shorter time for postoperative mobilization, positioning post op
  - Big contribution toward cost reduction (cost saving, 50%)



Cost- matrix	Labor costs			Material costs					Infrastructure costs	
Cost category groups / Cost-center groups	Physicians	Nursing	Medical/ technical staff	Drugs general	Drugs individual	Implants and grafts	Material	Material individual	Medical	Non-medical
Ward	Care days	Weighted minutes	Care days	Weighted minutes	Actual usage/unit costs	-	Weighted minutes	Actual usage/unit costs	Care days	
Intensive care	Weighted hours					Actual usage/unit costs	Weighted hours		Weighted hours	
Dialysis	Weighted dialysis					-	Weighted dialysis		Weighted dialysis	
Operating rooms	Surgery times and setup time		Surgery times and setup time			Actual usage unit costs	Surgery times and setup time		Surgery times and setup time	
Anesthesia	Anesthesia times		Anesthesia times			-	Anesthesia times		Anesthesia times	
Delivery ward	Time in delivery ward		Time in delivery ward				Time in delivery ward		Time in delivery ward	
Cardiac diagnostics/ therapy	Point system/duration		Point system/duration			Actual usage/unit costs	Point system/ duration		Point system/duration	
Endoscopic diagnostics/ therapy										
Radiology	Point system		Point system				Point system		Point system	
Laboratories										
Further diagnostics/ therapy	Point system/duration						Point system/ duration		Point system/duration	

Voegl, 2008

MOST PRECISE

Micro-costing
Each component of resource use (e.g. laboratory tests, days of stay by ward, drugs) is estimated and a unit cost derived for each.

Case-mix group
Gives the cost for each category of case or hospital patient. Takes account of length of stay. Precision depends on the level of detail in specifying the types of cases.

Disease-specific per diem (or daily cost)
Gives the average daily cost for treatments in each disease category. These may still be quite broad (e.g. orthopaedic surgery).

Average per diem (or daily cost)
Averages the per diem over all categories of patient. Available in most health care systems.

LEAST PRECISE

Drummond, 1999

Conclusion

1. Significant factor for improvement and cost reduction are detachment duration (RR 1.85) if < 4 minggu, and local anesthesia (RR 2.58)
2. Vitrectomy under local anesthesia are more affordable than general anesthesia, cost reduction 50%

THANK YOU